

LETTERS

The A Line

I was interested to see the recent article by Dr. Alfredo Alvarez on the "A line".¹ I was glad to see that Dr. Alvarez is in agreement with the use of True Horizontal and with the concept of the significance of the upper incisor position in cephalometric analysis, rather than the lower incisor. It is surprising that it has taken so long for this to become accepted as mainstream teaching, it seems so obvious and simple when used in clinical diagnosis.

I noted a remarkable similarity of the incisor position of Dr. Alvarez to that proposed in my own publications.^{2,3} He takes a point at one-third of the thickness of the upper lip, which he states is 15mm on average, giving a position 5mm in front of A point, ± 1 mm. The position I have described is at one-fourth of the thickness of the upper lip. With average lip thickness, this gives a position 3.8mm in front of A point. Given the variability of lip thickness and the lack of precision of Dr. Alvarez's point with ± 1 mm variation, the incisor position is virtually identical. The 8% difference of 1.2mm on average is clinically insignificant. The modification described as "A New Guide for Diagnosis and Treatment Planning" does not really appear to be either new or modified to any significant extent from my own.

As with all diagnostic criteria, there must always be the possibility of individual variation for each particular case; for some patients, a slightly more forward position of the upper incisors may be desirable. For different ethnic groups, the preferred maxillary incisor position may be considerably farther forward. My original Aesthetic Analysis was for the Caucasian individual, but there are modifications for Oriental, Asian, and black patients.

I am pleased to see the use of the Aesthetic Analysis of the facial profile coming into use in today's orthodontics, but I would respectfully suggest that it is not renamed until it has really been modified in a new and significant manner, not just by 1.2mm.

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REFERENCES

1. Alvarez, A.T.: The A Line: A new guide for diagnosis and treatment planning, *J. Clin. Orthod.* 35:556-569, 2001.
2. Bass, N.M.: Bass Orthopedic Appliance System, Part 2: Diagnosis and appliance prescription, *J. Clin. Orthod.* 21:312-320, 1987.
3. Bass, N.M.: The aesthetic analysis of the face, *Eur. J. Orthod.* 13:343-350, 1991.

Dr. Alvarez replies:

I appreciate Dr. Bass's inquiry regarding the A-line article, which I think clearly identifies him as a pioneer in using the relationship of the maxillary incisor to the upper lip as an aid in orthodontic diagnosis. My modification of his technique evolved out of simple experience with my own patients. Of course, all orthodontists who prefer a soft-tissue diagnosis owe a huge debt of gratitude to Dr. Reed Holdaway, who was the first ever to publish or speak to this important subject.

I chose the nomenclature "A line" as a measurement from the osseous Point A to a line perpendicular to the True Horizontal. I intended it as a simple, easy way to remember the line and its relation to A point and nothing else. I can only hope that it achieves its purpose.

At any rate, I am always grateful for anyone who concentrates our attention on the soft tissue as a basis for our diagnoses and plans of therapy, because for too long orthodontists have been basing their treatment-planning decisions upon narrow protocols that have misunderstood normal, natural, acceptable, and stable positions of teeth.

Correction

In the above-referenced article by Dr. Alvarez, the first two words were omitted from p. 561 due to a printing error. The entire sentence should read, "The A line, which is 2.5mm ahead of the facial surface of the maxillary central incisor, clearly demonstrates this."