

Editorial

From microetching to bisphosphonates

This issue opens with an informative article by Peter Miles on the utility of microetching before indirect bonding. In an impressive split-mouth study carried out in his practice, Peter has some timely advice for clinicians who microetch or who are about to start. If you are frustrated by brackets lost from posterior teeth you will find the methods Peter used very helpful. A careful technique is very important.

Drs Lovatt, Goonewardene and Tennant investigate the role that the supracrestal fibres play in relapse of rotated teeth. Fibres attached to teeth that were rotated and retained and teeth that were rotated and released had the same orientations, which suggests that factors other than the supracrestal fibres may be responsible for relapse of rotated teeth.

Alireza Bagheban, Mahtab Nouri and Mohammadreza Safavi report the novel method they have devised to distinguish categories when using the Dental Health Component of the Index of Orthodontic Treatment Need. They recommend that association models should be used in addition to kappa when assessing the reliability and validity of ordinal scales and the patterns of agreement between examiners. This is important information for anyone using these or similar scales.

Drs Nishat Imthiaz, George Georgiou, David Moles and Steven Jones investigate the feasibility of using hydroxyapatite discs instead of dental enamel for testing shear bond strengths. Researchers who use human teeth will tell you that it is getting more difficult each year to get sufficient teeth for their tests. Although the shear bond strengths for the enamel and hydroxyapatite discs were different, the hydroxyapatite discs were an effective substitute for dental enamel. In a few years it may be possible to match the properties of the two substrates and do away with extracted teeth.

Kikelomo Kolawole, Olayinka Otuyemi, Sonny Jeboda and Alice Umweni report the awareness of malocclusion and desire for orthodontic treatment in 11 to 14 year old Nigerian schoolchildren and their parents. The attitudes of the children, their parents

and an orthodontist were quite different from what the literature tells us, and may have been influenced by the availability of orthodontic services and dental services in that large country. This is an experienced epidemiological group reporting on the conditions they found in their country. It will be interesting to see what develops over the next decade or so.

In a clinical study Drs Ramalingam, Kailasam, Padmanabhan and Chitharanjan analyse the mechanical properties of superelastic wires subjected to topical fluoride agents. Fortunately, the news is not as bad as it could be, only the elasticity of nickel titanium archwires fell during unloading, although many clinicians leave the wires in place for longer than the month used in this study.

In another clinical study Hussam Abdel-Kader, Mohamed Aref and Farouk Hussein give us a timely warning of the problems of using orthodontic magnets. Magnets may be effective methods of moving teeth, but they may present some problems when the protective coatings are lost. A surprising finding in this study is that the concentrations of the metals they chose to measure fell after one month. One can only speculate on the reasons for this fall.

Few will disagree with Padhraig Fleming, Andrew DiBiase and Robert Lee that self-ligating appliances are here to stay. More self-ligating bracket systems have been developed in the last 10 years than in the 60 years following the introduction of the first self-ligating bracket: the Russell Lock bracket. The authors critically review the claims made for these brackets and point the way for future research.

Drs Melo, Jawonski, Largura, Thomé, de Souza and da Silva present a case of upper molar intrusion with the aid of microscrews that started conventionally and ended well, despite an unplanned change shortly after starting treatment. This case report reinforces the important points made in previous articles in this Journal on the use of microscrews to intrude teeth.

In a thoughtful Comment Drs Homan and Ashkan Javaheri review issues of quality in orthodontics. Their

view is that the quality of an orthodontist's work and the processes used are secondary to the role that treatment plays in improving the patient's 'quality' of life. Quality of life issues are becoming increasingly popular even in orthodontics, but we are still many years behind the medical profession. Occasionally, we need to be reminded that patients may not share our enthusiasm for technology and fine finishes. In this

issue we have an important letter from Alastair Goss on bisphosphonates. As clinicians we need to be aware that patients on bisphosphonate therapy are a risk group if you place an implant. Although the number of reported complications is low in Australia, it may increase as microscrews are more widely used.

Michael Harkness