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THE EDITOR'S CORNER

Our Connecticut Quartet

Most of the treatment-planning protocols we learn during our specialty training programs focus on the correction of “generic” malocclusions in various established categories: the Angle classifications of sagittal discrepancies; transverse indications of anterior or posterior buccal or lingual crossbites; arch-length indices of crowding or spacing discrepancies; and vertical designations of high-, medium-, or low-angle cases and dolichofacial, mesofacial, or brachyfacial patterns. Profiles are often described as convex, flat, or concave and as maxillary, mandibular, or bimaxillary protrusive or retrusive. Cases can be further characterized as requiring high, medium, or low anchorage. The list goes on and on.

For every combination and permutation of these categories, we are taught specific clinical steps to correct the problems in a logical sequence. The more detailed the classification, the more detailed and individualized the treatment plan will be. And while the protocol may vary depending on where the orthodontist was trained, this kind of “preprogrammed” treatment plan provides a starting point for any clinician, from the beginner to the most experienced. Where I went to school, for example, a high-angle, bimaxillary prognathic, Class I crowded case would have called for maximum anchorage. We would have extracted four first premolars, applied upper and lower holding arches with a high-pull headgear for anchorage, and retracted the anterior segments after leveling and aligning the arches and bringing the canines back. Others might approach the case differently, but the end result is what really matters; any of a dozen standard treatment protocols would be able to achieve a stable, healthy, functional, and esthetic outcome.

Unfortunately, many situations are impossible to resolve using standardized treatment approaches. Some of the most challenging treatment-planning decisions we face involve unusual skeletal discrepancies or severely ectopic or impacted teeth. Regardless of any conventional patterns of malocclusion that may be noted, such cases inevitably require individualized treatment protocols.

Over the years, the orthodontic faculty of the University of Connecticut has added significantly to the literature regarding treatment of these difficult cases. In the current issue of JCO, we recognize their contribution by presenting four articles dealing with unique malocclusions, all with at least one author from UConn. The common denominator in all four is Dr. Ravindra Nanda, Professor and Head of the Department of Craniofacial Sciences at the School of Dental Medicine. Following in the footsteps of his eminent predecessor, Dr. Charles Burstone, Dr. Nanda is an Associate Editor of JCO who has become a household name within the global orthodontic community.

In our lead article, Dr. Nanda teams up with four UConn colleagues—Drs. Flavio Uribe, Nandakumar Janakiraman, Alice Cutrera, and Gian Pietro Schincaglia—to demonstrate a technique for rapid alignment of an extremely recalcitrant impacted upper canine, a tooth that had resisted all common forced-eruption techniques, by means of a segmental osteotomy. Next, in a col-

laboration with three Japanese colleagues—Drs. Junji Sugawara, Satoshi Goto, and Hiroshi Nagasaka—Dr. Nanda and Dr. Zaher Aymach of UConn document “surgery first” orthognathic treatment of a severe Class III malocclusion without extractions. Their approach is unusual, to say the least, but seems highly effective. In a third paper, Drs. Nanda and Uribe, along with UConn faculty members Drs. Sumit Yadav and Madhur Upadhyay, describe unique biomechanical approaches to the correction of impacted and ectopically erupted maxillary canines. Finally, along with four German colleagues—Drs. Benedict Wilmes, Manuel Nienkemper, Björn Ludwig, and Dieter Drescher—Dr. Nanda presents a technique for intrusion of an overerupted upper molar, using palatal anchorage and the authors’ Mousetrap appliance.

We are honored to have both Dr. Nanda and Dr. Uribe on our editorial board. I am certain that the University of Connecticut’s contributions to our understanding of challenging biomechanical problems will continue long after these significant additions to the orthodontic literature. RGK