During the last two months, 52 football teams from around the globe were competing for the World Cup trophy in Brazil. Dental Tribune Group Editor Daniel Zimmermann had the opportunity to speak with Dr. Dietrich Fischer-Brooks from Germany, a former FIFA-appointed dentist who also provides dental care for German Bundesliga club Eintracht Frankfurt, about the oral health of players and why the infamous bite inflicted by Uruguay superstar Luis Suárez during his team’s match against Italy could have rather serious implications for his opponent.

**Daniel Zimmermann: Dr. Fischer-Brooks, the biting incident involving Luis Suárez has made headlines during this year’s World Cup tournament. In addition to a long-term ban, could this incident have any implications for his oral health?**

**Dr. Fischer-Brooks:** Only for his Italian opponent, Giorgio Chiellini. A wide variety of harmful bacteria live in the oral cavity and a bite inflicted by a human can have serious health implications. I know of some severe infections that have resulted from such bites.

Suárez appeared to have suffered from pain directly after the incident. Was this real or just an act?

I believe that this was just an act. Upon realising that he had been bitten, the Italian would likely have struck out at Suárez, but whether he really hit Suárez is subject to speculation.

Would you have recommended that Suárez visit a dentist after the game?

Only if he had really been struck on the mouth. Shortly afterwards, I saw him giving an interview, however, which indicates that he could not have been that bad.

**Are elbow impacts a frequent cause of dental injuries in football?**

Definitely. Many of the players I treat here in Frankfurt on a regular basis have sustained injuries to their anterior teeth at some time in their career. Therefore, many players wear mouth guards while playing. One often sees them during post-match interviews.

**Do players have to undergo dental check-ups during a tournament like the World Cup or is oral health considered their personal responsibility?**

This really depends on the professionalism of the staff. As a principle, players should be checked in advance of the tournament for any signs of infections in the mouth, or in the jaw and face area.

Cases of players suffering sudden cardiac death on the pitch are not uncommon. In many of these cases, the cause was a serious infection, which may have resulted from dental problems, including infected third molars, severe periodontitis or infections in endodontically treated teeth, to name a few.

**What impact can these problems have on the health or the performance of players?**

Bacteria migration from any area in the human body can affect the heart valves. Moreover, it can lead to inflammation in joints like the knee. I remember a case here in Frankfurt in which a player, who also played for the Czech national team, was unable to wear football shoes for months owing to a fistula on his small toe. We were finally able to attribute this to an infected third molar. When we removed the molar, the fistula disappeared within days, allowing the player to resume training.

Team physicians often struggle with these symptoms because they are not able or trained to recognise such associations. This example demonstrates clearly that bacteria in the mouth can migrate to distant parts of the body. In most cases, the heart primarily is affected.

**Football players have celebrity status and pay significant attention to their body image. How important are good teeth in this regard?**

Straight and attractive teeth have become a symbol of success. I have to say, however, that some players have developed a downright tooth fetish, as they visit me every two or three months to have their teeth checked. In many foreign players, particularly those from Eastern Europe, it is evident that they did not receive adequate dental care while they were children. Consequently, I usually have to perform extensive dental treatment on them.

**During the 2006 tournament in Germany, you were responsible for dental treatment for the teams from England and Saudi Arabia. Did you observe any differences with regard to their oral health?**

There are significant inequalities internationally. Dental care (similar to general health care) in England, for example, is not the best. This is evident in the poor state of dentition, including defective fillings and other signs of second-rate dentistry. High-quality oral health care as practised in Germany or Switzerland, for example, is not common.

**Owing to your work, do you pay more attention to the teeth of footballers, and are there any players whose teeth have impressed you lately?**

I am really fascinated by James Rodríguez from Colombia. This young player has very attractive teeth. At the moment, I have also been paying attention to the teeth of James Rodriguez, that one commonly sees in players during interviews. Aesthetics is one thing, but there are also medical aspects to this.

Thank you very much for the interview.