

Letters

Implant site development

We were excited to read your editorial, "Orthodontist needed on the implant team," and its enthusiastic goal of broadening the treatment avenues of orthodontics in conjunction with implantology. Also, Dr. Sorenson's case report using intrasosseous implants for Class II elastic anchorage was a good example of the interrelationship of these two areas of dentistry.

The use of implants to replace missing teeth and provide anchorage sites in compromised orthodontic patients is a significant part of the numerous applications of orthodontics with implantology. There are several others that were not mentioned and that we foresee our profession exploring further.

Previous research by Ingber (JP, 1974) establishes the use of orthodontics for improvement of gingival harmony with adjacent tooth structures and the correction of osseous defects. This represents another exciting area for orthodontists, but few encounter or pursue it with other members of our profession.

A new area of orthodontics recently introduced by Salama and Salama (IJPRD, 1993) is implant site development. In the postgraduate orthodontic department of New York University College of Dentistry, we have been able to increase bone levels by forcibly extruding hopeless teeth. The architecture of both hard and soft tissue changes and the future implant site is augmented. The bony ridge is improved, periodontal defects are eliminated, and the final esthetic result is enhanced.

As orthodontics further embraces other disciplines of dentistry helping to achieve more ideal esthetic, cosmetic, and functional results, recent graduates will increasingly find their positions on multidisciplinary teams. With new techniques and increased focus on combining different cosmetic modalities, orthodontics becomes more creative and provides patients improved treatment options and superior esthetic results.

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