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What about the curve of Spee?

A case report by El-Bokle and Abbas (El-Bokle D, Abbas NH. A novel method for the treatment of Class II malocclusion. *Am J Orthod Dentofacial Orthop* 2020;158:599-611) in the October issue reported 2 cases of Class II malocclusion in which the patients were treated with inclined bite raisers beveled 45° combined with short light Class II intermaxillary elastics, showing improvement in the occlusal and profile relationships in both patients at the end of the treatment. The article was quite interesting and appreciated by us, but we have some doubts. In the bonded inclined bite raisers elastics construction section of the manuscript, it was highlighted that the choice of teeth for the bite raisers depends on the overbite that the patient presents at the beginning of the treatment. In case of a deepbite, the authors suggest placing the bite risers in the premolar region to facilitate the extrusion of the molars. One question would be regarding the Spee curve. Andrews,¹ in his study of the 6 keys of normal occlusion, observed that a normal occlusal presents a flat curve of Spee. This way, a flat occlusal plane should be a treatment goal, and deep curves of Spee are usually corrected in the alignment and leveling phase of treatment. Patients with Class II Division 1 malocclusion have a deep curve of Spee² that is associated with an increased deep overbite. So, would posterior bite raisers' placement in the premolar region not make it difficult to correct the curve of Spee because the occlusal forces would create an

intrusive force vector? How do you correct the curve of Spee with this method using bonded inclined bite raisers elastics?

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2. Veli I, Ozturk MA, Uysal T. Curve of Spee and its relationship to vertical eruption of teeth among different malocclusion groups. *Am J Orthod Dentofacial Orthop* 2015;147:305-12.

Authors' response

We thank the authors for their letter and interest in our article. They questioned whether leveling the curve of Spee would be compromised because of using bonded inclined bite raisers on premolars in patients with Class II malocclusion with a deep overbite because of an intrusive force vector on the premolars.

The bite raisers' main effect is a sagittal correction because of their complementary inclination and adjunctive use of short Class II elastics. Therefore, when placed on the first premolars, any intrusive component would be minimal, unlike the use of a flat bite raiser. After correction of the sagittal relationship, the bite raisers are gradually reduced, and seating elastics are used for settling the occlusion during the finishing stage. Therefore, a level curve of Spee is easily established at the end of treatment.

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Bonded occlusal bite raisers for Class II malocclusion

It was a pleasure reading the case report in the October issue reporting a novel method for treating Class II malocclusion (El-Bokle D, Abbas NH. A novel method for the treatment of Class II malocclusion. *Am J Orthod Dentofacial Orthop* 2020;158:599-611).