Sir,

Forensic odontology is a specialized field of dentistry related to legal issues. This branch has been utilized for many years for the identification of victims and suspects in mass disaster, abuse and organized crimes. It is almost impossible to segregate this branch from other dental specialties. The widely accepted classification of forensic odontology is based on the major fields of activity i.e. civil, criminal and research which was proposed by Avon. There is no working classification for forensic odontology based on its relation with other dental specialties in the literature. A working classification for forensic odontology is proposed hereby. It embraces all dental specialties (Table I). This classification will be useful for postgraduate students of dentistry to do research by amalgamating their parent speciality with forensic odontology.

Table I: Working classification proposed for forensic odontology based on its relation with other dental specialties.

<table>
<thead>
<tr>
<th>Dental specialties</th>
<th>Relationship with forensic odontology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral and maxillofacial surgery</td>
<td>1. Identification a. Maxillomandibular and dentoalveolar fractures b. Surgical repairs and implants 2. LeFort I osteotomy procedure in autopsy</td>
</tr>
</tbody>
</table>

REFERENCES


DR. THORAKKAL SHAMIM
DENTAL ASSISTANT SURGEON
GOVERNMENT TALUK HEAD QUARTERS HOSPITAL NILAMBUR-679329, INDIA

Correspondence: Dr. Thorakkal Shamim
Shangrila, Parappanangadi-676303 Malappuram District, Kerala, India

E-MAIL: A New Working Classification Proposed For Forensic Odontology
Sir,

Numerous studies have documented unnecessary antibiotic use for common illnesses including upper respiratory infections (URIs). A survey of prescriptions in public sector of Attock district of Pakistan showed that 62% of prescriptions had an antibiotic and URIs was a common indication for antibiotic prescription. Similar survey of prescription from an Indian district showed unnecessary drug use in 47% of cases and common diagnosis with irrational prescription were cough, cold and URIs. Widespread overuse of antibiotics for common viral illnesses will not only raise antibiotic resistance but will also increase workload and cost of treatment. Common cold commonly afflicts children particularly in day care setting with 3-8 episodes in a year. Most are caused by viruses. Mucopurulent rhinitis is a sequel of common cold and normally does not require antibiotic except when symptoms persist for long. National survey from USA in 1990s showed primary care physician's prescription rate of 40-60% for uncomplicated URIs. But now due to widespread effort, frequency of antibiotic prescriptions had significantly reduced. Data from national survey in Pakistan regarding prescribing pattern among general practitioner (GPs) and pediatricians is lacking.

In this context, a cross-sectional survey was conducted using a self-administered questionnaire to determine the prescribing practices of GPs in Mirpurkhas. It showed that 52% of GPs prescribed antibiotics for symptoms of common cold and 68% prescribed for symptoms of viral sore throat.

Various studies have shown that physical findings like pathologically altered tonsils or yellow colored sputum are positively associated with antibiotic prescription. Similarly 60% of GPs in the study even prescribed antibiotics inappropriately for discolored nasal discharge of variable duration. Despite working in a resource limited setting, most GPs obtained investigations but only 25% ordered a throat swab and none of them waited for the results before prescribing antibiotics. Unnecessarily investigating viral illnesses will increase the cost of treating URIs which requires simple measures only.

Penicillin was commonly prescribed for URIs followed by first-generation Cephalosporin and Macrolide for 5-7 days. Prescribing broad spectrum antibiotics for common viral illnesses will further aggravate the situation. Most GPs prescribed antibiotics in case of diagnostic uncertainty or for prevention of secondary bacterial infection. It is alarming to know that most GPs were aware of growing antibiotic resistance. Still they considered antibiotic as a safe option. There were wide gaps in the knowledge identified among GPs in Mirpurkhas. As the survey indirectly measured GPs prescribing behavior, it may not reflect their true practice. More studies based on directly observed practice are required at a national level to understand the approach to URIs, and factors associated with it.

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Correspondence:
Dr. Malika Taufiq
Senior Instructor, Department of Family Medicine
The Aga Khan University
Tanzania
E-MAIL: malika.taufiq@aku.edu