

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lower proportion of periodontal pathogens of the orange and red complex.⁶ Furthermore, did the authors evaluate (maybe unpublished data) the effectiveness of LLLT in reducing orthodontic pain?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 *AJO-DO* in our article (Varella A, Revankar AV, Patil AK. Low-level laser therapy increases interleukin 1 β 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 1 β 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-1 β 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.

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

- of 26 adolescents: 12 boys and 14 girls. Fifteen cephalograms were used in the error study.
- Regarding the Results, from ages 13–18, the changes of C-PO were 5.77 in boys and 3.76 in girls.
 - In the Discussion, The authors saw on the LCRs of 26 subjects that the mandibular third molars were erupting in 4 girls but not in boys.
 - In Table III, several minor corrections are needed in the data for girls group. Data reported for boys was correct

Age (y)	Girls			
	C-LMD	C-Po	Diff	P
13-14	1.20 ± 0.02	1.30 ± 0.02	-0.10 ± 0.07	4.0061
14-15	1.23 ± 0.03	1.05 ± 0.03	0.18 ± 0.06	1.0046
15-16	1.22 ± 0.03	1.31 ± 0.02	-0.09 ± 0.05	8.5833
16-17	0.15 ± 0.48	0.11 ± 0.05	0.04 ± 0.05	10.0859
17-18	1.32 ± 0.04	-0.01 ± 0.02	1.33 ± 0.05	0.0001*
13-18	5.12 ± 0.04	3.76 ± 0.09	1.36 ± 0.07	0.0001*

Erratum

Correction to: Konstantonis D, Brenner R, Karamolegkou M, and Vasileiou D. Torturous path of an elastic gap band: Interdisciplinary approach to orthodontic treatment for a young patient who lost both maxillary central incisors after do-it-yourself treatment. *Am J Orthod Dentofacial Orthop* 2018;154:835-47.

The authors identified the following errors in their article:

- The authorship should appear as:

Dimitrios Konstantonis,^a Ross Brenner,^b Marina Karamolegkou,^c Dimitrios Vasileiou,^d Anastasios A. Zafeiriadis,^e Nikolaos Gkantidis,^f and Despina A. Papamanou^g
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- The patient was treated exclusively at the Dental School of the National and Kapodistrian University of Athens, Greece. Several clinicians who were directly involved in the patient's treatment should have been included as authors or recognized in an Acknowledgment section. Therefore, Anastasios A. Zafeiriadis, Nikolaos Gkantidis, and Despina A. Papamanou are now credited as authors.
- The Acknowledgment section should appear as:

A number of people contributed to the successful management of the case presented. These include Prof. Margarita Makou, former Director of the Orthodontic Department who contributed to the treatment planning and supervision of the case; and Phoebus N Madianos, Prof. of Periodontology, who performed the periodontal surgery during which the elastic band was revealed and removed. All treatments were provided at the School of Dentistry, National & Kapodistrian University of Athens, Greece.

Erratum

Correction to: Lacerda Rangel Esper MÂ, Junqueira JC, Uchoa AF, Bresciani E, Nara de Souza Rastelli A, Navarro RS, and de Paiva Gonçalves SE. Photodynamic inactivation of planktonic cultures and *Streptococcus mutans* biofilms for prevention of white spot lesions during orthodontic treatment: An in vitro investigation. *Am J Orthod Dentofacial Orthop* 2019;155:243-53)

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