Back to the basics

By David L. Turpin, DDS, MSD

The wide variety of interesting topics addressed in this edition of *The Angle Orthodontist* made the selection of a "Feature Article" especially difficult.

In "What's new in dentistry," Dr. Vincent Kokich reviews the American Heart Association's guidelines for the prevention of bacterial endocardidis. The original series of articles, which appeared in the *Journal of the American Medical Association* (December 12, 1990), is excellent. I'll never forget the phone call I received years ago from an orthodontist following the death of one of his patients from bacterial endocardidis. Although he was becoming an expert on the disease in his search for support, it was too late to help the 36-year-old teacher who only wanted her teeth straightened. Despite all we know today, how many orthodontic offices can be certain they never cause a transient bacteremia in someone with a heart condition such as mitral valve prolapse or hypertrophic cardiomyopathy, or a history of heart surgery? A thorough dental cleaning with gingival bleeding ranks as one of the primary dental procedures requiring prophylactic antibiotic coverage. This sounds like the equivalent of a fairly routine band removal appointment to me. Make the newly revised guidelines priority reading for you and your staff.

After reading Dr. Bob Little's latest postretention study on stability (Mandibular second premolar extraction-postretention evaluation of stability and relapse by McReynolds and Little), be sure to follow it up with Dr. Lee Boese's commentary. Lessons learned from the study of long-term serial records are invaluable but perhaps it is time to ask different questions. If decreasing arch length is normal, why do we continue to study group after group with the same predictable results? Does the magnitude or rate of change vary following treatment? Is age a factor? Are there any other ways to measure change? In medicine it has long been the practice to determine the percentage of ideal correction achieved. Obviously it is not always possible to achieve total (100%) correction of every malocclusion with automatic long-term stability. But those are the types of cases we see published in our journals and presented at meetings. Is it possible to employ other measures of treatment success to include results that are not perfect? There are those that believe we can learn from the study of failure as well as the study of success.

These questions bring us back to our basic need for more research and my search for a feature article. In "Comparisons between dental and skeletal ages," Dr. Art Lewis gives us an excellent example of research and reporting. He used data from 694 untreated children to determine differences between dental and skeletal maturity. The difference in some children was as large as 36 months; the difference was less than 6 months in fewer than 40% of the children. And yes, this research was conducted by the same Arthur B. Lewis who edited *The Angle Orthodontist* for 25 years! Art's work is a fine example of research and reporting and challenges all of us to add more to the relatively shallow body of orthodontic knowledge.