

recent deterioration in the buccal surfaces of the upper anteriors and, to a lesser extent, the lower anterior buccal surfaces.

I am at a loss to determine the possible causes and can only think that there is still some form of acid attack in conjunction with bruxism and traumatic toothbrushing.

I have asked Professor Burke's opinion who has also seen cases of similar, unexplained erosions and who suggested that I ask the readership of *Dental Update* for any suggestions.

All advice would be gratefully received.

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## Dear Editor

I read with interest the recent article entitled 'Extra-oral appliances in orthodontic treatment' by Almuzian M, Alharbi F, McIntyre G (*Dent Update* 2016; **43**: 74–82).

Whilst this article provided a comprehensive review of the subject, it omitted any consideration of the airway. Recent concerns have been raised about the impact of orthodontic treatment on the airway. In particular, the reduction of overjet by upper premolar extractions and retraction of incisors.<sup>1,2</sup>

A number of authors have found that extra-oral traction to the maxilla reduces the depth of the oropharyngeal airway.<sup>3,4,5</sup> This has greater impact because it is generally used in Class II cases, which already have a reduced oropharyngeal airway compared to Class I or Class III cases.<sup>6,7,8</sup>

There is a well established relationship between reduced oropharyngeal airway and obstructive sleep apnoea.<sup>9,10,11</sup> Hence, the indiscriminate use of extra-oral traction could increase a patient's susceptibility to sleep disordered breathing and obstructive sleep apnoea and, for this reason, would be contra-indicated.

**M J Trenouth**  
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## References

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## Dear Editor

We thank Dr Trenouth for his letter. Our article was to review the skeletal and dental effects of headgear and it was not possible to include information on any

proposed link with airway problems.

We note that Dr Trenouth fails to present a balanced view by not including the article by Kirjavainen and Kirjavainen which found that 'Cervical headgear treatment increases retropalatal airway space but does not significantly affect the rest of the oropharynx or hypopharynx in children with Class II malocclusion without retrognathia.'<sup>1</sup> Furthermore, the first two references Dr Trenouth quotes are letters submitted to the *British Dental Journal* and are therefore not peer-reviewed publications.

**M Almuzian, F Alharbi and  
G McIntyre**

## Reference

1. Kirjavainen M, Kirjavainen T. Upper airway dimensions in Class II malocclusion: effects of headgear treatment. *Angle Orthod* 2007; **77**: 1046–1053.

## Dear Editor

### Mouth Cancer for Clinicians Part 7 (Dent Update 2016; 43: 50–65)

Regarding the above article in the January/February issue of *Dental Update*, I think that the legends for Figures 8 and 9, respectively, have been transposed. The legend beneath Figure 8 should be under Figure 9 and the legend beneath Figure 9 should be under Figure 8.

In addition, I think that it may be of benefit to the readers that the authors advise, when carrying out an intra-oral examination, that the dentist asks a patient to touch the hard palate with the tip of the tongue to enable a thorough examination of the floor of the mouth and the ventral surface of the tongue.

**Dr Barbara Coyne**  
Dentist

## Editor's Response

We thank Dr Coyne for her eagle eye and advice.