

investigating sagittal discrepancies and dental development was published after our study had been carried out.⁹ Secondly, in studies conducted in our department comparing dental and skeletal ages in different skeletal sagittal and vertical jaw relationships, no difference was found regarding dental age in any studied group.^{10,11} The difference in results between the studies of Celikoglu et al⁹ and Kanaan et al^{10,11} could be attributed to the sample size and characteristics (age, male-to-female ratio, ethnic background, and so on).

Once more, we highly appreciate Dr Celikoglu's valuable comments; they certainly guide and present areas for further research linking various types of malocclusions and canine impactions with dental development.

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REFERENCES

- Zilberman Y, Cohen B, Becker A. Familial trends in palatal canines, anomalous lateral incisors, and related phenomena. *Eur J Orthod* 1990;12:135-9.
- Becker A. Etiology of maxillary canine impactions. *Am J Orthod* 1984;86:437-8.
- Rune B, Sarnäs KV. Tooth size and tooth formation in children with advanced hypodontia. *Angle Orthod* 1974;44:316-21.
- Uslenghi S, Liversidge HM, Wong FS. A radiographic study of tooth development in hypodontia. *Arch Oral Biol* 2006;51:129-33.
- Kan W, Seow W, Holcombe T. A case-control study of dental development in hypodontic and hyperdontic children. *Pediatr Dent* 2010;32:127-33.
- Tunc E, Bayrak S, Koyuturk A. Dental development in children with mild-to-moderate hypodontia. *Am J Orthod Dentofacial Orthop* 2011;139:334-8.
- Odagami Y, Kida A, Inoue M, Kurosu K. Dental age of children with congenitally missing permanent teeth. *Jpn J Pedodontics* 1995;33:91-8.
- Lozada PA, Infante C. Estudio de la maduración dental y edad dental en individuos con ausencia congénita de dientes permanentes comparados con individuos sin ausencia congénita dental. *Int J Dent Anthropol* 2001;2:24-9.
- Celikoglu M, Erdem A, Dane A, Demirci T. Dental age assessment in orthodontic patients with and without skeletal malocclusions. *Orthod Craniofac Res* 2011;14:58-62.
- Kanaan R. The relationship between chronological, skeletal and dental ages according to anteroposterior jaw relationship [thesis]. Irbid, Jordan: Jordan University of Science and Technology; 2009.
- Kanaan R, Al-Khateeb S, Gh Aljamal, Abu Alhaija E. Dental and skeletal ages in different skeletal jaw relationships. *Eur J Pediatr Dent* 2012 (in press).

The best continuing education

The February 2012 editorial concluded that perhaps our best continuing education is to “take final records and compare them with the patient's pretreatment records.”¹ Dougherty² finished his May 1987 guest editorial with the following words: “The main thrust of our deliberations and concerns should be good treatment versus bad treatment. It is that simple. No labels are needed. Put the records on the table and label yourself.”

Our study group agrees that the final records are equally important as the pretreatment records.³ Twenty-five years later, posttreatment records continue to be consistently updated, because this is how we do science. This is not a fashion trend.

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REFERENCES

- Kokich VG. The best continuing education. *Am J Orthod Dentofacial Orthop* 2012;141:131.
- Dougherty HL. Read the label before taking. *Am J Orthod* 1987;91:442-4.
- Tanaka OM. Study clubs. *Am J Orthod Dentofacial Orthop* 2011;140:4.

Infraoccluded deciduous molars

The article published in the January issue on infraoccluded deciduous molars (Dias C, Closs LQ, Fontanella V, de Araujo FB. Vertical alveolar growth in subjects with infraoccluded mandibular deciduous molars. *Am J Orthod Dentofacial Orthop* 2012;141:81-6) was well researched and resourced. The authors stated that “There are 2 main theories aimed at explaining the etiology of ankylosis: one focuses on local clinical findings, and the other on genetics.”

However, I was concerned that the word “tongue” did not appear in the article, although it is known to be associated with lateral open bites of many kinds. It does not seem possible to measure long-term tongue posture, but I do not think that should be an excuse to ignore it, since we are in no position to deny