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Authors' response

We are grateful for the interest that our recent study produced in the orthodontic community and we appreciate the opportunity to address concerns.

The first concern is related to the study design classification “retrospective longitudinal.” This kind of questioning is not new, even in *AJO-DO*.^{1,2} A study that is done on past records collected by following the sample for a particular period has been usually called retrospective longitudinal by the scientific community.²⁻⁵ Likewise, longitudinal research may take numerous different forms, including retrospective longitudinal studies as a variant. This variation could be used if participants in an identified cohort have already experienced events related to the interest variables. Then the data are collected and examined retrospectively.⁶ As stated in the Material and Methods section of our study, CBCT images of 45 patients with maxillary impacted canines treated in a private orthodontic clinic were obtained before treatment and after canine traction, clearly stating the retrospective and longitudinal nature of the study.

Regarding the second concern, the question was raised whether only maxillary canines with favorable impaction were included, because if so, they might not cause incisor root resorption. We want to reinforce that the main objective of this study was to evaluate the influence of impacted maxillary canine orthodontic traction complexity on root resorption of incisors. Therefore, 2 groups were established according to the level of orthodontic traction treatment complexity: low-complexity group and high-complexity group. Specifically, the high-complexity group included patients with impacted maxillary canines in impaction sectors 3, 4, or 5 (ie, near to midline) according to the classification of Ericson and Kurol.⁷ In cases with canines in sector 3, only those impacted canines with α angle $>40^\circ$ (ie, with horizontal position tendency) were included. Clinically, these criteria demonstrate the proximity of impacted canines to the roots of the incisors and corroborate the initial complexity of this group. We do not agree that all unfavorable impacted canines that caused

root resorption of incisors or might cause resorption during traction should be extracted. It would depend on each specific case and on the biomechanics planned for their traction. Orthodontic traction of unfavorable impacted canines, which caused severe root resorption before treatment and were successfully tractioned, has been previously included, as well in a study that evaluated root resorption.⁸

We thank you for your comments and the opportunity to clarify and discuss them.

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“Please don’t move”: Cone-beam computed tomography and obstructive sleep apnea hypopnea syndrome

We read, with great interest, the article entitled “Computerized measurement of the location and