

A few good reasons to read this edition

David L. Turpin, DDS, MSD

In 26 years of practice, I have treated only a few patients with maxillary canine - first premolar (Mx.C.P1) transposition. Of the seven types of tooth transpositions which have been identified in ongoing work by authors Sheldon Peck and Leena Peck, this is clearly the most common type in humans. When confronted with this uncommon dental anomaly, a number of questions come to mind: Is this positional interchange of two teeth likely to be bilateral? Does it tend to occur more often on the right or left side? Is it more common in men or women? If the Mx.C.P1 transposition is the result of genetic influences, it is more likely to be associated with tooth agenesis or other developmental problems?

To answer these questions Drs. Peck and Peck joined with Professor Yves Attia of Nice, France, to gather a sample of 43 subjects with Mx.C.P1 transposition. This monumental effort has resulted in the publication of a paper in this issue entitled "Maxillary canine - first premolar transposition, associated dental anomalies and genetic basis". Working with a sample of this size and including subjects from three countries can lead to results capable of weathering the test of time. Judge for yourself after reading this article.

Transfer cases are difficult enough to handle, but when a patient arrives in your office following the extraction of four permanent second molars and wearing a sagittal appliance for anterior crowding, the challenge is even more pronounced. In the first of two case reports in this issue, Dr. Bob Isaacson describes how he and his colleagues

approached a rather unique diagnostic problem, developed a list of treatment options, and then made the appropriate decisions. A relatively unorthodox treatment plan made possible the resolution of a difficult existing clinical situation using fairly routine treatment procedures.

Correcting a Class II malocclusion has always been easier for me when I start with a growing, cooperative patient. In the rush to determine who has the best technique for moving maxillary molars distally to alleviate crowding as well as to gain a Class I molar relationship, we must not overlook the opportunities available with early treatment. The number of young people seeking treatment in my practice is at an all-time high. In the second case report in this issue, Dr. Gary Wolf describes a fairly typical two-phase approach to treating a severe Class II malocclusion characterized by an anterior openbite. As he notes when discussing the results of treatment, "The same result (good function and pleasing esthetics) would have been difficult to achieve without a first phase of orthopedic treatment."

A number of other scientific studies in this issue may also be of interest to you. Two reports address the use of extraoral force to the maxilla with emphasis on the effect of changing the direction of force. And if you're not routinely using nickel-titanium coil springs, read Dr. J.A. von Fraunhofer's paper "Force generation by orthodontic coil springs" and you'll know why I can't live without them in my practice.