

Editorial

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International Journal of Clinical Pediatric Dentistry (2021): 10.5005/jp-journals-10005-2052

"Breakthrough innovation comes when we bring down boundaries and encourage disciplines to learn from each other".



Gyan Nagpal

It is an honour and privilege for me to contribute a special editorial to the Indian Pedodontic Journal. I would like to express my heartfelt appreciation to the editorial board, editor, and publisher of this prestigious publication for this distinction. As an Orthodontist and President of the Indian Orthodontic Society (IOS), it is always an honour to submit an editorial for the Pedodontic

Journal, as both fraternities are inextricably intertwined and Pedodontics is inextricably tied to Orthodontics. Recently, during the annual oral surgery conference in Mangaluru, we conducted a day of combined seminars for orthodontics and oral and maxillofacial surgery. Personally, I believe that we may have such collaborative inter-departmental sessions at our conferences and even in dentistry colleges and universities for undergraduates and post-graduates to discuss potential inter-disciplinary therapies for patients with craniofacial abnormalities and other similar problems. Cleft and cranial deformities are among the most difficult medical conditions to treat because they require collaboration between multiple specialists, and both orthodontics and pedodontists play a critical role in the treatment of such cases beginning at birth. With the advent of newer technologies such as intraoral scanners and 3D printing, various treatment modalities such as NAM, PNAM, and other presurgical interventions have become more predictable and safer. We must embrace them. In collaboration with orthodontists, pedodontists play a critical role in detecting and treating preventative orthodontic disorders.

How to cite this article: Chalasani S. Editorial. *Int J Clin Pediatr Dent* 2021;14(S-1):S1.

Source of support: Nil

Conflict of interest: None

To be completely candid, pediatricians are the best when it comes to behavioral management of patients, and as we all know, certain interceptive treatment modalities such as habit treatment cannot be treated solely with appliances. As the majority of patients with habits have behavioral issues that require combined intervention, collaboration becomes critical for holistic treatment of the patient.

Much has been accomplished and much remains to be accomplished in this area, and I am certain that the next generation of Orthodontists and Pedodontists will collaborate to the fullest extent possible to give evidence-based therapy.

The list of possible collaborations is large and inexhaustible, but I would be content if we could collaborate on high-impact scientific, research, and clinical papers.

Once again, I would like to convey my heartfelt appreciation to the journal's whole editorial staff and readers for providing me with this chance to voice my opinions.

I wish the whole pedodontic community the best of luck, and I hope everyone is safe and well.

Dr Srikrishna Chalasani

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