DOI: 10.1051/odfen/2013511

J Dentofacial Anom Orthod 2014;17:201
© RODF / EDP Sciences

Foreword



Sylvie LEGRIS
Editor-in-chief of this Issue
Consulting practitioner at the Referral Center
for Rare Malformations of the Face and Oral Cavity,
Rothschild Hospital AP-HP, Dentistry Center, Paris

To begin the year 2014, we are resuming the theme of Rare Diseases in order to provide you with an even better understanding of the many facets of multidisciplinary treatment management for patients with these serious and complex pathologies. The importance of collaboration and dialogue with the various practitioners is again emphasized just as we did in the first issue.

Brigitte VI FANE and her collaborators discuss abnormalities of growth of the jaws involving both hard and soft tissues by describing some major syndromes in their presentation. These authors remind us that treatment management of these patients may begin at birth and continue into adulthood. Some outstanding photographs give us a great view of the development of certain pathologies and help us to better understand that the role of the orthodontist is to provide age-appropriate treatment for the patient.

The partnership between a pediatric dentist and an orthodontist is a prerequisite, given that the time period for orthodontic care usually coincides with childhood and adolescence. This collaboration is especially important because these patients often have dental fragility, periodontal weakness and poor dental habits that do not meet their special oral hygiene needs. The article presented by Camille RAVINET and Pascal GARREC highlights the role played by each specialty within the framework of shared therapeutic objectives.

There are many patients with Rare Diseases who present agenesis of multiple teeth and who therefore need functional and esthetic restoration that periodontics, along with implant and prosthetic treatment will address. The orthodontic treatment plan will frequently include, from the very first phases, specific objectives such as prosthetic and/or implant procedures beginning in the mixed dentition phase and continuing in the adult dentition, and the whole time, on a weakened periodontal support. Khanh NAHM, Steve TOUPENAY, Stéphane KERNER and their collaborators describe for us the interactions between

Address for correspondence:
Sylvie LEGRIS
47 rue des Jacobins
60000 Beauvais
syl-legris@orange.fr

https://doi.org/10.1051/odfen/2013511 Published online by Cambridge University Press
Article available at http://www.jdao-journal.org or http://dx.doi.org/10.1051/odfen/2013511

the orthodontist, periodontist and implantologist.

Let's not forget that these patients have a long and complicated medical history during which implants will play a large part since they frequently present with oligodontia. The option of treating Rare Diseases with implants (that are reimbursed at a fixed rate by CNAM) became law in January 2012. From the age of 6 and as long as growth has not ended, a maximum number of 4 implants (in general symphyseal) can be accepted, up to as many as 10 implants for patients whose growth has ended. These agreements were issued by CNAMTS, the department of pathology, based on compliance with a complicated treatment regimen. Well-documented orthodontic patient records will be a major asset for obtaining approval that provides access to specialty treatment for these individuals. Once again, the orthodontist is a key player for the patient.

In order to help us perform more efficiently in our day-to-day practice, two sites ''phenodent.org'' and ''orphanet.fr'' are described in the section entitled ''orthopractice''.

Finally, we are returning to the regular features of the review.

- Radio-''logical'' reflections by Julia COHEN-LEVY explores a heart-shaped radiolucency: differential diagnosis and orthodontic frequency.
- The clinical case of a patient in Class I with bimaxillary protrusion is treated by extracting the first 4 premolars so as to address his request to reduce the protrusion because he felt he had ''buck teeth''.
- The summary of the thesis of Dalida ZOUBIRI that was a study of soft-tissue facial profiles in a cohort of a young adult Algerians.

These last two articles demonstrate once again the desire of human beings to be closer to accepted standards, even esthetic ones.

We hope that hospital and community partnerships, as a result of the articles on Rare Disease and the availability of diagnostic and treatment centers, will be more than an empty phrase. A recent North-American study indicated that more than 80% of orthodontists do not accept these patients due to lack of training and/or experience. Hopefully the knowledge and information presented here will encourage you to passionately work together to help these engaging patients who have so many needs.

With the entire editorial staff of the Journal of Dentofacial Anomalies and Orthodontics, I want to wish you a happy reading and a Happy 2014.

https://doi.org/10.1051/odfen/2013511 Published online by Cambridge University Press