



CHILDREN'S DENTAL CENTER

Dr. Abdel Fustok
Re: Luis Rodriquez
Age: 9

29 Oct 97

Dear Dr. Fustok:

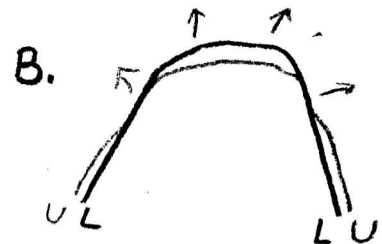
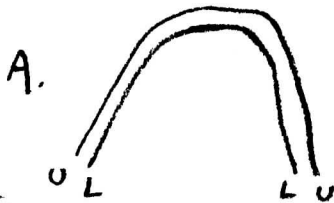
Luis was examined on 29 Oct 97 and a panoramic x-ray was sent to your office by Charles Hartman. Luis had been wearing a reverse pull face mask in Mexico City since May to advance his maxilla in order to correct his anterior crossbite/CIII occlusion. The anchorage appliance for that system was still in his mouth but was uncemented on one side, so it was removed and given to his mother for now.

The mother reported that Luis wore this at night only and the anchorage appliance had come out three times during the course of treatment. Because his occlusion has not corrected his anterior crossbite in the 5 months of wear, I have concluded that further treatment is unlikely to be successful as it is presently being applied. I told the mother so.

I treat this condition with 24 hour wear of the appliance and "night time" wear could mean as little as 8 - 10 hours. That is a big difference. Because of the external face mask involved, these cases are usually treated all summer so the child won't be in school.

As for revision surgery on his palate, it seems to me that it would be best to correct the maxilla to a normal class I occlusion before surgery. In fact surgery may make the expansion of his upper jaw more difficult.

If you had an imaginary line resting on the buccal cusps and incisal edges of the upper and lower arches of teeth, and then superimposed those lines atop one another, the upper jaws perimeter in normal occlusion would be outside the lower's as shown in A.



B. In Luis' case, the lines would look like this:

His maxilla needs to be orthopedically widened and advanced.

DAVID TAYLOR, DDS, MSD, INC.

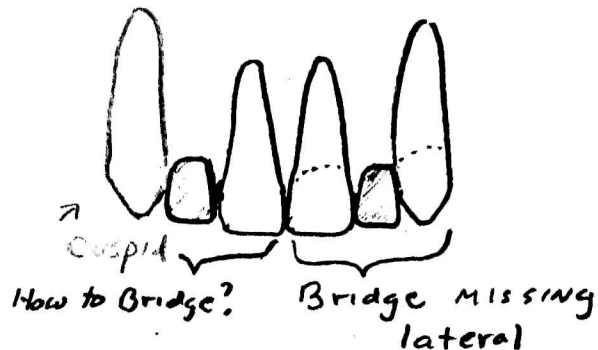
DENTISTRY FOR CHILDREN

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The right type of appliance was being used in Mexico but it seems that for some reason they are floundering. I am not sure why? Luis also has a tooth which is malposed and in jeopardy of never erupting. His upper right cuspid is very high and appears to be laying horizontal. There's no telling what will come of it. The first thing to try would be to remove the upper primary first molars, to get the first bicuspids to erupt sooner, which may clear a path for eruption. This tooth is very important to his final reconstruction because it would be one end of a bridge to replace his missing laterals. A bridge going around the cuspid "curve" does not hold up well.



Luis also has a large triangular cystic looking area between his upper left central incisor and his left primary cuspid. You will note how this area displaces the left central so that it cannot be vertical. There is not sufficient bone in the area. This could be a globular cyst. It is larger and more radiolucent than it appeared on a panoramic x-ray in 1995.

Luis' dental situation will require treatment and follow ups on a regular basis over a period of years. Because of growth and eruption of teeth, the biological parameters of treatment will control what can be done for him. I believe he is best treated in Mexico. He cannot come for a few days or weeks and have a dental procedure performed and get a proper result.

I had located through Rotary some dental contacts in Mexico City for them in 1995. It is not clear to me what the family did with that information. It seems they went to a dental clinic there, which they will no longer be going to due to the father's unemployment.

I believe Luis cannot practically be treated here. His horizontally impacted cuspid will likely prolong treatment well into his teens. He also may need oral surgery and he will need bridgework in time.

His mother asked if she moved here could she expect to continue receiving the benefits of the Rotary Club. Of course, the Rotary Club has arranged for a home and transportation for the stays here thus far-but this would be tantamount to immigration. I know nothing of the complexities of that. Also, although I have been willing to make dental contributions to these patients, the complete responsibility for Luis' dental care will be more than my practice can provide. It seems that this case has evolved into a special situation.

My advice at this time would be to treat the radiolucent area between his central and cuspid, but not his "palate" per se; so he could have the maxilla orthopedically corrected this summer.

He also has two cavities to be filled, needs his teeth cleaned, and needs his upper primary first molars removed to aid in eruption. I may make him a space maintainer, or recement his existing appliance.

Sincerely,


Dr. David Taylor

cc: Charles Hartman

Dr. Jorge Fawill Suxman
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