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ASYMMETRIES NOT GREATER THAN 5.6 MM GO UNNOTICED BY LAYPEOPLE

The literature extensively reports the need for a certain degree of asymmetry between the right and left sides of the face, which give facial contour a natural form. Should both sides of the face be completely symmetrical, they give the person an artificial and unpleasant look. Nevertheless, what is the acceptable limit of normal asymmetry? With a view to answering this question, English researchers conducted a study¹ in which they analyze frontal facial photographs of female and male patients (Fig 1) and develop different degrees of asymmetry in the chin area. The same images were analyzed by laypeople, students and professionals of Dentistry, as well as dental-surgeons and orthodontists in terms of perception of different degrees of facial asymmetry in male and female patients. Results revealed that the two major factors influencing perception of asymmetry were the evaluator and the degree of asymmetry. Orthodontists proved much more critical of asymmetry in comparison to laypeople. The more asymmetric was an image, the more noticeable asymmetry was. The research outcomes prove necessary to assess each case individually before referring a patient to surgery.

DENTAL ALIGNMENT IS MORE QUICKLY PERFORMED WITH CONVENTIONAL BRACKETS RATHER THAN WITH SELF-LIGATING ONES

Since the beginning of our specialty, we have experienced an evolution in terms of technique, material and concepts adopted. As in any other knowledge domain, evolution tends to promote improvements in

products and services, thereby making our lives easier. Orthodontic brackets are not different. They stand in the spotlight due to their ligating system, in other words, they have become self-ligating. Undoubtedly, the self-ligating system is beneficial, especially in terms of chair time, as it eliminates the need for using

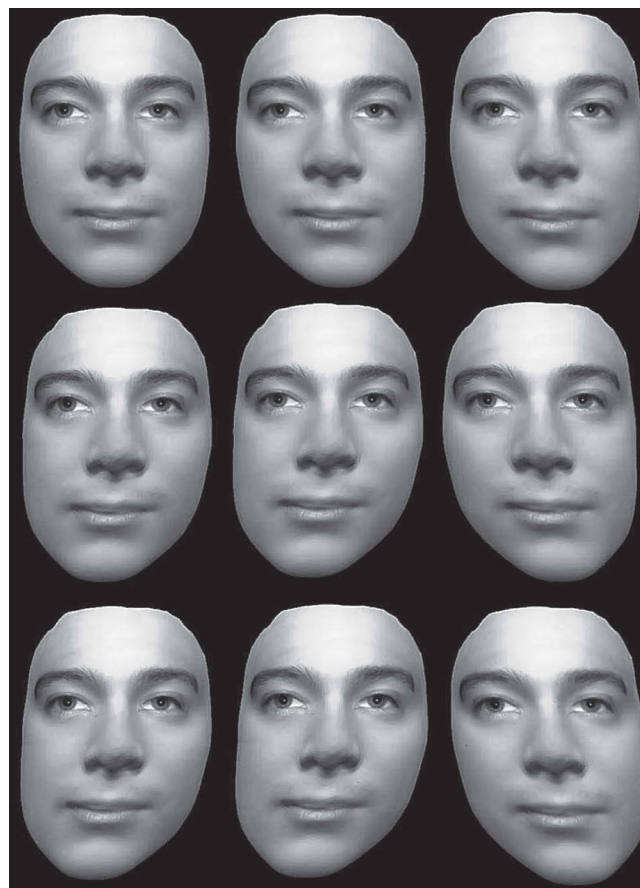


Figure 1 - Men with different levels of asymmetry (from the left upper side: 0 mm, 6 mm, 8 mm, 10 mm, 12 mm, 14 mm, 16 mm, 18 mm and 20 mm). Source: McAvinchey et al.¹, 2014.

Submitted: May 18, 2014 - **Revised and accepted:** June 02, 2014

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How to cite this article: Python MM. Orthodontics highlights. Dental Press J Orthod. 2014 July-Aug;19(4):15-7.

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such hypothesis, Swedish and Danish researchers conducted a random controlled clinical trial⁴ to assess the effectiveness of high fluorine content tooth pastes on orthodontic patients. Their results revealed that daily using high fluorine content tooth paste significantly reduces the prevalence and incidence of white spot lesions underlying fixed orthodontic appliances. The authors also highlight that this type of tooth paste must be considered as an alternative for patients with high risks of tooth cavity.

POSTERIOR CROSSBITE AFFECTS PATIENTS' QUALITY OF LIFE

Much attention has been given to the effects of oral problems, especially orthodontic issues, on patients' general health and well-being. Several oral problems might be associated with changes in patients' qual-

ity of life. An orthodontic problem shared by the overall population is posterior crossbite which might have a long-term effect on growth and development of teeth and maxillary bones, in addition to affecting mandibular movement and hindering temporomandibular joint dynamics. The aforementioned issue casts doubt on the following: Does crossbite affect orthodontic patients' quality of life? With a view to answering this question, Malay and English researchers conducted a study⁵ to assess the quality of life of 145 subjects of which 72 had posterior crossbite and 73 were in normal occlusion. Patients were aged between 15 and 25 years old. After applying quality of life questionnaires, the researchers came to the conclusion that posterior crossbite significantly affects patients' quality of life, thereby reinforcing the need for preventive and interceptive measures at an early age.

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