

Case of the Month: The clinical side of patient-centered, comprehensive, sequential care

"A dental examination is complete if it allows identification of all active factors that are capable of causing or contributing to the deterioration of oral health or function. It is incomplete if it does not provide enough information to develop a total treatment plan aimed at optimum maintainability of the teeth and their supporting structures."

—Peter E. Dawson*

Thousands of informative, instructive, interesting cases are completed in dental offices around the world each day. Case reports have long been used to share knowledge and experience among the practicing dental community. As part of *Quintessence International's* overall mission to bring evidence-based, predictably successful, and clinical innovation and knowledge to the practicing dental community, we begin offering reports of these special cases in this issue. The inaugural *Case of the Month* features Machuca and colleagues' case, "Integrated orthodontic, surgical, and prosthodontic treatment of advanced malocclusion," on page 659.

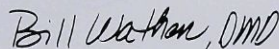
Case of the Month will be featured occasionally until enough cases have been accepted to allow a more regular presentation.

We invite submissions for this section. If you or your colleagues have illustrative cases that show successful, stable, long-term results, send them in for evaluation. Manuscripts should be no longer than 5 double-spaced pages and have no more than 20 photographs. All submissions for this feature will receive expedited review so they can be published as soon as possible.

Complexity is not a particular criterion for acceptance, although it does carry a heavier priority. The evaluation sequence is simple:

1. Are other dentists likely to confront similar cases?
2. Is there one or more special factor that makes the case more interesting?
3. Was the diagnosis complete, determining both chief complaint and secondary contributing factors to oral disease and/or disharmonies?
4. Were those contributing factors adequately managed to increase the likelihood of predictable long-term success?
5. Are preoperative, intraoperative, and postoperative illustrations pertinent and of sufficient quality to publish?
6. Does the paper follow a logical clinical sequence and adhere to QI's guidelines for authors?
7. Is the paper clearly written in straightforward, standard dental terminology?

The traditional manner of learning in the professions is by sharing information among colleagues. Send us your interesting cases. We will all benefit.



William F. Wathen, DMD
Editor-in-Chief

*Dawson PE. Evaluation, Diagnosis, and Treatment of Occlusal Problems, ed 2. St Louis: Mosby, 1989:1.