



Figure 6. Enough space is created for correcting ectopic eruption of the upper right permanent first molar.

Case selection is an important factor for successful treatment with this type of spring. The primary second molar should remain stable while the interproximal wedging force is applied. Therefore, at least the mesial root of the primary second molar should be intact. Depending on the severity of the ectopic eruption and the primary second molar's stability, a distal tipping technique with a Halterman appliance should be considered.

As a clinical tip, it is recommended that dental floss be tied to the middle helical loop of the triangular wedging spring before insertion to prevent aspiration during the procedure in the mouth.

Conclusions

This clinical report demonstrates that a triangular wedging spring can be utilized as a simple, less irritating, and

more effective way of performing ectopic treatment for the permanent first molar.

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ABSTRACT OF THE SCIENTIFIC LITERATURE



EFFECT OF XYLITOL ON MUTANS STREPTOCOCCI AND LACTIC ACID IN ADOLESCENTS AND YOUNG ADULTS UNDERGOING ORTHODONTICS

Xylitol, a natural caloric sugar substitute, has caries-preventive potential. The purpose of this study was to investigate: (1) the effects of 2 different doses of Xylitol on mutans streptococci count in saliva and plaque; and (2) acidogenic potentials in the sample. Saliva and plaque samples were obtained from 56 patients and analyzed. The study demonstrated that a habitual intake of Xylitol-containing tablets could cause a limited but short-term decrease in mutans streptococci in the low-dose group. The mutans streptococci group, however, remained unchanged in the plaque.

Comments: A lot of confusion still exists about the exact or adequate dose needed for Xylitol to be effective. Additionally, the possibility exists that there may be certain Xylitol-resistant strains of mutans streptococcus. **KK**

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Stecksén-Blicks, C, Holgerson, PL, Olsson, M, et al. Effect of Xylitol on mutans streptococci and lactic acid formation in saliva and plaque from adolescents and young adults with fixed orthodontic appliances. *Eur J Oral Sci* 2004;112:144-248.

35 references

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