

The authors described their technique as novel, but we would like to bring to their notice some facts. A similar method for correction of Class II malocclusion was given by Pedro Planas of Spain in 1971 and was named Planas direct tracks (PDTs).¹ PDT has been used since then for early Class II malocclusion correction² and also for pseudo-Class III malocclusion correction.³ PDTs are prism-shaped blocks incorporating inclined planes of 45° made up of composite resin directly built or cemented onto the occlusal surfaces of premolars and molars.⁴ The mechanism of action of PDT is also the same as bonded inclined bite raisers elastics (ie, raising the bite to unlock the mandible and keep it in the desired position). In addition to bite raisers, El-Bokle and Abbas included a fixed appliance with short elastics. Apart from this, there is no other difference between these 2 methods. The authors should have included the history of this bite raiser to give due importance to the original work of Planas. As this method of mandibular positioning has been in use since 1971, it is not justified to call it a novel method.

Sandhya Jain
Anil Kumar Bunkar
Merin Kuriakose
Indore, Madhya Pradesh, India

Am J Orthod Dentofacial Orthop 2021;159:409-410
0889-5406/\$36.00
© 2020 by the American Association of Orthodontists. All rights reserved.
<https://doi.org/10.1016/j.ajodo.2020.11.026>

REFERENCES

1. Planas P. Rehabilitation Neuro Occlusal (RNO). Spain: Masson-Salvat Odontologia Barcelona; 1994.
2. Gribel MN, Gribel BF. Planas direct tracks in young patients with class II malocclusion. *World J Orthod* 2005;6:355-68.
3. Vora KS, Misal A, Toshniwal NG. An innovative approach for correction of pseudo class III malocclusion with the use of "Planas direct tracks. *APOS Trends Orthod* 2013;3:190-6.
4. Simões WA. Selective grinding and Planas' direct tracks as a source of prevention. *J Pedod* 1981;5:298-314.

Authors' response

We read with so much interest the letter to the editor regarding our recent article, "A novel method for the treatment of Class II malocclusion."

The authors pointed out that we did not include the Planas direct tracks (PDT) introduced by Dr Planas¹ of Spain in 1971 in our references. We would like to draw the authors' attention to the fact that our article was a case report and not a literature review that would normally include all of the possible references regarding our work. In addition, we did mention that the introduction of inclined bite planes was as early as 1899.

The authors also claim that the mechanism of action of PDT is the same as our bonded inclined bite raisers elastics. We have to disagree because of the fundamental differences between the devices. First, the inclined raisers that we use are not merely prism in shape like the PDT. A plateau is intentionally added to make it difficult for the mandible to occlude more distally, which could worsen the Class II relationship (Fig 1 in our article). Second, elastics attached to an orthodontic appliance are a key factor in maintaining the advanced mandibular position, especially during sleep. Third, our technique is specific regarding the amount of advancement (2 mm) and gradual activation, whereas the article referenced by the authors for Class II treatment by Gribel and Gribel² was a case report on Class II treatment with PDT in the deciduous dentition in the absence of any orthodontic appliances. We do find their technique hard to implement at this young age and highly subject to relapse.

We hope that we have clarified the differences between our technique and the others, implying the novelty of our technique.

Dalia El-Bokle
Noha Hussein Abbas
Sheikh Zayed City and Cairo, Egypt

Am J Orthod Dentofacial Orthop 2021;159:409
0889-5406/\$36.00
© 2020.
<https://doi.org/10.1016/j.ajodo.2020.12.007>

REFERENCES

1. Planas P. Rehabilitation Neuro Occlusal (RNO). Spain: Masson-Salvat Odontologia Barcelona; 1994.
2. Gribel MN, Gribel BF. Planas direct tracks in young patients with class II malocclusion. *World J Orthod* 2005;6:355-68.

Risk factors for maxillary impacted canine-linked severe lateral incisor root resorption

An article by Wang et al was published in 2020 with the purpose to investigate the risk factors for impacted maxillary canine-linked severe lateral incisor root resorption (Wang H, Li T, Lv C, Huang L, Zhang C, Tao G, et al. Risk factors for maxillary impacted canine-linked severe lateral incisor root resorption: a cone-beam computed tomography study. *Am J Orthod Dentofacial Orthop* 2020;158:410-9). Although the article was quite informative, we have some questions.

The legend for Figure 10 indicates $P < 0.1$ to be statistically significant for the chi-square or Wilcoxon test between the study group and the control group for each