must also be taken into account, with an average layer depth of 1.25 mm. Thus, the ratio between the length of the head (the part of the screw outside the bone) and the length of the threaded section (the part of the screw inside the bone) should be at least 1:1. Poggio et al.\(^3\) recommend lengths of 6 to 8 mm. Costa\(^24,25\) suggests reducing bleeding.

A cork would seal a bottle, thus seals the perforation wound, as infections. The cone shape also is known as the gingival neck, is the most vulnerable part of an implant or a miniscrew. Perforation access point for micro-organisms to penetrate, thus preventing more difficult for micro-organisms to enter (Figs. 1.9). The transgingival portion, the gingival neck provides a potential for micro-organisms to enter. This is one of the main causes of the premature loss of miniscrews.\(^3,5-6\) During the immediate post-operative phase, the mucosa should be as close as possible to the screw, to seal the area.\(^2\) The most advantageous shape transgingival portion is that of a cone, as this shape naturally results in safe sealing without a pressure zone. This makes it more difficult for micro-organisms to penetrate, thus preventing infections. The cone shape also seals the perforation wound, as a cork would seal a bottle, thus reducing bleeding.

Conclusions

The correct method of anchorage with regard to shape and quality is crucial for successful treatment. Maximum anchorage is not necessary in all cases, and thus, neither is the use of a mini-screw necessarily essential. From an historical point of view, the cortical anchorage system is, in common with other jaw orthodontic techniques, not new at all. The idea was conceived more than 75 years ago. Of all forms of skeletal anchorage, the mini-implant is the most universally used and is the most suitable for routine use. However, before practitioners can select the most appropriate miniscrew for use in their practice from the large range on offer, they will need to review the literature thoroughly.

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