Letters to the Editor

Dear Sir,

Re: Guest Editorial—In Pursuit of Improvement Before Excellence

Professor Stephen Richmond states in his interesting guest editorial that it is well known that a high proportion of orthodontists consistently occupy the 'Top 20' earners in dentistry as a whole. He goes on to state that greater use of upper and lower fixed appliances is associated with high earners.

Anecdotal evidence of the quality of treatment of high earners is good and the length of treatment seemed to be similar to the average.

If these high earners are already using multiple dental nurses with expanded duties carrying out much of the treatment under delegation they are distorting the treatment timings of the General Dental Services and flying close to the wind with the General Dental Council. This will ultimately lead to a cut in orthodontic fees and a disincentive for fixed appliance treatment. Orthodontic auxilaries should be properly trained and registered.

An additional source of income would be an 80% patient charge for NHS treatment which would create a more level playing field with the general dentistry budget and encourage more private treatment.

E. G. Piper
52A Station Road West,
Oxted,
Surrey RH8 9EU, UK

Dear Sir,

Re A Case Report: To Find Surgical Needle in the Oropharyngeal Region During Screening of Orthodontic Radiographs is it Strange?

Introduction

As a professional working in this field of continuous challenge Orthodontics, I believe that it is our responsibility to present and publish the vary rare cases which may face any one of us, may be once during his long practice. Away from the clinical importance of cephalometric and panoramic radiographs in orthodontics, careful thorough screening of both for significant pathological findings is of prime importance (Nanda *et al*., 1967; Bisk and Lee, 1976; Kuhlberg and Norton, 1995; Abdel-Kader, 1998). To find pathology or anatomical anomalies may be acceptable. However, to find surgical needle in the oropharyngeal region is somewhat strange, and this is the subject of the current presented case report.

Case Report

A 13-year-old Egyptian male patient presented for the second stage of orthodontic treatment. The first stage started at the age of 10 years old, and directed towards removal of impacted supernumerary teeth, and alignment of upper and lower front teeth. The second stage was planed to deal with the impacted upper left permanent canine. The patient had a repaired left-sided unilateral cleft lip and palate. The panoramic and cephalometric radio-

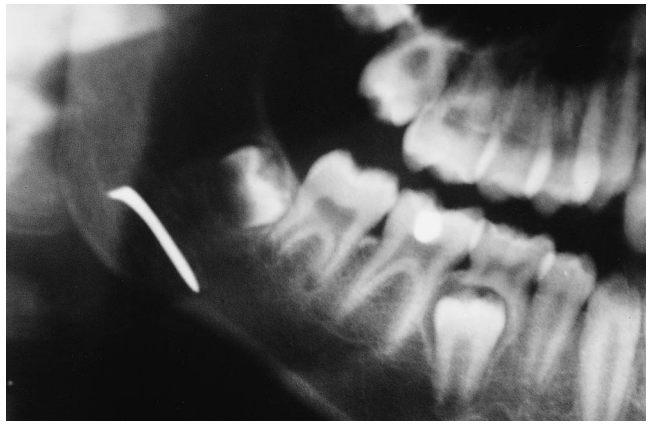

FIG. 1 Panoramic radiograph of 13 years old male patient with a surgical needle at the right mandibular angle.

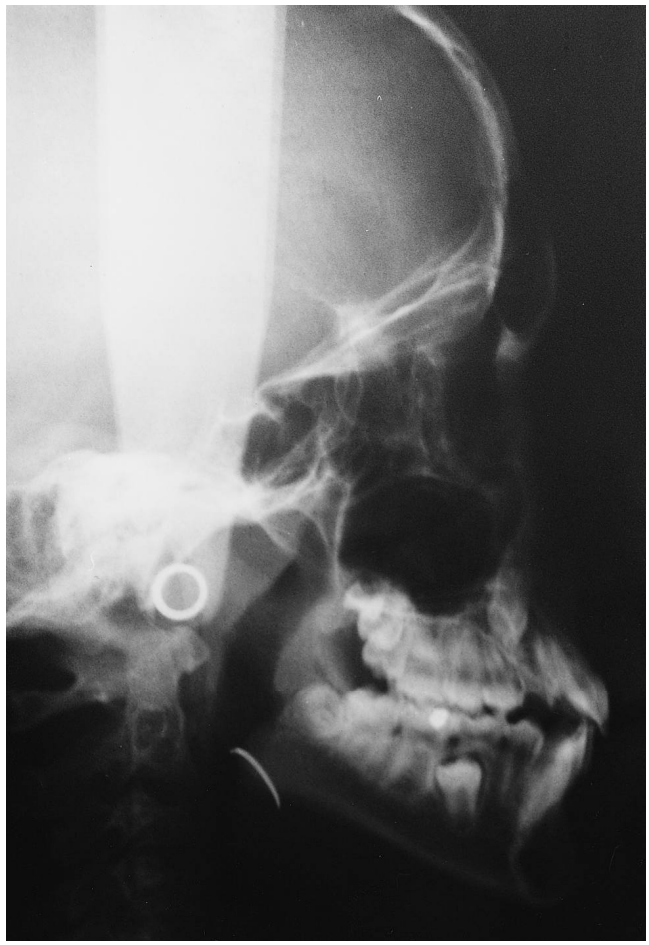

FIG. 2 Right view cephalometric radiograph of the same patient, revealed the presence of surgical needle at the right mandibular angle.

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graphs taken before the first stage of orthodontic treatment were lost for a reason or another. The new panoramic and lateral cephalometric radiographs presented with the patient revealed a curved metal object at the right mandibular angle, Figures 1 and 2, respectively. P/A cephalometric radiograph confirmed the presence of surgical needle in the oropharyngeal region. The patient was not aware of having any complains regarding our finding. A brief medical history of the surgical operations which had been done prior to his visit to our Orthodontic Department were taken and summarized in the following:

1. Repair of unilateral cleft lip and palate at the age of 6 months old.
2. Tonsillectomy and adenoidectomy at the age of 4 years old.
3. Surgical extraction of impacted supernumerary teeth at the cleft region at the age of 9 years old.

The parents were informed about what we have in the radiographs, and the patient was referred to head and neck surgery for consultation.

Professor Hussam M. Abdel-Kader
Faculty of Dental Medicine,
Al-Azhar University,
Madent Nasr Post # 11884,
Cairo, Egypt.
E-mail: hussamkader@hotmail.com
Web Site: http://www.geocities.com/ResearchTriangle/Thinktank/2718/

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