

Letters From Our Readers

To: Editor, *The Angle Orthodontist*

Re: Aslan BI, Kucukkaraca E, Turkoz C, Dincer M. Treatment effects of the Forsus Fatigue Resistant Device used with miniscrew anchorage. *The Angle Orthodontist*. 2014;84:76–87.

I read with great interest the paper entitled “Treatment effects of the Forsus Fatigue Resistant Device used with miniscrew anchorage.” hypothesizing that tipping of mandibular incisors could be avoided by increasing mandibular dental anchorage with miniscrews and thus mandibular growth could be stimulated during Forsus Fatigue Resistance Device (FRD) treatment. I would like to congratulate the authors for their effort in the preparation of this randomized clinical trial (RCT). The authors found that no skeletal effect was determined in either treatment group and that correction of the overjet and molar relationship was totally dentoalveolar. However, I have some ideas and questions related to the study:

Although the authors did not state that it was a RCT, it was understood that the design was a prospective, randomized study comparing two different protocols and comparing the findings with each other and with a group of untreated matched controls. The authors should explore the CONSORT (Consolidated Standards of Reporting Trials) requirements and also provide the PRISMA statement (flow diagram of the study groups) to evaluate how strictly the protocol and randomization was followed. Did the authors perform any sample calculation method for the study? Who treated the patients? Was there one clinician or several? Was the researcher blinded to the groups and/or time point?

The groups were matched by chronological and skeletal ages, although the *P* values were close to

<.05. It could have been better to see the comparison of phases of the pubertal growth using Pearson’s chi-square test. Baccetti et al.,¹ in a recent systemic review, reported that the amount of supplementary mandibular growth appeared to be significantly larger if functional treatment was performed at the pubertal peak. In addition, Franchi et al.² reported that functional appliance treatment during pubertal peak produced significantly greater increases in mandibular length compared to functional treatment before puberty.

ICC values were reported to be very high (0.99–1.00); for some measurements no differences were present and the ICC values were 1.00 (SNB°, U6HRL°, B-VRL mm, etc.). Did the researcher repeat all procedures such as landmark identification, tracing, and measurements in randomly selected patients or were only the measurements repeated? Once again, thank you for presenting this interesting study.

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REFERENCES

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2. Franchi L, Pavoni C, Faltin K Jr, McNamara JA Jr, Cozza P. Long-term skeletal and dental effects and treatment timing for functional appliances in Class II malocclusion. *Angle Orthod*. 2013 Mar;83(2):334–340.