The JCHST is working very hard to develop robust systems of competence assessment. Many trainees and trainers in OMFS will have participated in the first pilot scheme of competence assessment, and will recognise that this requires considerable investment in both trainer and trainee time if the process is to be of value.

The JCHST 'Pink book'¹ already contains a description of the duties of a trainer. In principle, I would agree that not all consultants will necessarily have the aptitude or desire to undertake these duties, however, in order to expand the consultant grade, we must maximise all training opportunities. I agree that Specialist Training Committees and SACs should be more rigorous in assessing trainers against the published criteria. However, it would be more sensible to ensure that adequate resources are made available to equip consultants with the range of skills required to provide high quality training where deficiencies are identified.

I agree that there should be a broad based national debate, but the agenda should be widened to include consideration of the political pressure upon the profession to reduce the length and restrict the level of training for surgeons. The authors will be pleased to know that the President of BAOMS has set aside time at the annual meeting in Glasgow to facilitate this. I hope the authors will attend and contribute.

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Re: High serum levels of 8-hydroxy-2'-deoxyguanosine (8-OHdG) in mothers of children with cleft lip

Sir,

Isolated (so-called 'non-syndromic') cleft lip with or without cleft palate (CL/P) is the most common congenital orofacial malformation. The causes of clefts are complex, involving both genetic and environmental factors. Associations between maternal cigarette smoking, diabetes mellitus, hyperhomocysteinaemia, drugs and chemicals exposure, viral infections with hyperthermia in the first trimester and an increased risk of having a child with cleft were reported.^{1,2} These risk factors are known to affect both antioxidant systems as well as free radicals generation.

8-Hydroxy-2'-deoxyguanosine (8-OHdG) is a degradation product of DNA oxidation and its serum or urine level provides information on various degrees of oxidative damage in this nucleic acid.³ Embryonic DNA oxidation may constitute a critical molecular mechanism mediating the teratogenicity of environmental chemicals.⁴
 Table 1
 Serum 8-OHdG concentrations in mothers of children with oral clefts in comparison to the controls

	Controls	Mothers of children with clefts
n	8	10
Age (years)	25.7 ± 4	26.5 ± 2.7
Time after delivery (months)	2.4 ± 1.4	3.0 ± 1.9
8-OHdG (ng/ml)	2.06 ± 0.72	$5.97 \pm 2.27^{*}$

Data are shown as mean value \pm SD.

 $^{*}P < 0.001.$

We obtained blood samples from mothers of children with isolated CL/P (n = 16) and from control mothers of children without birth defects (n = 8). Previously, there were no orofacial clefts in their families. All participants were healthy non-smokers. The concentrations of serum 8-OHdG were determined using commercially available competitive immunoassay kit – Bioxytech 8-OHdG EIA (Oxis, Portland, USA). Data were compared with the Mann–Whitney exact test.

We observed that 1–6 months after delivery mothers of children with CL/P (n = 10) had about threefold higher serum 8-OHdG concentrations than controls (P < 0.001) (Table 1). Additionally, in serum of mothers of affected children investigated 7–15 months after delivery (n = 6) about twofold higher level of 8-OHdG was also observed (4.28 ± 1.63 ng/ml versus 2.06 ± 0.72 ng/ml; P < 0.01).

Levels of 8-OHdG in DNA are a balance between formation and repair of this oxidative damage. We hypothesised that significant differences might exist in antioxidant defence in mothers of children born with CL/P when compared to mothers with unaffected children. With the recent evidence for the protective role of folic acid in neural tube defects, there is a heightened interest in the role of multivitamin supplementation for oral clefts. It is known that women who used multivitamins periconceptionally had reduction in risk for offspring with CL/P, but more investigations need to be done to identify the protective component(s) in multivitamins, optimal dose and biologic mechanism for the prevention of oral clefts to ameliorate or prevent these common defects.^{5,6} Several vitamins, such as A, E and C, have antioxidant properties and may play a role in prevention of oral clefts. Therefore, we suggest that next studies will concern if relationship between antioxidant vitamins supplementation of women and the lower risk for oral clefts in their offspring may exist?

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