Comment

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Jonathan Sandler

Distalizing upper molars . . . if only it were a simple task, wouldn't life as an orthodontist be easy. Generations of orthodontists have struggled with the problem since Edward Angle, the father of modern orthodontics, described in 1887 ' . . . the occipital bandage as part of orthodontic treatment becoming more and more appreciated'. One hundred and thirty years ago he felt, after having used this headgear 16 times, that it was 'more satisfactory than any of the few devices described in the literature'.

Boy have times changed . . . we are now inundated with a glorious abundance of distalizing contraptions none of which work perfectly, otherwise they would have taken over the market and we could easily create all the space we needed, without having to resort to the dreaded extractions!

Unfortunately, distalization is not an easy task to do successfully, hence the plethora of devices and techniques that have been suggested over the previous century... and each orthodontist has his/her favourite. Dr Mohammed Almuzian and co-workers have provided us with an excellent overview of the myriad of different approaches. The indications for, and limitations of each, of these devices is covered comprehensively, and all the relevant literature has been cited. The authors freely admit that the correction with any of these devices will only be modest at best and extraction of permanent teeth will remain on the menu for correction of serious malocclusions for the foreseeable future.

Incisor resorption as a result of canine impaction is something we, as practising orthodontists, have to contend with almost on a daily basis. Drs Wong and Kahn conclude their 2-part series on this subject which offers some extremely useful advice on how to assess cases affected and their subsequent clinical management. This will be a useful review article for postgraduate students as reference has been made to all the relevant papers on this particular subject. Colleagues from North of the Border have carried out an Audit of their surgical cases treated over a 30-month period. They provide us with useful information about treatment duration that will be helpful for all of us trying both to manage patient expectations and practise evidence-based care. The authors mention the 'Surgery First' approach which is certainly being talked about much more frequently, following the spectacular presentations by Junji Sugawara showing dramatically shortened overall treatment times in appropriate cases ... watch this space!

Many of us are experiencing a burgeoning increase in the numbers of adults seeking orthodontic care. Some of the reasons for them seeking treatment are discussed by Dr Singh following his collection of 100 patients' responses to a validated patient-centred questionnaire developed by Sue Cunningham and her team, which will make interesting reading for those keen to develop this aspect of their clinical practice.

Enjoy . . . !