Letters to the Editor

Dear Sir,

Congratulations are in order to Peter Thomas on receiving the Orthologic Travel Award 1996. Judging by the cases illustrated in the August 1997 BJO, this was a well deserved award.

However I feel that some comment is required on the second case presented in which the impacted upper canines were extracted instead of being exposed, this decision having been made by the surgeon at the time of surgical exposure. Much has been published about the possibilities that exist for exposure and traction of impacted teeth and the excellent prognosis for these treatments, if handled with care. The essence of success for the surgical component of this treatment must be that the orthodontist maintains full control over the surgeon, being present at the time of the surgery in order to determine the site and extent of the surgical access; the amount and position of bone removal and the amount of tooth exposure to allow sufficient, but not excessive, space for bonding. The surgeon is, in this context, a sub-contractor only and should work to the instructions of the orthodontist in the same way that the orthodontist works to the requirements of the prosthodontist in a pre-prosthetic orthodontic case. Only the orthodontist has the experience and the knowledge to assess the prognosis of an impacted canine, initially from the X-rays and later at the surgical exposure, and to determine the appropriate treatment among the many available. From the X-rays published with the case report, it would appear that exposure and traction would almost certainly have preserved the upper canines and have brought them into their correct position in the arch with all the aesthetic and occlusal benefits that would ensue.

Dr. TOM WEINBERGER B.D.S., F.D.S., D.ORTH. R.C.S. (ENG)
Orthodontist
43, Emek Rephaim
Jerusalem 93141, ISRAEL
Tel: 02-5661459
Fax: 02-5638936
E-mail: tomwein@cc.huji.ac.il

Dear Sir,

As university teachers of orthodontics to undergraduate dental students we agree with the comments of Kevin O'Brien (1997). At Liverpool Dental School we have been steadily reducing the amount of time in the curriculum devoted to teaching removable appliance technique. Undergraduates have not made their own appliances for a number of years.

We teach our students the fundamentals of fixed appliances in a one week typodont course. Whilst highlighting the benefits of fixed appliances, we stress that they are complex and require skilled management to achieve good results. In the clinic undergraduates undertake simple fixed appliance treatment under direct supervision, often in the capacity of an auxiliary, after an orthodontist has placed the brackets and bands. Removable appliances are only used in selected cases, where there would be no advantage to using a fixed appliance. The undergraduates are also given the opportunity to prospectively observe, monitor and report on the treatment of more complex cases being treated by our orthodontic postgraduates.

By teaching the fundamentals of diagnosis and management of orthodontic patients, as well as exposing our students to the results which can be achieved with modern appliances, we feel we are educating our graduates to understand their limitations. However, this approach is time consuming and with ever more limited resources, particularly with respect to manpower, can we continue to fulfil the GDC recommendations with regard to the treatment of patients by undergraduates? We believe that students should be exposed to a small number of well treated cases and the emphasis of teaching should be mainly directed towards the correct diagnosis and management of malocclusion.

DR. NEIL PENDER, SENIOR LECTURER AND
MR. PHILIP BENSON, LECTURER
University of Liverpool Dental School,
Pembroke Place
Liverpool L3 5PS

Reference

O'Brien, K. (1997)
Undergraduate orthodontic education: what should we teach rather than what can be teach?
British Journal of Orthodontics, **24**, 333–334.

0301-228X/98/002000+00$02.00