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THE EDITOR'S CORNER

Miniscrews and Tongue Studs

Like any other health-care discipline, orthodontics has its share of complications. In a busy practice, it is rare for a day to go by when the orthodontist does not see issues ranging from gingivitis secondary to poor oral hygiene to failure of treatment progress due to poor cooperation to more serious situations such as generalized root resorption. Complications secondary to trauma during treatment also arise on a regular basis, including soft-tissue irritations or abrasions resulting from mucosa rubbing on brackets, auxiliary hooks, or exposed distal ends of archwires. Although these kinds of trauma have been with us since the inception of the specialty, changes in treatment techniques and popular trends have given rise to new complications that all practicing orthodontists and their staff members need to know how to manage.

Obviously, the biggest development in clinical practice over the last decade has been the widespread adoption of temporary anchorage devices. This journal alone has carried numerous papers illustrating the application of TADs to almost every conceivable kind of malocclusion. Considering all the types of cases now being treated with skeletal anchorage, it's not surprising that published complications arising from TADs are also on the increase, as summarized in an extensive 2007 overview by Kravitz and Kusnoto.¹

Sinus perforation during TAD placement, always a possibility when miniscrews are inserted in the maxillary posterior region, has not been studied in detail until now. This issue of JCO contains an article by Drs. Antonio Gracco, Stephen Tracey, and Ugo Baciliero reviewing possible complications of these perforations and presenting suggestions on how to manage or, better yet, avoid such situations. Using endoscopic examinations of the interior of the maxillary sinus in cases where TADs had perforated the Schneiderian membrane, the authors provide graphic visual examples that can help us make informed decisions about this relatively new area of orthodontic treatment.

A second article in this issue presents an orthodontic

complication resulting from a fad that has, unfortunately, become ubiquitous among young adults: tongue piercing. Most people of my generation find it hard to explain why anyone would want to have his or her tongue pierced. Reported complications include bleeding, pain, swelling, infections, fractured teeth, soft-tissue trauma, eating problems, and altered speech. A general dentist colleague of mine had a patient in whom a tongue piercing resulted in a submandibular cellulitis that affected the airway, resulting in a life-threatening medical emergency. The case presented this month is not so serious, but Drs. Sawsan Tabbaa, Ivanka Guigova, and C. Brian Preston show a patient who developed the habit of pushing her tongue stud between the upper central incisors, eventually opening an interproximal

space that developed into a full-blown median diastema. Treatment, clinical management, and retention were fairly straightforward, as detailed by the authors, but you can bet the first step was to remove the tongue stud.

New treatment modalities and ever-changing social trends constantly produce new sets of possible complications in everyday orthodontic practice. Reports such as the two in this issue will help keep clinicians aware of methods that can be used to prevent and, if necessary, manage and treat such new complications as they arise. RGK

REFERENCES

1. Kravitz, N.D. and Kusnoto, B.: Risks and complications of orthodontic miniscrews, *Am. J. Orthod.* 131(4 suppl):S43-S51, 2007.