



Figure 6. One month later: $\underline{2}$ had been corrected and bonded retainer placed.

the active component provides only a point contact, tooth movement is principally by tipping. For this reason, removable appliances are not effective for:

- Bodily moving teeth if space needs to be created for an instanding incisor.
- Torquing the incisor roots. If the incisor root is positioned palatally,

simply tipping the tooth will procline the tooth excessively. This can result in poor aesthetics and poor gingival contour, and may increase the chance of relapse.

- Extruding the incisors. The overbite is important in retaining the corrected incisor(s). If there is little or no overbite, it may be advantageous to extrude the incisors to achieve sufficient overbite to

improve long-term stability.

- Rotation of teeth. Single-point contact and the resultant tipping movements are much less effective at producing derotation of incisors than fixed appliances.

CONCLUSIONS

Most incisors in crossbite are managed with removable appliances. However, in view of the advantages outlined in this paper, following appropriate case assessment, practitioners may wish to consider using fixed appliances to manage some cases.

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BOOK REVIEW

Orthodontic Management of the Dentition with the Pre-adjusted Appliance. By John C. Bennett and Richard P. McLaughlin. Mosby, London & New York, 2002 (380 pp., £115). ISBN 0-7234-3265-1.

Although fixed appliances may be placed in around an hour, their effects are lifelong. In offering three-dimensional control of tooth positions and soft tissue drape they place great demands on treatment planning and execution. It is all too easy, for instance, to lose anchorage leaving an unstable occlusion and residual overjet. The goal of a stable dentition within an attractively proportioned face is hard won.

Orthodontic Management of the Dentition with the Pre-adjusted Appliance shows how to transform mild to moderate malocclusion into beautifully treated dentitions. The many diagrams and case reports help greatly. It is also a monument to finishing: the myriad ways to occlusal perfection through, for instance, electively tilted molar bands, bracket positioning and local wire bending to boost aesthetics and occlusal stability. Avoidable disappointments such as undertorqued incisors, or tooth-tissue discrepancy impairing buccal interdigitation are comprehensively addressed.

The authors have recently published a second book, *Systemised Orthodontic Treatment Mechanics*. To own both is ideal; if funds restrict then buy *Systemised*

and borrow *Orthodontic Management*.

The pre-adjusted appliance now boasts so many variants of angulation, torque and tip values that, whether you deploy the authors' own MBT (McLaughlin-Bennett-Trevisi) system or its rivals, such as Straightwire, you can be assured that the principles outlined here will yield stable dentitions to satisfy the most fastidious parent or clinician. In a world obsessed with evidence, John Bennett and Richard McLaughlin deliver a pleasing mix of the practical and academic. Whether you are scrabbling for that elusive reference or enjoy seeing how treatment unfolds, *Orthodontic Management* will please.

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