

LETTERS

White-Spot Lesions

I read, with interest, your editorial regarding enamel decalcification (JCO, January 2011). Since I switched to self-ligating brackets over five years ago, it is a rare event that I see any decalcification on any of my patients. Why? It is because I no longer use those annoying little “O” rings that trap and hold dental plaque. Yes, self-ligating brackets are more expensive than traditional twin brackets, but the trade-off for no decalcification is well worth the cost difference.

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(Editor's Note: To reply to letters or to any JCO article or editorial, send an e-mail to Dr. Robert Keim at editor@jco-online.com or visit www.jco-online.com, click on “forum”, and post a new topic under the “Feedback” forum.)

I always enjoy your “wet-fingered” journal of orthodontics and, too, your editorials.

Some of the things we do to prevent decalcification:

I prescribe PreviDent 5000 Sensitive (potassium nitrate) for kids and adults. Directions: twice daily after usual oral hygiene, take a pea-size portion and brush onto facial, occlusal, and lingual surfaces; spit if needed, but *don't* rinse—let it soak in.

Studies show plaque is like a sponge for fluoride, gradually releasing it. I prescribe no fluoride supplements other than the pea-size PreviDent. I also prescribe all acid stuff goes through a straw to get it past the teeth.

The roots are 10 times more likely to decay or erode, and it occurs to enamel and roots at 6.4 pH or below. Coffee is 5.8 pH; wine the same. I predict we'll test oral pH and develop protocols to control it.

I have just finished two sessions of chemo. The chemicals are excreted by the kidneys, salivary glands, and nasal mucosa. In eight months, I have experienced gingival recession (2mm) and can feel the tooth structure loss at my crown margins. Our profession should get the word out. For seven to 10 days after each treatment, I sip baking soda hourly. This also reduces oral and lip erosions.

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