

anatomical route is vascular invasion through the angular or supratrochlear venous system. To the best of our knowledge this is the first time that this particular presentation has been reported (Fig. 1).

Conflict of interest

We have no conflicts of interest.

Ethics statement/confirmation of patient's permission

Ethics approval was not applicable. The patient's permission was obtained.

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Single-unit short dental implants. Would they survive a long period of service?

Sir,

There is increasing evidence to support the use of short dental implants in the rehabilitation of missing teeth with implant-supported prostheses.¹ Although splinting is not possible with a single-unit implant, several studies have documented good clinical outcomes in the short-term that favour the use of short implants to support single-tooth restoration.^{1,2} In 2002, we treated three patients, who were 44, 40, and 51-years-old, and were missing either a premolar or molar. They each had an implant 8.5 mm long, with

surgical abutment in place, and non-submerged healing was allowed. A porcelain-fused-to-metal crown was cemented on to the post of the abutment. After 16 years, the implants were still in place and the loss of marginal bone was between 0.23 and 0.48 mm.

Nowadays, our patients live longer and dental implants are required to function for longer, so we wondered if single-unit short implants would survive a lengthier working period. This necessitates long-term follow-up of single-unit short implants, and we know of few studies that have reported long-term outcomes. The definition of the length of a short implant has varied over time between 10 mm and under, and less than 6 mm.

At follow-up one year later, Gulje et al described the absence of differences in the survival of 6 mm and 11 mm implants (associated with maxillary sinus lift) supporting a cement-retained crown.¹ At the 3-year follow-up, two randomised controlled trials have reported that short (6 mm long) implants functioned as well as standard length implants with regards to survival and loss of marginal bone.^{2,3}

However, at the 5-year follow-up, Rossi et al reported that more short implants (6 mm) were lost in comparison to those 10 mm long.⁴ Naenni et al reported similar outcomes, in which 6 mm implants had poorer survival after five years.⁵ These outcomes indicate the need for more evidence (long-term follow-up) to support that for short implants to support the restoration of crowns. It seems that the length of the implant has no influence on the loss of marginal bone.^{4,5}

Studies with high-quality scientific evidence (Levels I and II) are still needed to support the use of short dental implants as single-unit implants.

Conflict of interest

EA is the Scientific Director of BTI Biotechnology Institute (Vitoria, Spain). He is the head of the Foundation Eduardo Anitua, Vitoria, Spain. MHA is a researcher at BTI Biotechnology Institute (Vitoria, Spain). No funding was received for the conduct of this study.

Ethics statement/confirmation of patients' permission

Neither was applicable.

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Re: re: Comparison of clinical outcomes of treatment of dysfunction of the temporomandibular joint between conventional and ultrasound-guided arthrocentesis

Sir,

We thank Şentürk and Gülşen for the critical evaluation of our recent paper, which we have read with due respect.^{1,2}

The conventional arthrocentesis technique can be used with either the single puncture, which is also called the concentric-needle technique, or the double-puncture technique. In our institution, we have abandoned the single puncture or concentric-needle technique because it is not as successful, and the double-puncture technique has a much more predictable outcome. To improve accuracy, we have started using ultrasound for guidance, so the study was done to evaluate the outcome of the double-puncture technique with and without ultrasound. This is the reason for the title we used. We have no argument regarding the method of classification as far as the study is concerned.

Conflict of interest

We have no conflicts of interest.

Ethics statement/confirmation of patient's permission

Not applicable.

References

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Re: Comparison of clinical outcomes of treatment of dysfunction of the temporomandibular joint between conventional and ultrasound-guided arthrocentesis

Sir,

We read with interest the article by Antony, et al.¹ To limit the complexities surrounding the concepts related to techniques of arthrocentesis of temporomandibular joint (TMJ), Şentürk and Cambazoğlu² classified them as either single-puncture or double-puncture arthrocentesis. Within this classification, the traditional or conventional procedure uses two cannulas inserted through two separate puncture sites.

Ultrasound-guided arthrocentesis is not a part of this classification, but could be used with the single or double puncture technique. Like cone-beam computed tomography, it can only be used as for guidance.^{3–5}

The authors did double-puncture arthrocentesis both with ultrasound and without, and called their methods the “ultrasound-guided technique” and “conventional technique”. We think that the title of the paper should therefore