

P R E S E N T I N G T H I S I S S U E

Foreword

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Editor-in-chief of this Issue



Dear friends,

This year is beginning for the Review with a very clinical *Varia* dealing with different topics that continue to focus on our everyday practice: resorption after orthodontic treatment, tongue dysfunction, periodontal screening, feasible therapeutical choices for morphological anomalies, agenesis of the lateral incisors, and specific problems related to the lingual technique.

Therefore, in a richly illustrated article, Dominique LUNARDI and his collaborators draw a parallel between two types of inflammatory resorption that are orthodontically induced: apical resorption that we fear most, and cervical resorption that is less well known. After giving an update on the histological mechanisms of these phenomena, the authors emphasize the risk factors to look for during the patient interview and highlight the importance of periodic follow-up appointments for dental radiographs in the course of treatment, where, according to them, the cone-beam plays a very significant role. Finally, they discuss conservative procedures for treating cervical resorption whose communication with the oral environment make their progression inevitable in the absence of appropriate treatment.

Romain DE PAPÉ and Mélanie BRANDELET, two young orthodontists, bring a new perspective on diagnosis and rehabilitation of tongue dysfunction through the use of surface electromyography. This non-invasive technique that can be used in the office, makes it possible to analyze the contraction of different muscle groups during swallowing. The article of these authors, comparing the diagnosis of experienced practitioners with electromyographic data, shows that if electromyographic data cannot be substituted for clinical screening and does not allow the determination of the actual position of the tongue during swallowing, it nonetheless contributes complementary information which refines clinical diagnosis and this additional data becomes a reliable tool in follow-up functional rehabilitation.

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Solenn HOURDIN and her team propose a simplified and logical way of screening for periodontal diseases. This binary approach, based on the presence or absence of clinical signs rather than their gradation, makes it possible to rapidly identify patients requiring pre-orthodontic periodontal case management. Based on the patient interview, the clinical exam and the radiological exam, this screening is advantageous since it can be applied in systematic fashion during orthodontic practice, thus improving case management for our patients, especially adults.

Jacques FAURE takes on the challenging problem of tooth size discrepancy, especially in the context of anomalies of size in the incisor-canine group. As an aid in deciding which procedure to use, he proposes a software tool that makes it possible to easily deal with the evolution of different numerical indices available to us as they relate to the chosen procedure. His approach is illustrated by detailed clinical reports, pre-, per- and post-procedural, of two twin sisters, for whom, two different treatment solutions, chosen logically, gave esthetic and functional results that were not only satisfying at the end of treatment but that remained especially stable over time.

In keeping with this theme, Frédéric BONNIN explains to us, also via two clinical cases that are richly supported with photographs, the strategic and mechanical specificities of closing gaps caused by agenesis of maxillary

lateral incisors using the lingual technique with individual brackets. If this type of technique involving an initial set-up makes it possible for the practitioner to make good procedural planning and to have predictable outcomes during these very delicate treatments, nonetheless this technique includes specific features (indirect bonding, individualized archforms fabricated according to the ideal chart for end of treatment. . .) that should be anticipated to ensure peace of mind during treatment. In addition, he explains how to best manage collaboration with the treating practitioner, from the moment the treatment procedure is planned until the device is installed, in order to fabricate the prosthetic elements that are often necessary in these clinical situations.

Continuing with the specific imperatives relating to the lingual technique, Olivier RICHARD presents a clinical case of the implementation of a surgical disjunction and maxillary expansion for an adult using a disjunctive with miniscrew that does not interfere with the lingual brackets. After reminding us about the esthetic and functional importance of surgical rapid expansion, he describes in detail the integration into the orthodontic treatment plan of the different stages of the protocol for fabrication and installation of the expansion device. After the surgical phase, two of the four miniscrews can additionally be retained in order to reinforce the dental anchorage used in treatment.

I very modestly hope that this issue will provide you with new paths for reflection so that your practice will be safer and more fulfilling.

Enjoy the reading...