good status of periodontal health as indicated by a lower proportion of periodontal pathogens of the orange and red complex.[6] Furthermore, did the authors evaluate (maybe unpublished data) the effectiveness of LLLT in reducing orthodontic pain? Previous studies have indicated that an increase in prostaglandin-E2 (PGE2) levels is related to the initial intensity of the pain, and that an increase in IL-1 is related to pain occurring 24 hours after the application of orthodontic force.[7] Moreover, LLLT has been shown to be effective for treating orthodontic pain because it is easy to apply and a noninvasive tool in orthodontic patients.[5]

We compliment the authors for conducting this important study that raises interesting questions to discuss and suggests these different and alternative orthodontic treatment methods. It is our opinion that more studies aimed at describing the different adjunct in the orthodontic procedures should be performed in the orthodontic field. A more comprehensive detailed approach could also stimulate further clinicians and researcher to provide further methods, maybe with a multidisciplinary approach, aimed at opening up future directions for the LLLT during orthodontic treatment.

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Authors' response

We appreciate the interest from the readers of *AJODO* in our article (Varella A, Revankar AV, Patil AK. Low-level laser therapy increases interleukin 1β in gingival crevicular fluid and enhances the rate of tooth movement in humans. Am J Orthod Dentofacial Orthop 2018;154:535-44). We would like to clarify some misunderstandings related to the article.

IL-10 levels were not assessed because it was not an objective in this study. The study aimed at assessing the levels of proinflammatory cytokine 1β in conjunction with LLLT. IL-10, being an anti-inflammatory cytokine, would have no role in bone resorption associated with tooth movement. Previous studies have shown that the levels of IL-10 fall in orthodontic tooth movement.[1] As readers have rightly pointed out, IL-10 assessment and its ratio with IL-1β would be more relevant in periodontal disease assessment than in tooth movement.

The effectiveness of LLLT in reducing pain associated with tooth movement was not an objective in this study and therefore was not investigated.

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Erratum

Correction to: Chen LL, Xu TM, Jiang JH, Zhang XZ, Lin JX. Longitudinal changes in mandibular arch posterior space in adolescents with normal occlusion. Am J Orthod Dentofacial Orthop. 2010;137(2):187-93.

The authors identified minor reporting errors in their article.

1. Regarding the Materials and Methods, the total number of total subjects selected from 901 high school students was 73. The final sample consisted