



Lingual orthodontics is no longer optional

La ortodoncia lingual ya no es opcional

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Dear Mexican colleagues, I respond very excited about the invitation to write this editorial as the clinical Orthodontist that I am, from Málaga, in the border of the Mediterranean, at the south of Spain and Europe. From this antique nation, I would like to describe you the evolution of the Orthodontic profession situation in the last years due to the arrival of a number of private faculties of dentistry in Spain, that have increased from 9 to 20 since the year 1990. This sudden increase in the number of formation centers has caused an authentic eclosion in the number of dentists. Therefore, nowadays, there is a dentist for every 1,476 habitants and in the year 2020 it might be 1 for every 1,000 habitants, when the recommendation of the OMS is that there should be one professional for every 3,500.

With some delay, and it could not be any other way, many of these dentists look for professional positioning by studying a masters course or a non-regulated specialization courses, which is why the increase in the number of Orthodontics specialists has also grown exponentially, radically transforming the scene in which we exert our profession.

To top it all, Spain is practically the only country in the European Union in which the Orthodontics Specialty is not officially recognized. Any general dentist can exercise Orthodontics without limitations, with basic knowledge of Orthodontics or employing a recently graduated Orthodontist, they treat the patients with malocclusions that attend their practices. Thus, the cases that are referred to the specialist of exclusive exercise are limited to those very complex or with demands that are out of their reach.

It is of no less importance the fact that Spain suffers an economic crisis since 2008 that has severely diminished our purchasing power to the point of becoming the fourth country in Europe whose citizens visit the dentist the least and the one where only 38% of its population attends their annual appointments.

Now, we have got to be fair, to analyze and admit that the description of this picture has also brought positive consequences over our beautiful profession. In actuality it is enough to assist to a reunion of Spanish

Orthodontist to recognize, without succumbing to patriotic pride, that the level of orthodontics in this country is now high, very high.

Until a few years ago Orthodontics Specialists, few and well prepared, had many patients, and in some cases, they allowed themselves to quit rather than treat cases combined with orthognathic surgery, periodontics or implants or deal with aesthetic treatments especially Lingual orthodontics. The majority ignored the knowledge about clinical management; indicators of the evolution of the clinic as an enterprise, marketing, management of employees, and working team formation were practically nonexistent.

This general economic crisis, and of the odontological area in particular, has transformed us and made us better. Competence, sometimes brutal, the arrival of younger colleagues, with desire and illusion, has supposed a stimulus to those of us who were established and has made us grow professionally. Now we are more complete orthodontists, with knowledge of surgery, periodontics, implants, aesthetic reconstructions, transparent aligners, and techniques of lingual orthodontics.

In the last ten years I have specially focused, among this orthodontic sub-specializations, in lingual orthodontics, and currently I consider it a basic point in the evolution of my practice in the immediate future, for three sets of reasons.

In the first place, in the same way that we see as something common complex treatments combined with orthognathic surgery or periodontics, as specialized orthodontists of exclusive practice, we cannot give up on lingual treatments nor reject these patients. Moreover, there has been an increase in

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the number of adult patients that visit our clinics in demand of orthodontic treatment with more general knowledge about these almost invisible treatment systems which are comfortable, predictable and with results similar to those of labial orthodontics. The exclusively Orthodontics Specialist that receives a patient who demands lingual orthodontics, must possess the resources, ability and education to obtain excellent results, as expected from us.

The second reason is the differentiating factor that supposes the fact to offer to our patients the possibility to be treated with lingual orthodontics. It distinguishes us and gives us an advantage respect to other orthodontists. By increasing our treatment offer we can increase our number of patients and most importantly, access a marketing niche of patients that wish to align their teeth and solve their malocclusion but who are definitely not willing to wear labial brackets. Among patients that never thought to be treated with conventional orthodontics it's where we have, at least for now, less competence and more growing potential for our clinics.

The third set of reasons is technological. The introduction, around 2003, of completely individualized lingual orthodontic appliances (Incognito TM) made an impression for its high technological and digital level during most steps of its fabrication processes. Incognito TM is without doubt, pioneer in the design of totally individualized bases, brackets and wires, starting out from the final position of the case, determined in a set up. Incognito TM has set the pace for other lingual and labial techniques that were introduced afterwards. It's evolution hasn't stopped since and in fact, recently impressions obtained with intraoral scanner has been implemented along with digital set ups and digital trays

for indirect bracket bonding thus closing an absolute digital process from the beginning to the end.

To have a lingual system like Incognito TM is a differentiating factor when patients choose among clinics. The orthodontist keeps a direct control of the treatment from beginning to end. It can be used even in the most difficult cases, from the initial phases of treatment up until an excellent finishing. We no longer have excuses not to perform treatments with lingual orthodontics. The patients' demands and the advances in the design and fabrication of these appliances make this technique, not an option, but an obligation in a specialized orthodontic clinic. These, along with multidisciplinary treatments, are in my opinion, fundamental pillars for our current professional development.

To finish and as a counter point to some of the opinions expressed lately, I would like to stand out that this technological mermaid songs that totally individualized appliances seem to be must not deviate us from our most important principle: Orthodontics is done by the orthodontists. Appliances, brackets and archwires are mere tools put to our disposition to execute the objectives and treatment plans that we designed. This is the most fundamental and complex of aspect of orthodontic treatment, what makes us different, and what will make us triumph and overcome the challenges we face nowadays in Spain, and most likely, in the rest of the world.

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