

Planning is necessary; running risks is not necessary

Along the many years dealing with topics in the frontiers of orthodontic possibilities, I have often answered questions about treatment risks. It started with the first lectures about skeletal anchorage about fifteen years ago, when concerned eyes paid — and still pay — attention to new treatment forms. Such concern should be expected, as responsible professionals fear that expected results may not be achieved when new treatments are used. This is especially true when dealing with complex treatments that involve new steps or additional knowledge. But do these treatments actually pose greater risks?

Maybe, let's admit it, but not always. To give a better answer to this question, however, it is important to make it clear that there is a great difference between "exposing to danger" and "running risks". This difference is called planning. Planning comprises identifying the problem clearly, understanding its progression and the consequences of not solving it, establishing different resolution scenarios and choosing one consciously, and, at last, recording step by step the actions that will be taken. In the Second World War, the greater commander of the Allied Forces, General Dwight Eisenhower, once said: "Plans are useless, but planning is indispensable."

There are endless new resources for planning, and I have recently witnessed an excellent example of that. In a Conference, I attended a lecture that is definitely one of the best that I have ever seen. It dealt with a new perspective for the diagnosis of anterior open bites, which leads to treatment

planning that is actually focused on the etiology of the problem. The lecturer, Dr. Flávia Artese, described the work conducted by her father, Professor Alderico Artese, while we, the audience, were enchanted by the extraordinary revelations of her paper. It is incredible that, in the era of fantastic imaging diagnoses and highly sophisticate examinations, a new form of diagnosis, particularly one for such an old problem, should be brought to light by means of critical observation and sharp intelligence.

Their work has been summarized and published in the Special Article section of this issue. They argue that the lack of consensus about the etiology of anterior open bites has given rise to several treatment variations, which might explain the high degree of posttreatment instability in this type of malocclusion. In addition, their study provides criteria for the diagnosis and treatment of open bites based on different tongue postures. That is such a clear finding that it is amazing that nobody noticed it before.

Again: Plans are nothing, but planning is everything. But how can we plan if we do not even understand the cause of the problem? I strongly suggest the reading of this article, which will be a landmark in the literature about an anomaly whose correction is one of the most difficult.

Enjoy your reading!

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