

Letter to the Editor

Sir,

We read with great interest a paper recently published by S Ardu [S Ardu, O Duc, I Krejci, and R Perroud (2013) Amelogenesis Imperfecta: A Conservative and Progressive Adhesive Treatment Concept. *Operative Dentistry* **38(3)** 235-241]. While it is a nice and generally well written case report, there are concerns about this article that we believe need to be addressed.

1. Figure 1c, d, f show a tooth like structure in the region between the maxillary left central incisor and canine, which can be confirmed radiographically in Figure 1g as the root stump of the maxillary left lateral incisor. However, the authors claim that the upper left lateral incisor is missing which is contradictory. Radiographs in Figure 4k reveal that the root stump has now been extracted and replaced by a cantilever bridge.

2. With a root stump of about 16 mm and adequate bone support as evident on the radiograph (Figure 1g), post & core followed by a crown could have been a favourable option for the maxillary left lateral incisor in this case of amelogenesis imperfecta.

3. Although the post treatment results are appreciable, the idea of extracting the root stump in relation to the maxillary lateral incisor in a young individual and placing a three-unit bridge is questionable.

Drs. Munish Goel; Gurmeet Singh Sachdeva; Shikha Bala; Shweta Verma; Neeraj Sharma; & Liza Sachdeva

Faculty members

Dept. of Conservative Dentistry & Endodontics

Himachal Dental College

Sundernagar, Distt. Mandi-175002

Himachal Pradesh, India

The Author's Respond:

The root of the upper left lateral incisor was extracted during the long term maintenance phase (the one where composites were realized). This decision for extraction was made after the patient's (and the patient's parents') refusal of orthodontic treatment. The "IDEAL" treatment plan was, in fact, an orthodontic alignment of the two arches as well as extrusion of the maxillary left lateral incisor root in order to place a post and core restoration followed by a long term provisional crown. Unfortunately, we had to respect the patient's wish and were not able to follow our "ideal" treatment plan.

Due to the refusal of the "ideal treatment plan" by the patient, other options were taken into consideration: an adhesive cantilever bridge for the long term provisional phase and a three unit bridge or an implant for the definitive phase.

The final option was the placement of a disilicate 3-unit bridge which was preferred over implant and crown placement. This decision was made due to the young age of the patient, the possibility of an apical migration of hard and soft tissues (with the consequent esthetic problems) and based on the favorable long term results reported in the literature for three unit bridges.

Drs. Stefano Ardu; Olivier Duc; Ivo Krejci; & Raymond Perroud

Faculty Members

Division of Cariology and Endodontology;

University of Geneva Dental School,

Geneva, Switzerland

