

Letters From Our Readers

To: Editor, *The Angle Orthodontist*

Re: The effect of platelet-rich fibrin (PRF) on maxillary incisor retraction rate. Kuter Karakasli, Emire Aybuke Erdur. *Angle Orthod.* 2021;91:213-219.

Thank you for publishing this interesting study. However, we would like further clarification regarding some aspects of the study.

1. The sample consisted of adult patients (mean age of 20.7 years) diagnosed with Class II division 1 malocclusion. However, there were no inclusion criteria related to the growth pattern (hypodivergent, normodivergent or hyperdivergent). Previous studies suggested that growth pattern had a significant effect on the rate of orthodontic tooth movement. Do you think this could have affected the results?
2. The study group received i-PRF in the periodontal ligament space of the incisors two times. Please

specify more precisely where the injections were performed and why those locations were selected.

3. Most studies assessing the role of PRF and rate of orthodontic tooth movement have either injected or placed the PRF solution immediately after extraction to aid in accelerated wound healing and resorption. However, in this study the injections were done much later. What was the rationale in injecting the PRF after healing of the extraction socket (number of months required for canine retraction not mentioned) as i-PRF mainly works by accelerating wound healing?

We would appreciate your further comments on the details of the study.

Gayatri Ganesh, Tulika Tripathi

Department of Orthodontics and Dentofacial Orthopaedics. Maulana Azad Institute of Dental Sciences, Bahadur Shah Zafar Marg, New Delhi, India