Departments

especially to the papers of Robinson and others1 and Croll², which are often overlooked.

Sincerely,

Jorge Perdigão

REFERENCES

- 1. Robinson C, Hallsworth AS, Weatherell JA, & Künzel W (1976) Arrest and control of carious lesions: A study based on preliminary experiments with resorcinol-formaldehyde resin Journal of Dental Research 55 812-818.
- 2. Croll TP (1987) Bonded resin sealant for smooth surface enamel defects: New concepts in "microrestorative" dentistry Quintessence International 18 5-10.
- 3. Paris S, Meyer-Lueckel H, & Kielbassa AM (2007) Resin infiltration of natural caries lesions Journal of Dental Research 86 662-666.
- 4. Paris S, & Meyer-Lueckel H (2009) Masking of labial enamel white spot lesions by resin infiltration—A clinical report Quintessence International 40 713-718.

LETTER TO THE EDITOR

Dear Dr Platt:

I read with interest the following manuscript: Torres CR, & Borges AB (2015) Color masking of developmental enamel defects: A case series Operative Dentistry 40(1) 25-33 (my special thanks to the authors for such a great clinical manuscript).

I have to disagree with the credit given to references 13 and 14 on page 26. The resin infiltration concept is at least 40 years old. Robinson and others¹ in 1976 etched enamel with hydrochloric acid (HCl) and infiltrated this etched enamel with a resorcinol-formaldehyde resin as a potential cariostatic treatment. Then, in 1987, Croll² used a clear resin sealant on etched enamel to saturate the surfaces with resin. Among several research papers on the topic of microabrasion followed by resin infiltration published in the 2000s, I would highlight two from the same research group. In 2007, Paris and others³ used confocal microscopy to (elegantly) study resin infiltration of carious lesions using 37% H₃PO₄ or 15% HCl to etch enamel, followed by immersion in ethanol for 30 seconds and the application of the commercial dentin adhesive ExciTE (Ivoclar Vivadent). In 2009, Paris and Meyer-Lueckel⁴ described the masking of white spots with resin infiltration using 15% HCl etching followed by a drying step with ethanol and a verylow-viscosity light-cured resin (tetraethylene glycol dimethacrylate).

I hope that this clarification gives the deserved credit to the authors of the missing references,

Author Response

Dear Dr Jorge Perdigão,

Thank you for expressing your opinion. Our intention in citing references 13 and 14 in the original manuscript was to reference the process of penetration, hardening, and inhibiting lesion progression, as also demonstrated in these studies. Nevertheless, the author of the letter to the editor is completely correct about the development of the infiltration concept. We apologize for this mistake, because we used the term "introduced" in the sentence, and we agree that the credit should be given to the authors referenced in the letter to the editor.

Best regards,

Dr Borges and coauthors

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