

FEATURES SECTION

Book Reviews

Clinical Success in Early Orthodontic Treatment

A. Patti and G. Perrier D'Arc
Quintessence, London, 2005
124 pp., sb £48
ISBN 2912550378

This book is dedicated, amongst others, to Robert Ricketts and Carl Gugino, and so much of the diagnostic and therapeutic content will be familiar to those who have been involved with the Bioprogressive Technique. As with all Quintessence books the presentation and quality of illustration is excellent. There are six chapters and a preface that explains why and when early orthodontic treatment should be undertaken. The first two chapters cover normal growth and development, with craniofacial growth following Bjork's ideas and occlusal development being classically described.

Chapter 3 is headed 'Obstacles to the development of dentofacial harmony' and the majority is devoted to the role of soft tissues. Similarly, the following chapter places much emphasis upon an analysis of the airway and swallowing. The cephalometric analysis is (as expected) Ricketts' analysis. The reader would need to be familiar with this analysis to understand the information to be derived.

The bulk of the chapter on the treatment of malocclusions is devoted to Class I problems with local anterior irregularities such as incisor cross-bite or anterior open bite associated with a digit sucking habit. There are two shorter sections covering Class II and Class III. Surprisingly, given the title of the book, there is relatively little on functional appliances for Class II malocclusions, and Clark's Twin Block is not mentioned at all.

The final chapter on appliances devotes a substantial amount of space to expansion devices (fixed and removable) and includes diagrams on the construction of a utility arch. However, in the rest of the book there is only a 4-line paragraph that mentions the use of the utility arch.

This is certainly not a book for the general dental practitioner or the DWSI; it will not add substantially to the knowledge needed by a postgraduate student as it

provides insufficient detail. In my view, it contains nothing that cannot be found elsewhere in more extensive textbooks, but perhaps they would not be so well illustrated.

Richard Oliver

Treatment Planning for the Developing Dentition

Helen Rodd and Alyson Wray
Quintessence, London, 2006
150 pp., hb £28
ISBN 1850970815

Communicating in Dental Practice: stress-free dentistry and improved patient care

Ruth Freeman and Gerry Humphris
Quintessence, London, 2006
116 pp., hb £28
ISBN 1850970998

Both of these small books come from a series with the broad title of *Quintessentials of Dental Practice* with Nairn Wilson as Editor-in-Chief. There are 50 volumes planned, divided between 10 sub-headings, each of which have their own sub-editor. The sub-headings comprise: General Dentistry; Oral Surgery and Oral Medicine; Imaging; Periodontology; Endodontics; Prosthodontics; Operative Dentistry; Paediatric Dentistry/Orthodontics; General Dentistry and Practice Management; and Dental Team. If the indicated publication timetable is maintained, all titles will be available by the end of 2006.

Treatment Planning for the Developing Dentition

This title falls into the Paediatric Dentistry/Orthodontics stable, the three other titles being *Child Taming: how to cope with children in dental practice*, *Paediatric Cariology*, and *Managing Trauma in Dental Practice*.

The book is well laid out with liberal use of colour photographs, and Tables and Flow Charts that are easy to comprehend. Much of the early part of the book is devoted to behavioural management, suiting treatment plans to the individual child. The second chapter is on interceptive orthodontic treatment, and the remainder

of the book is devoted to prevention of dental disease and restoration of teeth damaged by caries or trauma. Readers might be surprised to find no mention of the BOS Orthodontic Radiographs Guidelines in the Table in Chapter 1 on appropriate use of radiographs in children, and concerned that no thought appears to have been given to the orthodontic consequences of early loss of first permanent molars in one of the clinical scenarios.

These points aside, the book is well written, has much sensible information and advice, and surely will enjoy popularity with undergraduates.

Communicating in Dental Practice: stress-free dentistry and improved patient care

This book is from the Operative Dentistry stable, and is written by a dentist and a clinical psychologist. Like its companion, it is well illustrated and laid out and is easy to read. It is full of useful tips regarding patient management, and the section on patient motivation would be well worth reading and subsequently trying out the ideas on the recidivist toothbrusher or headgear wearer—the ARMPITS strategy is particularly appealing! Some parts of the book become a little repetitive and, as a teacher and supervisor of students who are taking impressions for the first time, would disagree with the author's advice to use the smallest tray possible in the mild retching patient.

Many of the chapters contain URLs or telephone contact numbers for further reading or helplines on, for example, smoking cessation. These are all based in the UK and, hence, may restrict the value of the book in the wider market. Nevertheless, an enjoyable and informative read.

Richard Oliver

Cleft Lip and Palate: diagnosis and management, 2nd edn

Samuel Berkowitz (ed.)
Springer, Berlin, 2006
832 pp., hb £268.50
ISBN 3540234098

This book aims to be a comprehensive text of Cleft Lip and Palate written by leading practitioners. It wishes to 'familiarise clinicians with the appropriate literature and its importance' on all aspects of cleft surgery. The book is divided into 10 sections. Section one deals with facial embryology in great detail and it shows the value of longitudinal record keeping. It highlights the theories of facial development, and puts them into the context of cleft lip and palate. Section 2 discusses and illustrates the various types of cleft, and their morphological variations and, with section 3, focus on the central theme of

the text, the effect of surgery, particularly palatal surgery, on growth and how the timing of surgery can affect growth. Berkowitz explores this topic in great detail, and how his team's protocol has been formed by their observations and research. Their protocol to minimize the adverse growth effects of palate closure by timing surgery on the ratio of cleft area to that of the palatal segments, rather than chronological age is well supported and illustrated. The counter argument for early closure with minimal scarring techniques to improve speech outcomes could have been further explored. The psychological impact of living with a cleft is well explored.

Section 4 explores surgery in more detail, again returning to the theme of timing of surgery and its effects on growth. An important principle that is highlighted is that cleft teams should have a 'flexible protocol tailored to individual patients'. It also explores wound healing mechanisms and diseases of the ear in clefts. In section 5, several authors discuss presurgical orthopaedics including neonatal maxillary orthopaedics and naso-alveolar modelling. Section 6 examines mid-facial changes in cleft patients and the use of the facial mask for midfacial retrusion. At the end of the section Le Fort I osteotomy and rigid external distraction are discussed, and this is continued in section 7 on orthognathic surgery. Here, several authors expertly address the issues of orthognathic surgery, distraction (both extra and intraoral) and Rapid Maxillary Expansion, presenting arguments for and against the various techniques. The complex issue of speech and orthognathic surgery is well covered. This is followed by a discussion of alveolar bone grafting and includes areas of development, such as the use of BMP (Bone Morphogenetic Protein).

Sections 8 and 9 are a very detailed and comprehensive description of the issues of cleft speech. Here, the authors do explore the arguments for early palatal surgery for speech. Investigations and treatment options for velopharyngeal dysfunction are discussed in detail and there is an excellent chapter on the prosthetic options to help speech, a topic often overlooked. The final section explores the future especially in relationship to studies of palatal growth, 3D imaging of the growing palate and inter-centre collaboration.

This text achieves its aims and is a comprehensive work on cleft lip and palate exploring, through different authors, all areas of cleft care. It is supported in its arguments by well-researched references. There are some areas that could have been explored further, notably submucous cleft palate; a more detailed exploration of palatal surgery techniques producing minimal scarring and intravelar veloplasty for palate

repair and re-repair. The arguments for early palatal closure on the grounds of speech could have been explored in greater depth by an author supporting this approach. Overall, it is an excellent text.

It is a 'must have' for anyone with an interest in cleft surgery and is of great relevance to all members of the cleft team.

David Drake