PARAMETERS USED FOR REFERRING PATIENTS FOR ORTHOGNATHIC SURGERY

During the course of decades, orthodontics was based on linear and angular static measurements to define the orthodontic treatment plan. Nowadays, a great deal of attention has been paid to facial analysis. In line with this trend, an interesting article was published, in which the proposal was to verify whether it was necessary or not to refer Class II, division 1 patients for orthognathic surgery, based on observation of the face in lateral view. The conclusions drawn from this study were that the displacement of the soft tissues of the pogonion and point B in the posterior direction and the diminished facial profile angle were decisive factors for orthodontists to indicate these patients for orthognathic surgery. These results suggested that in the presence of cases with limitations it is always important to take a profile photograph of the patient and show it to the patient, so that he/she can evaluate his/her face and together with the orthodontist, define whether or not it would be convenient to undergo surgical treatment.

SELF-ETCHING AGENTS PRODUCE FEWER CHANGES IN ENAMEL COLOR AFTER DEBONDING

When bonding orthodontic accessories, a constant concern is whether this bonding will or will not change the color of the enamel on the conclusion of orthodontic treatment. There are various materials and techniques used for tooth enamel conditioning before bonding orthodontic accessories. In a recent study Egyptian researchers performed an evaluation of whether or not the different methods and materials would alter enamel color after debonding, in addition to verifying the degree of penetration of bonding materials into enamel. The results found showed that self-etching agents presented lower levels of penetration and coloring of enamel after debonding, whereas etching with 37% phosphoric acid for 60 seconds presented the highest level of coloring and infiltration, and showed differences when compared with the same phosphoric acid for a period of 15 seconds. These findings add further advantages to the use of self-etching agents, which are outstanding for their practicality and the possibility of performing bonding in a humid environment.

PATIENTS ARE THE PRINCIPAL RESPONSIBLE FOR THE APPEARANCE OF WHITE STAINS

In spite of the many advancements achieved by orthodontics over the last few years, decalcifications and white stain lesions continue to be frequent problems in orthodontic dental offices. The growing trend to replace banding of teeth by bonding associated with the use of fluoride-releasing bonding materials has certainly reduced the appearance of these lesions, however, there is still a great deal to be done. While giving some thought to this problem, researchers at the Universities of Jordan and Virginia in the USA decided to verify, by means of questions put to patients and their parents, orthodontists and general clinicians, about who would be the responsible for the appearance of white stains, what would be the methods to prevent them, and who should treat them. All the groups evaluated were unanimous that white stain lesions depreciate the orthodontic patient’s general appearance,


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and that the patient is the principal responsible for the appearance and prevention of these lesions. These results bring us some relief, but does not exonerate us from our responsibility towards these patients.

**EXTRACTION OF MANDIBULAR INCISOR AFFECTS ESTHETICS WHEN SMILING**

One of the options widely disseminated in the literature for the treatment of anterior mandibular crowding is the extraction of a mandibular incisor. In spite of being an extensively practiced procedure, a persistent question arises: How acceptable will this treatment method be to the patient? With the intention of elucidating this doubt, Brazilian researchers, using photographs with changes made by means of an image edition software, created images in which the mandibular incisor had been extracted. The results found showed that when there are other options available, the option to extract mandibular incisors should be discarded, due to the esthetic impairment caused and perceived by the evaluated groups.

**TOOTH EXTRACTIONS CHANGE THE LIP VERMILION**

Recognized worldwide for her esthetic attributes, Angelina Jolie is outstanding because of her delicate facial lines and full lips. As she is a Hollywood actress her esthetic attributes encourage women all over the world to copy her. In this context, an increasing number of women appear in medical consulting services every day seeking to have lips like those of Angelina Jolie. You may, however, ask, what does orthodontics have to do with lips? It was in an endeavor to explain this relationship that Japanese authors developed a study evaluating the influence of orthodontic treatment with extraction, in cases of bimaxillary protrusion, on lips vermilion. The results showed evidences of the influence of tooth extractions on lip vermilion, which could thereby favor improvements in facial esthetics.

**REFERENCES**