Foreword

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In this age of EGOlogy, the cult of personal appearance, we are being engulfed in a host of veritable smile bars that peddle products like tooth whitening agents, and wrinkle removers like hyaluronic acid and Botox...all readily available in the Internet supermarket.

We should remember that on October 14, 2011 Jean-Claude Mas, former chief of Polyimplant Prosthesis, PIP, admitted that his company had been using non-medical industrial strength gel for breast implants that were placed in the bodies of some 500,000 women throughout the world (Le Monde 14-01-2012).

For heaven’s sake, please stop the killing!

We are medical therapists, not unscrupulous cosmeticians. We have the moral obligation to treat our patients in accordance with guidelines based on the most recent evidence derived from a constantly evolving database acquired by scientific research. In this effort we should, of course, always try to ameliorate esthetics, in accordance with the patient’s wishes.

Esthetics and therapy are intimately intertwined and that is the main theme that we plan to present in two issues prepared to elucidate that concept.

Professor CHARRIER, a maxillo-facial surgeon begins this first issue on the esthetics-therapy duad by proposing a different “extra oral” clinical surgical esthetic approach. He discusses a morpho-functional surgery focused not on occlusal anomalies, but on anomalies of the position of teeth in the smile and the therapeutic options we have at our disposal to “re-center” them in the smile through the collaborative multi-disciplinary effort of a team of maxillo-facial surgeon, orthodontist, general practitioner, implantologist, periodontist, and educational therapist.

Doctor MIARA, a general dentist, introduces us to a simple, rapid, atraumatic, and highly effective
technique for minimizing superficial enamel defects that has obtained thoroughly reliable and durable results.

Doctor LE GALL, an orthodontist reviews for us the difficulties in making a therapeutic choice in cases of agenesis or untimely loss of teeth in the anterior sector of the dentition. The resolution of these problems takes on special functional and esthetic characteristics: the patient’s smile and anterior guidance are affected and must, of necessity, be restored. The orthodontist and patient must decide, in consultation, whether the space should be closed entirely by orthodontic treatment or should the space be closed by bringing the remaining anterior teeth together thus creating a space of the same size, or greater, posteriorly where it can be filled by prosthetic replacements.

Doctor SALAMA, a general practitioner informs us about the treatment of facial wrinkles by injection of hyaluronic acid and discusses our rights and our obligations with regard to this procedure.

Doctor LEYMARIE, a periodontist, presents a case where gingiva was thickened to make it a better root covering. The modified envelope with added connective tissue technique chosen for this process is used as a preparation for orthodontic therapy after establishment of a periodontal diagnosis has been made on the basis of precise and reproducible clinical indications.

Doctor RICHELME, a general practitioner, confirms yet again the benefits of pre-prosthetic orthodontic adjustment in preparation for coherent anterior tooth replacement. The orthodontic procedure he demonstrates in three clinical cases is simple, rapid, pleasant to execute, well within the capabilities of any dentist, and reliably produces both esthetic and functional results that are extremely satisfactory.

And finally, Doctor NICAUD reviews the results of her clinical study highlighting the elements that must be modified to transform a smile that is perceived as unsightly into one that is quite agreeable.

In the hope that we have convinced you of the intimate relationship that binds esthetics to therapy, we wish you many hours of pleasant and practical reading.