



**Volume 3, Number 1
August 2005**

Lingual News

*Practical information on
adult and lingual
orthodontics*

Clinical Problems and Solutions



Original article

The Art of the Smile, Integrating Prosthodontics, Orthodontics, Periodontics, Dental Technology, and Plastic Surgery in Esthetic Dental Treatment

Rafi Romano DMD, MSc.

Updates on Lingual and Adult orthodontics

Original: The Orthodontic therapy with the hinge mechanics

Marino Musilli Dr.

Abstract: A novel method for temporary treatment of gummy smile

Wasserstein Atalia. D.M.D.

Discussion: Computerized Indirect bonding debate

Silvia Geron D.M.D., M.Sc

Discussion : 0.018 Vs. 0.022 wires in Lingual Orthodontics

Rafi Romano, DMD, MSc

Products & Materials

New retention appliance for open bite cases

Clinical problems and solutions

Bite Opening Effects of the Ormco Generation 7 Lingual Orthodontic Appliance

Paul H Ling DDS, MDS

Case presentations

Class II non-extraction treatment with self ligating lingual brackets

Silvia Geron D.M.D., M.Sc,

Aesthetic Dentistry

Getting it down to a fine art

Daniel ziskind Dr. med. dent.

Coming events

Courses and meetings in LO and aesthetic dentistry

A novel method for temporary treatment of gummy smile

Atalia Wasserstein , DMD



I would like to recommend on of the article "Botulinum toxin type A in the treatment of excessive gingival display" in the American Journal of Orthodontics, volume 127, number 2, February 2005, 214-218 by Mario Polo from Puerto Rico.



One of the causes of excessive gingival display according to the author is hyperfunctional upper lip elevator muscles, mostly the levator labii superioris muscles. Several surgical techniques are described to improve the condition, and the new non surgical way, the use of one of the eight types of butolinum toxin, the one that is the most commonly used in medicine, type A (BTX-A).

The author describes the known course of action of BTX-A for blocking muscular contraction and the trials for getting the minimal optimal dosage for best improvement of gummy smiles of 5 chosen patients. The effect the BTX-A began about 10 days after the injection, reached its peak after 14 days and lasted for 3 to 6 months.

The author suggests that the ideal dosage might be 2.5U per side at the levator labii superioris and at the overlap of the levator labii superioris and the zygomaticus minor muscle, and 1.25 per side at the orbicularis oris site. The measured and the viewed improvemet are very impressive.

The study is a preliminary one, however very promising for improving situations of an excessive incisors exposure at rest, as well as unesthetic gingival exposure at smile, for which conventional orthodontics do not have a satisfactory solution. However it should be remembered that the procedure gives short term improvement. Case selection seems to be very important as well as the practitioner's skill.