

FEATURE

The perfect smile – Part 3

By Rose Xi Man Poon, University of Dundee

Rose Xi Man Poon, a final year dental student from University of Dundee and fellow students Ai Tan, Thean Wei Yap, Christy Ng, Jonathan Lewis, Ciara Rocks, and Erin Macaskill continue a series of articles on the topic of 'The Perfect Smile', looking at the perception of different perfect smiles around the world.

What makes the perfect smile? The answer to this question depends on your own idea of perfection, and can be defined differently around the world. However, in this day and age, dentistry is playing a larger role in people's lives and as a consequence there is greater desire to achieve the 'perfect smile'.

EUROPE: Mouth closed or mouth open? Colin Jones set out to challenge the idea of the smile being a timeless, universal manifestation of genuine positive emotion in his book *The smile revolution in eighteenth century Paris*.

Jones compared the 'snooty, aggressive, closed-mouth smile' of 1700 Paris with the 'open mouth, white-tooth smile' of the 1780s. The revolution, he believed, related to advancements in dentistry at the time as well



A self portrait of Madame Vigée Le Brun showing a white tooth smile. Albeit the outrage caused in 1787, it became a signature gesture in her portraits.



Kate Middleton. Kate's orthodontist, Dr Fillion, whose craftsmanship takes on the approach of a European definition of a perfect smile. He believes that a perfect smile should show imperfections and be less white than the American approach.

as societal ideas about respectability and the appropriateness of emotional expression.

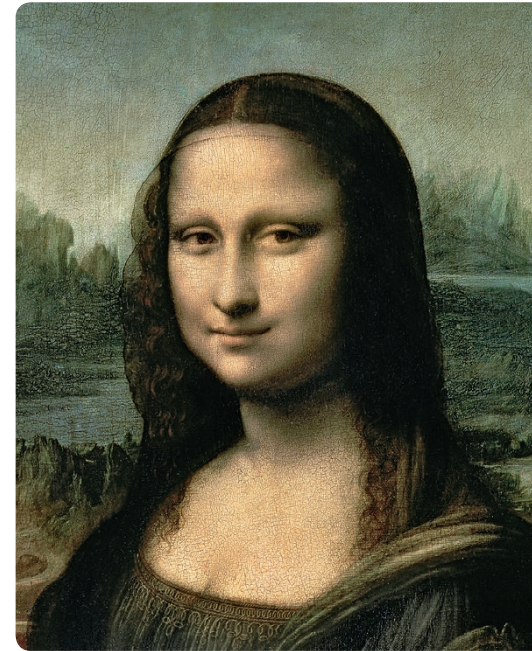
By the mid-eighteenth century, the smile was changing from an outlandish display of emotion to a romantic and core human attribute. Around the same time, dental hygiene was improving, causing the practice of 'tooth removal' to fade.

Perfect imperfections

Dr Fillion, aka The Artist, is a world renowned orthodontist, whose 'artwork' is thought to take on a European's definition of a perfect smile.

Unlike the Americans' 'piano keys', the European's perfect smile is asymmetrical, and seeks only to rectify individual teeth with minor changes. This is done by using braces to straighten the teeth without changing the natural shape of their teeth.

The process might also involve grinding and polishing of the enamel or adding porcelain veneers, but all done in a very delicate manner.



A portrait of Madam Lisa Giocondo drawn by Leonardo Da Vinci, titled Mona Lisa. The painting was produced in the early sixteenth century when it was uncommon for people to show their teeth when smiling.



Ricky Gervais was criticised for his teeth by an American journalist after appearing on the movie *Ghost Town*.

Europeans believe that perfectly symmetrical teeth and absolute alignments are not a dogma or doctrine for a perfect smile. Other well-known figures who don the European perfect smile include the Duchess of Cambridge Kate Middleton, whereby the beauty of her smile lies in the perfect imperfections of her teeth.

Expectation vs reality

In the younger generation, there has been a shift from a natural look to the more Hollywood-smile style recently and Dr Mervyn Druian of the London >>

« Centre for Cosmetic Dentistry says it is not unusual for people to insist on a whiter shade than is suitable.

'I had one patient who complained because the whiteness wasn't as white as his shaving cream. It drives me crazy. But in the end, you've got to do it,' said Druian.

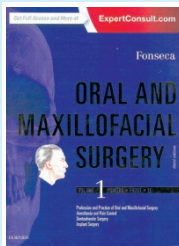
Just 3% of people in the UK have had teeth-whitening, lagging behind the 14% in the USA, although the number in the UK is increasing.

British comedian Ricky Gervais is the first to admit that his teeth are neither white nor straight and Americans mistakenly think he

wears bad false teeth for comedic purposes. He stated that one American journalist was horrified that he could have such horrible real teeth.

'It's like the biggest difference between the Brits and the Americans, they are obsessed with perfect teeth,' said Gervais. ■

BOOK REVIEW



ORAL AND MAXILLOFACIAL SURGERY, THREE VOLUME SET, THIRD EDITION

Raymond Fonseca
2017; Elsevier
price £508.99 pp. 2696
ISBN: 9780323414999

This detailed, comprehensive collection of textbooks is aimed at those involved or interested in oral and maxillofacial surgery. Each textbook is in the region of 700 pages long, with many clinical photographs and diagrams throughout. Each volume covers three broad themes and is further divided into multiple chapters. In total, there are 42 chapters which traverse the wide remit of oral and maxillofacial surgery, authored by 69 contributors.

Volume 1 encompasses a mixture of topics including professionalism and practice, anaesthesia and pain control, and dentoalveolar and implant surgery. The chapters regarding practice discuss career options in OMFS and detail aspects involved in setting up a surgical practice. I felt these initial chapters would be more applicable to OMFS surgeons based in the USA; however, they offered useful insight into differences between the US and UK. The same is true of the analgesia and anaesthesia sections as these services are run differently dependent on which part of the world one practises in. The chapter discussing dentoalveolar surgery also covered paediatric procedures, which I thought was a useful addition as this area is at times only covered in separate paediatric texts. A section on complications of dentoalveolar surgery followed, including trigeminal nerve injuries and also a chapter on lasers. Following this was a comprehensive section on implants including restorative aspects, discussion of grafts, imaging, patient assessment and surgical planning. I felt this first volume was extremely interesting but

the topics were perhaps a little disjointed. This is likely because the other volumes contain topics very much related to each other and so the contents of Volume 1 are topics that did not tie in with the themes of Volumes 2 or 3. Overall, however, I felt the detail in Volume 1 was comprehensive and useful with more aspects of each topic covered than I have seen elsewhere.

Volume 2 moves onto trauma, surgical pathology and temporomandibular disorders. The trauma section discusses a range of head and neck injuries: presentation, examination and their subsequent management. The surgical pathology section includes a comprehensive guide to diagnostic techniques, cysts, odontogenic and non-odontogenic tumours, rare pathology of head and neck, vesiculobullous disease, and malignant conditions including skin lesions. Of particular interest is the molecular biology of cancer chapter. I appreciated the comprehensive nature of this surgical pathology section, touching on common and rare pathologies and detailing the signs, symptoms, histology and management (surgical and non-surgical). The temporomandibular disorders section discussed historical approaches to TMJ, surgical and non-surgical treatments, controversies in surgical management and ended with a chapter on chronic facial pain and management of muscular disorders.

The final volume focused on orthognathic surgery, aesthetic surgery, and cleft and craniofacial surgery. Again, this volume follows the same framework as the preceding volumes with a discussion of historical aspects, diagnosis, planning and surgical

management. There are a large number of clinical photographs and digital planning images in this section which are incredibly illustrative, particularly as many different osteotomy techniques are discussed. The aesthetic surgery section is smaller than the two other sections in this volume and detail common surgical procedures, for example, blepharoplasty, rhinoplasty etc. This section also includes a further discussion on the use of lasers which is also touched upon in Volume 1. The cleft and craniofacial surgery section details embryogenesis and development of clefts, surgical management and timing of procedures, common craniofacial syndromes, speech and language considerations and surgical techniques.

In general, throughout the volumes there is some repetition and overlap between similar topics. This is expected to occur given the large amount of detail included in each volume, and offers the additional benefit that each chapter can function as a stand-alone source of information on a given topic. I very much enjoyed the detail throughout and the appreciation of the multi-disciplinary nature and non-surgical management involved in this field, particularly evident in the vesiculobullous diseases and chronic facial pain chapters. Each topic had a background section, examined historical aspects, clinical signs and symptoms, diagnosis, treatment options and any controversies within the topics. Additionally, there was evidence quoted throughout with statistics for treatment and prognostic factors. Personally, I felt the oncology chapters in particular were extremely well laid out and informative. Overall, I was impressed by the holistic nature of this book, covering topics of surgical management without neglecting non-surgical and adjoining specialties.

Ailish Clark