

paste. Bone wax has the advantage of being available in most general operating theatres. A further advantage is that it does not require mixing, which obviates the need to clean mixing instruments and glass slabs. The bone wax is simply softened in hot sterile saline before being applied to line the dressing plate.

We have encountered no complications associated with this technique.

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Re: Ramchandran, Sebasan, Peters, Subdural empyema and herpes zoster syndrome (Hunt syndrome) complicating removal of third molars (Br J Oral Maxillofac Surg 2004;22:55–7)

Sir,

I read this short communication with interest.

In July 1966,¹ I published an account of three cases of post-traumatic herpes zoster and suggested that there are three factors to be considered: the

possibility that the oral operation was a predisposing cause; the diagnosis of the condition as a cause of post-traumatic pain; and the importance of post-herpetic lesions in and around the mouth. Chaliar and Martin² put forward two requirements to substantiate the role of trauma in causing herpes zoster: herpes zoster should appear in the region or within the range of the injury, and the disease should appear within 1 day to 1 month after the injury. Recently in a series of 243 cases of herpes zoster Thomas et al.³ found a significantly higher incidence (than in case controls) of trauma at the site of the rash (mainly trunk or head) during the month before the onset of the rash.

The case described by Ramchandran et al. seems to fulfil these criteria and the inclusion of the subdural lesion is an interesting addition to the publications about herpes zoster complicating oral surgery.

References

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2. Chaliar J, Martin PE. *J Med Lyon* 1932;13:697.
3. Thomas SL, Wheeler JG, Hall JA. Case-control study of the effect of mechanical trauma on the risk of herpes zoster. *BMJ* 2004;328:439–40.

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