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Re: response to: Long-term skeletal and dental effects and treatment timing for functional appliances in Class II malocclusion. The Angle

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04 May 2026

Letters From Our Readers

To: Editor, *The Angle Orthodontist*

Re: response to: Long-term skeletal and dental effects and treatment timing for functional appliances in Class II malocclusion. *The Angle Orthodontist* 2013(2) 334-340.

Fere libenter homines id quod volunt credunt.
People willingly believe what they want to be true.
Julius Caesar. *De Bello Gallico*, Book III, Ch. 18

Because a major reason for orthodontic treatment is to overcome psychosocial difficulties related to facial and dental appearance and enhance social well-being, the evaluation of dental and facial esthetics has become an important part of the clinical examination. Whether a face is considered beautiful is affected substantially by cultural and ethnic factors, but whatever the culture, a severely disproportionate face becomes a psychosocial problem. Differences in facial types and body types obviously must be taken into account when facial proportions are assessed, and variations from the average ratios can be compatible with good facial esthetics. An important point, however, is to avoid treatment outcomes that would change the ratios in the wrong direction, as for example, treatment with interarch elastics that could rotate the mandible downward in a patient whose face already is too long for its width.[1]

As for the long-term vertical skeletal effects produced by functional appliances, our study[2] found that treatment did not induce any significant increase in vertical skeletal relationships, as assessed either by the inclination of the palatal plane to Frankfort horizontal or with the inclination of the mandibular plane to the Frankfort horizontal and to the palatal plane. In the Discussion we reported that "*A significant increase in lower anterior facial height in the treated group was associated with a significant increase in the height of the mandibular ramus in the long term. Adequate control of vertical skeletal relationships in the long term was achieved through a good balance between posterior and anterior facial height increases*."

The case cited by Dr. Mew and published on the *Journal of Clinical Orthodontics*[3] was included in an unpublished study in which the aesthetics of both the teeth and face were rated by lay and orthodontic judges. We do not know if the evaluation was performed on the comparisons of the photos taken before and after treatment. The main esthetic issue of the face of the specific clinical case can be related to the large nasolabial angle rather than to the increase in the lower anterior facial height that is compatible with the normal vertical growth of the face.[4] However, we certainly look forward to seeing the published data of the study quoted by Dr. Mew.

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