Letters to the Editor

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Stability of anterior open bite correction of adults treated with lingual appliances

Sir,
Recently, I read an article entitled ‘Stability of anterior open bite correction of adults treated with lingual appliances’ (Geron et al., 2013) written by Dr Silvia Geron, Atalia Wasserstein and Zachi Geron, published in European Journal of Orthodontics, in the October edition of the year 2013.

While reading the article, several doubts arose in my mind, which I would be pleased to have answered by the authors, if possible.

1. What were the criteria used to establish that would be acceptable facial aesthetics? Was any measure used for this, or was it conducted purely subjectively? It has already been described in the literature that orthodontists can evaluate the need for orthognathic surgery in patients with class II division I malocclusion, however I don’t know of studies analyzing class I, class II division 2, and class III. Was there a consensus among more than an orthodontist? Another concern is the lack of a control group treated with conventional buccal orthodontic appliance. I believe that the lack of a control group makes it difficult to draw any conclusions about whether the therapy used would have influenced the results achieved.

2. Do you not think that an analysis of the position of the tongue during speech and swallowing should be made before the study begins so that the real role played by the tongue in the presence of open bite can be evaluated?

Another concern is that the tongue position differs in different malocclusions (Görgülü et al., 2011; Yilmaz et al., 2011).

I am interested whether you investigated open bite stability in relation to extractions, as a correlation has been reported previously (Janson et al., 2006).

I take the opportunity of closing these clarification questions and to congratulate the authors on the study.

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References
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Reply

Sir,
Thank you for your remarks and questions about our study entitled ‘Stability of anterior open bite correction of adults treated with lingual appliances’ (Geron et al., 2013).

• Regarding the criteria used to define acceptable facial aesthetics. The patients included in the study had acceptable facial aesthetics that did not indicate the need for orthognathic surgery. No special measure was used to define