unpleasant and occasionally painful sensation and inaccurate results (false-positive or false-negative), mostly in young patients (3).

The removable appliance indicated for treating the right central incisor with extrusive luxation is also questionable. An orthodontic intrusion is supposed to be carried out to reposition the dental element. However, the authors did not specify which removable appliance was used in the treatment and the references mentioned showed no photographs of such an apparatus. Thus, the orthodontic treatment indicated cannot be reproduced. Moreover, the author did not report the time elapsed between the endodontic therapy and the beginning of the orthodontic intrusion.

In addiction, according to Sathorn et al. (4), the use of intracanal medications like calcium hydroxide is meant to maximize the chances of bacterial eradication from root canals. In the paper, however, the author kept the right and left central incisors filled with the interim placement of slurry calcium hydroxide for just 1 week, a procedure not supported in the literature. It is still questionable why the endodontic therapy was performed in two visits. Mohammadi et al. have reported that a growing perception in endodontic circles is that root canal therapy requires one treatment visit only (5). One-visit endodontic treatment offers many potential advantages such as being less time consuming, less painful, and less traumatic to the patient compared with the multi-visit treatment.

Besides these issues, the paper did not present a conclusion. It would be very important to have some comments about the treatment success, including final radiographs after a 1-year follow-up, and about the importance of early treatment in cases of extrusive luxations.

Yours sincerely,

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Response to Delayed multidisciplinary management of an extrusively luxated maxillary central incisor

Dear Editor,

I would like to thank the readers for their very valuable evaluations and criticism about our case report ' Delayed multidisciplinary management of an extrusively luxated maxillary central incisor' that was published in *Dental Traumatology* (1).

First, the readers criticize the title and the summary of the case report as we did not write about the horizontally crown-fractured left central incisor tooth in these sections of the article. Extrusively luxated and multidisciplinary treated cases due to the treatment delay have been very rarely published in the dental literature. As it was searched to the year 2004 and written in the article, there was only one similar report published by Alacam & Ücüncü (2). So, the title and the summary were focused to present the treatment of the extrusively luxated tooth rather than the horizontally crown-fractured tooth. The management of crown fractures in both permanent and immature cases is well known and documented and was not considered interesting to be mentioned in the title and the summary sections of a case report article by the authors. On the other hand, the clinical and radiographical findings and the treatment of the fractured tooth were mentioned in the case report section to give information about the effects of dental trauma in detail.

Secondly, the readers mention that there was confusion about the clinical findings of the horizontally fractured left incisor tooth. There is no contradicting clinical finding reported in the text about both traumatized incisors. As clearly shown in the first figure of the article and written in the case report section, there was a horizontal crown fracture at the left incisor tooth. The readers must check the case report section, so they can review that the sixth and the seventh sentences of the second paragraph 'The tooth was diagnosed as non-vital after electrical pulp and cold test' and 'There was no color change in the crown and the crown of the tooth was intact' are about the luxated right incisor tooth and not about the crown-fractured left incisor.

Thirdly, the readers noted that the orthodontic treatment employed in the case is questionable because we did not specify the orthodontic apparatus in the text and the time period between the

endodontic and orthodontic treatments. The case report presents a multidisciplinary treatment protocol for an extrusively luxated and malpositioned tooth which involve endodontic, orthodontic, and esthetic restorative treatments. It is true that this case was written mostly from the endodontic point of the view. The orthodontic intrusion of the right incisor tooth was performed by an experienced orthodontist (the third author) in this case. He stated that orthodontic intrusion of a traumatically extruded tooth with a month's delay is a simple case for orthodontists and the removable apparatus used in this case is not very specific. On the other hand, it is understandable that the orthodontic intrusion was initiated immediately after the completion of root canal treatment.

Fourthly, the readers questioned the two visits technique which was employed for the treatment of the case. They stated that the one visit endodontic treatment of teeth must have been employed in the case because one visit treatment offers many potential advantages as it is less time consuming, less painful and less traumatic. They also criticize the use of interim calcium hydroxide disinfection for just 1 week as a technique not supported in the literature. In the report, there are two endodontically treated teeth with different pulp diagnosis. First, we generally treat the vital cases in one visit. In the case, we treated the vital left incisor tooth in two visits because of the prolonging treatment procedures of both teeth at the first appointment. Secondly, in light of published data, we generally prefer to treat the teeth with necrotic pulps in two visits associated with interim placement of calcium hydroxide combinations for at least 1 week. One week interim placement of calcium hydroxide combinations is an established technique for disinfection of root canals (3, 4). In a study by Sjögren et al. (5) it was shown that 1 week calcium hydroxide dressing efficiently eliminated bacteria which survived after biomechanical instrumentation of the root canal. The statistical study by Sathorn et al. (6) covered 251 teeth from eight studies and concluded that calcium hydroxide has limited effectiveness (i.e., effective but minimally) in eliminating bacteria from root canals. However, a previous similar study (7) covered 164 teeth from five studies (these studies used also by Sathorn et al.) and recommended that calcium hydroxide remains the best medicament available to reduce residual microbiota flora further. We think that before quitting the use of two visits technique associated with calcium hydroxide, we should wait and see the results of new studies which may show no statistical differences between both techniques, thus suggesting that calcium hydroxide use has no significant effect in the treatment of infected teeth.

Finally, the readers argue that the case report had no conclusion in the discussion part. And, there was no comment about the treatment success on 1-year follow-up radiograph and about the importance of early treatment in extrusive luxations. The diagnosis and treatment protocol of extrusive luxations in early and delayed cases was based on Andreasen and Andreasen (8) and Andreasen et al. (9) There is a detailed background about the extrusive luxations in the introduction of the article. We followed the guidelines for the treatment of the case. So, there was no need to repeat the background as a conclusion. The readers can see the radiographical evaluation about the treatment success at the 1-year follow-up in the case report section of the article.

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A retrospective evaluation of crown-fractured permanent teeth treated in a pediatric dentistry clinic

I have just received the latest issue of *Dental Traumatology* (August 2007) and read the article by Güngör et al., 'A retrospective evaluation of crown-