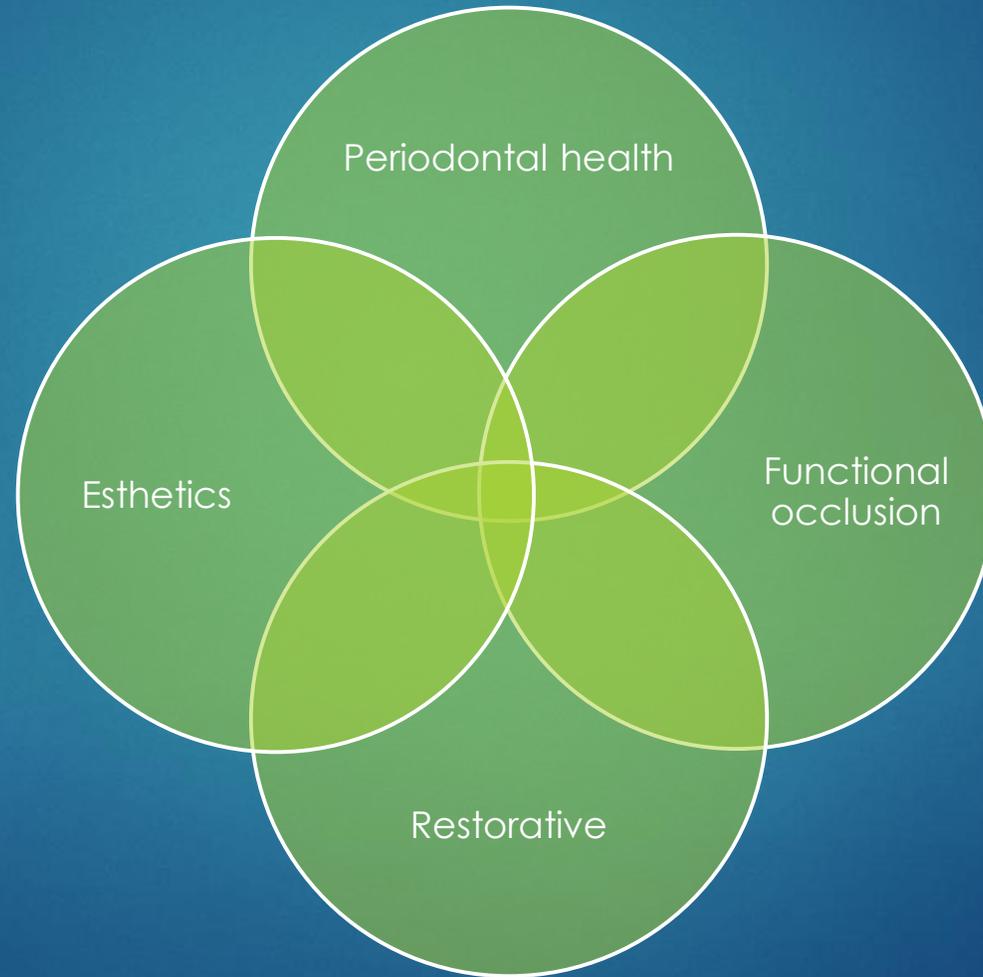




Interdisciplinary Approach to Orthodontic Treatment

GILDA TOROSSIAN, DDS, MSD

The Dental Team



Interdisciplinary cases

- ▶ Congenitally missing lateral incisors
- ▶ Forced Eruption
- ▶ Tipped molars compromising implant space
- ▶ Positioning of teeth for ideal esthetic restorations

Adjunctive vs. Comprehensive Orthodontic Treatment

Adjunctive Tx:

- ▶ Tooth movement carried out to facilitate other dental treatment necessary to control the disease and restore function
- ▶ Involves only a part of the dentition
- ▶ Primary goal, is to make it easier or more effective to replace missing or damaged teeth
- ▶ Treatment duration tends to be a few months

Comprehensive Tx:

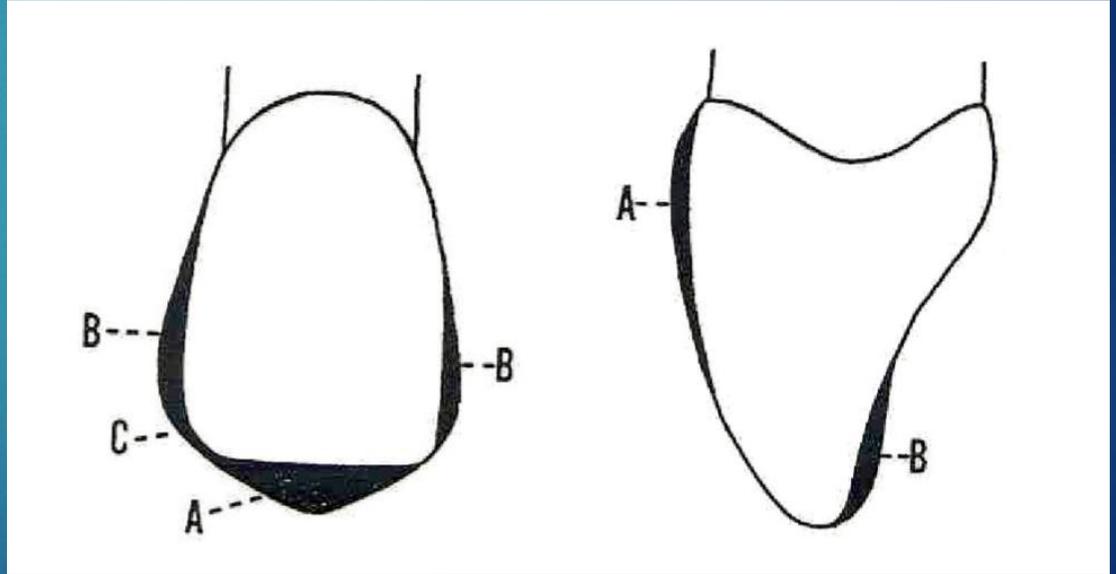
- ▶ Goal, to produce the best combination of dental occlusion, dental and facial appearance, and stability of the result
- ▶ Typically requires complete fixed orthodontic appliance
- ▶ Treatment duration tends to exceed 1 year

Congenitally Missing Lateral Incisor

- ▶ Canine Substitution
- ▶ Open space for missing lateral(s)
 - ▶ How to maintain space until old enough for implant(s)

Congenitally Missing Lateral Incisor

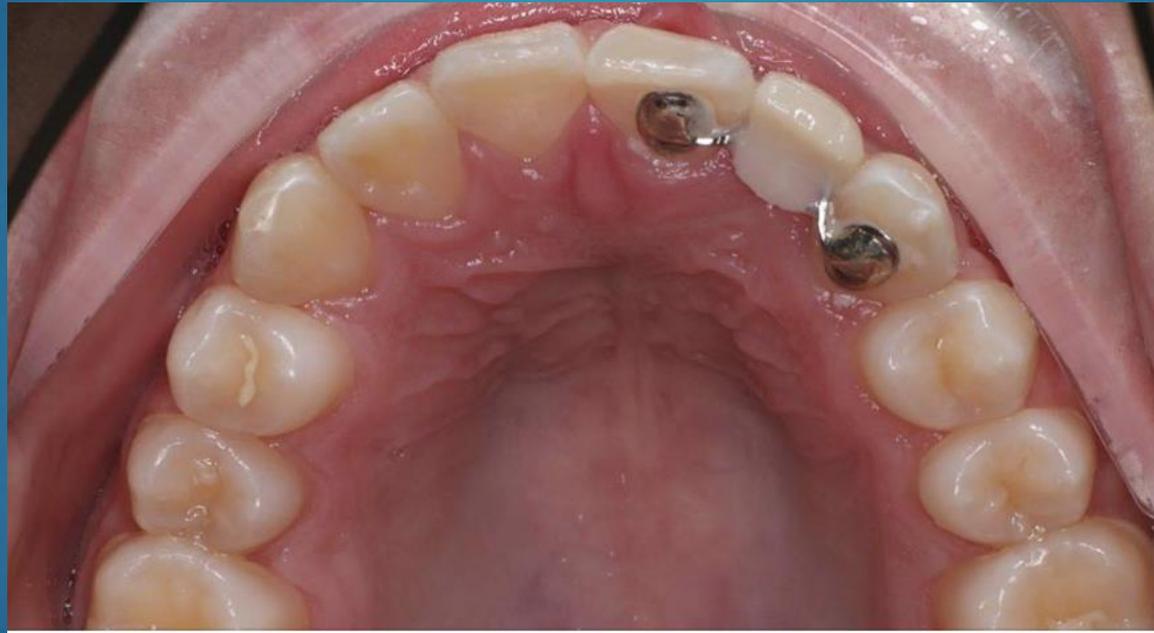
Canine Substitution



Congenitally Missing Lateral Incisor

- ▶ Open space for missing tooth
 - ▶ Allow canine to first erupt into lateral space then move orthodontically
 - ▶ Is the patient old enough for an implant?
 - ▶ How to maintain space until patient is old enough for an implant?
 - ▶ Maryland bridge
 - ▶ Stayplate
 - ▶ TAD supported pontic(s)

Congenitally Missing Lateral Incisor



Congenitally Missing Lateral Incisor

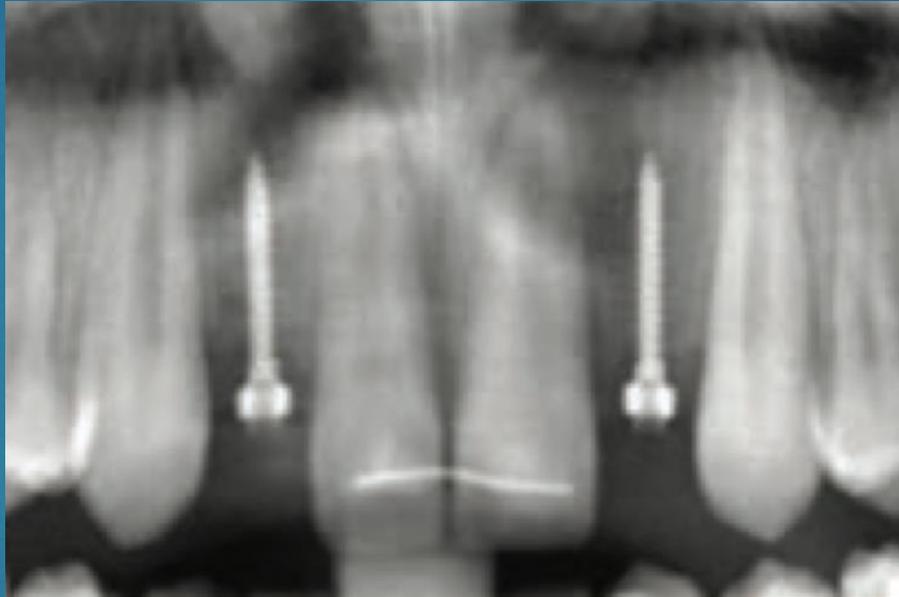


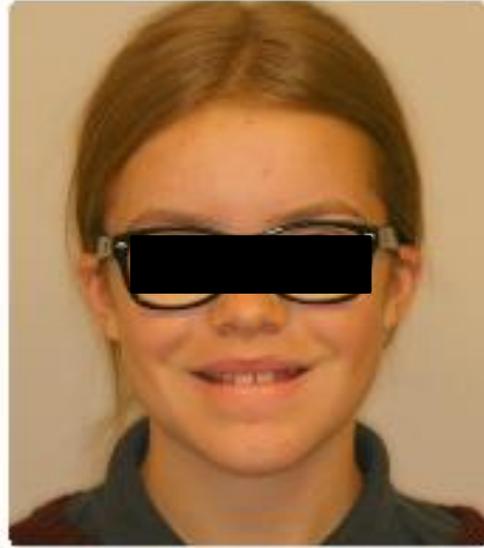
















11 0.8

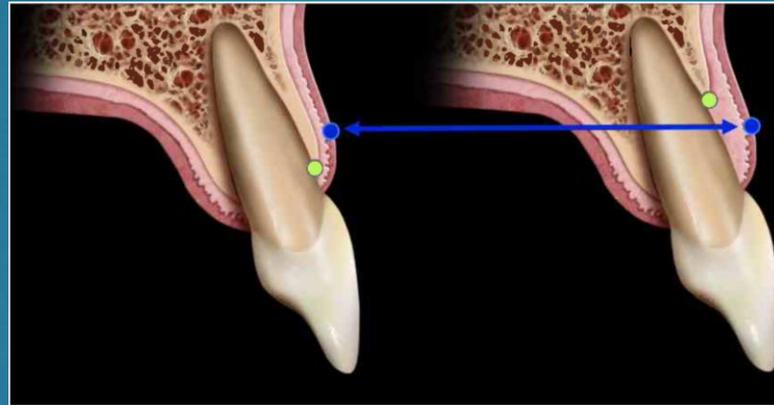


Forced Eruption

“HOPELESS TOOTH IS NOT A USELESS TOOTH”

SALAMA ET AL

Forced Eruption



Type 1: attached gingiva is connected to both bone and root surface

*with extrusion attached gingiva width increases

Type 2: attached gingiva and MGJ connected to root surface

*with extrusion gingival tissue moves coronally, but no increase in attached gingiva

Type I

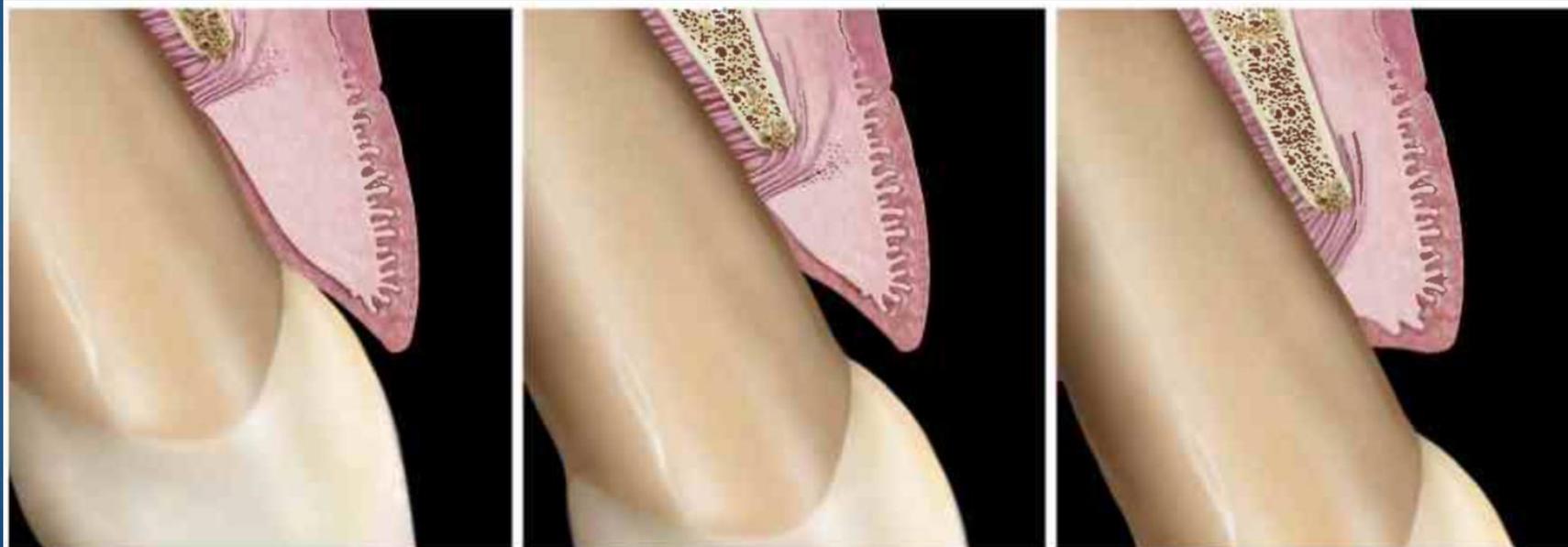


Type 2



Type 3

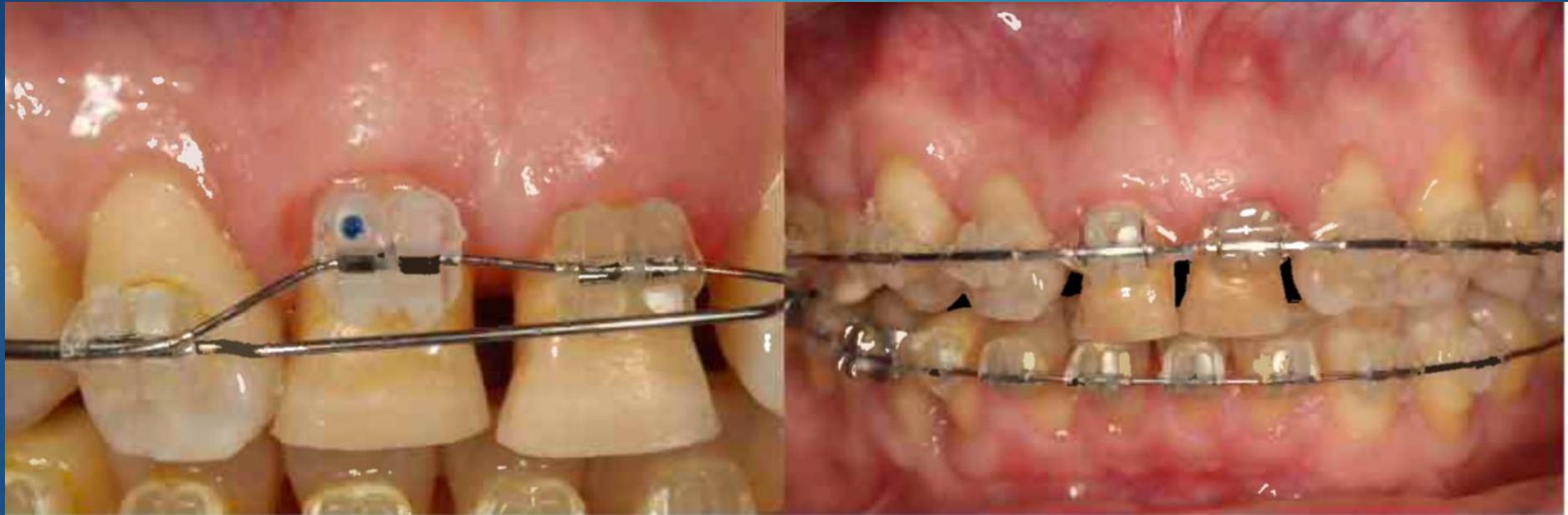
- ▶ Type 3: periodontal pocket is present and during extrusion free gingival margin does not move coronally until pocket is eliminated (inverted)

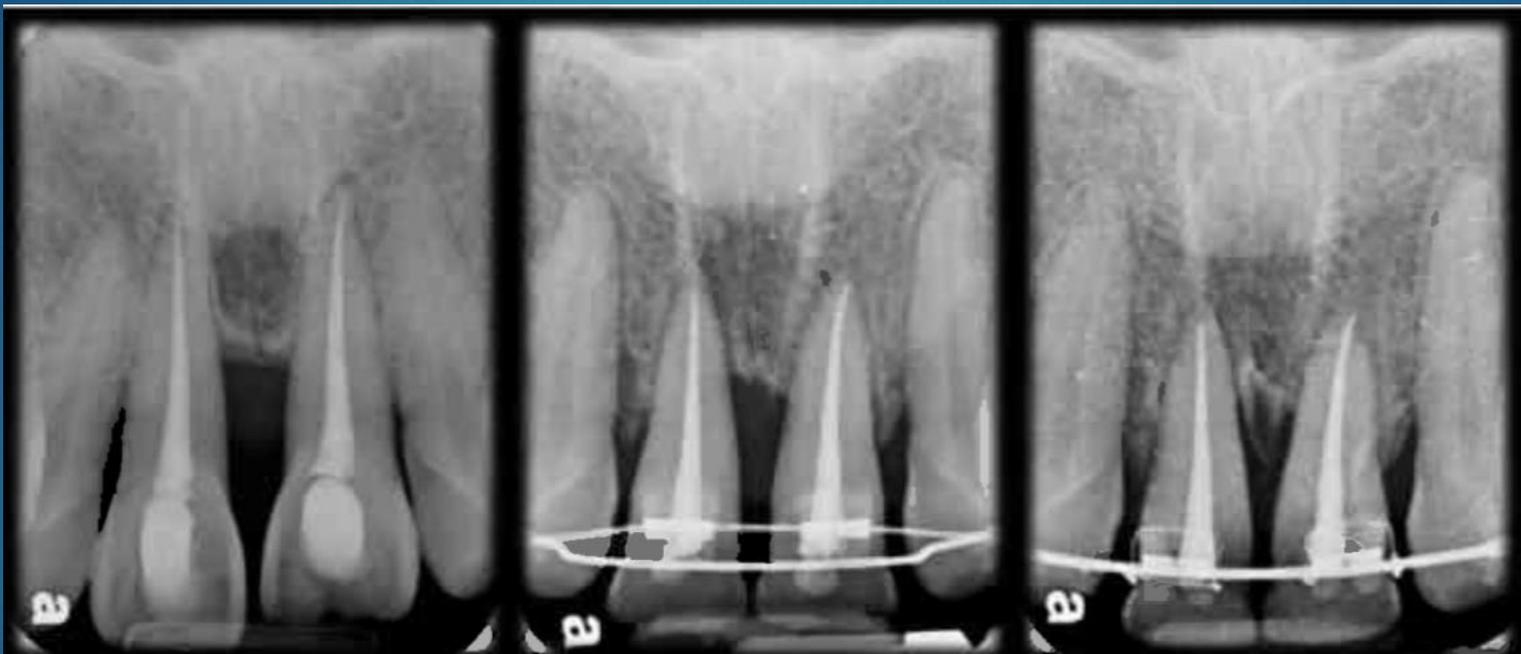














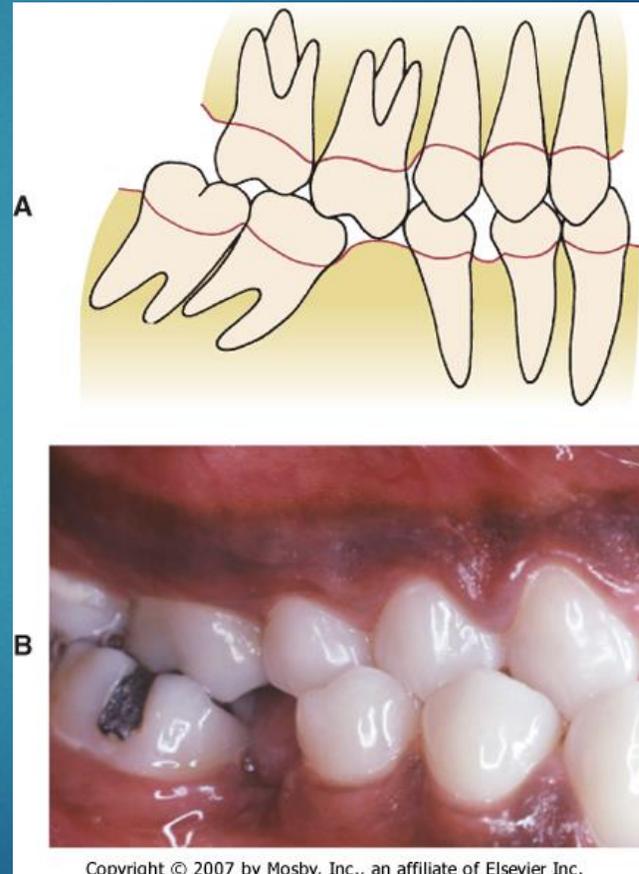
Forced Eruption

- ▶ Advantages of forced eruption
 - ▶ Eliminate periodontal infrabony defects
 - ▶ Establish sufficient clinical tooth structure
 - ▶ Regenerate interdental papilla
 - ▶ Implant site development
- ▶ Disadvantages of forced eruption
 - ▶ Endodontic treatment before eruption
 - ▶ Length of treatment/frequent visits

Molar Uprighting

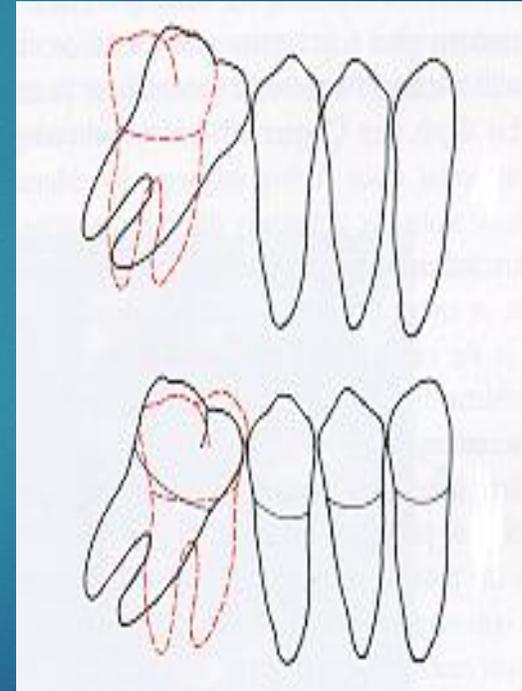
Reasons for Uprighting Posterior teeth:

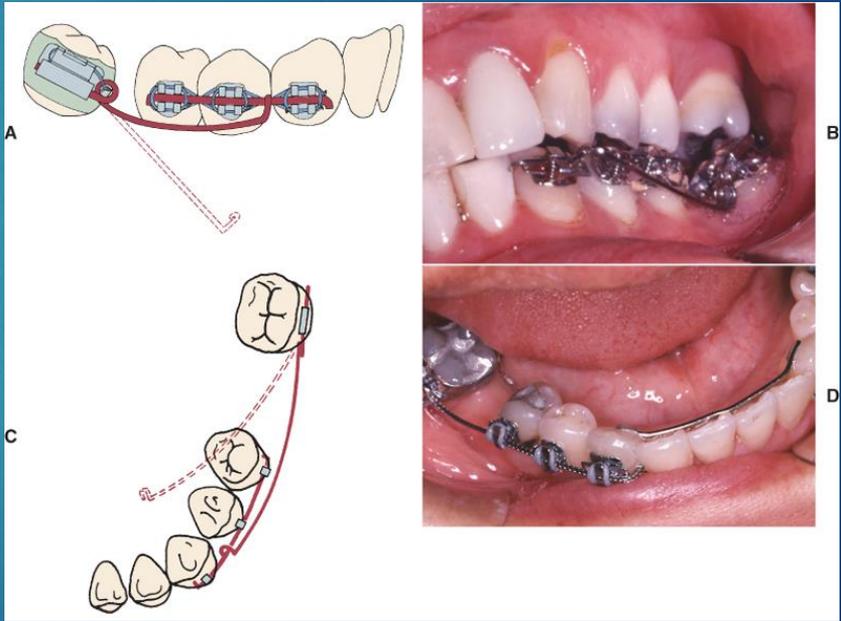
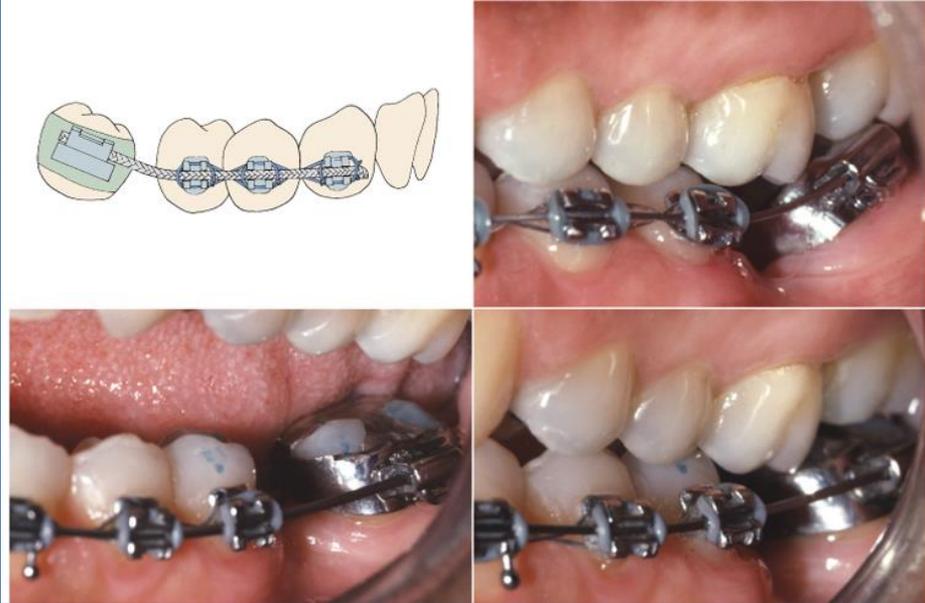
- A mesial periodontal pseudopocket forms adjacent to tipped teeth which is difficult to keep free of plaque
- Misdirected occlusal forces result in periodontal damage
- Create space for implant/restorations



Molar Uprighting

- ▶ Treatment Planning Considerations
 - Are 2nd and 3rd molars are present?
 - Should a molar be uprighted by distal crown movement (tipping) or mesial root movement?
 - Is slight extrusion of a molar permissible or maintenance of existing occlusal height required?
 - Distal crown movement for implant space or mesial root movement to close space





Molar Uprighting



Molar uprighting



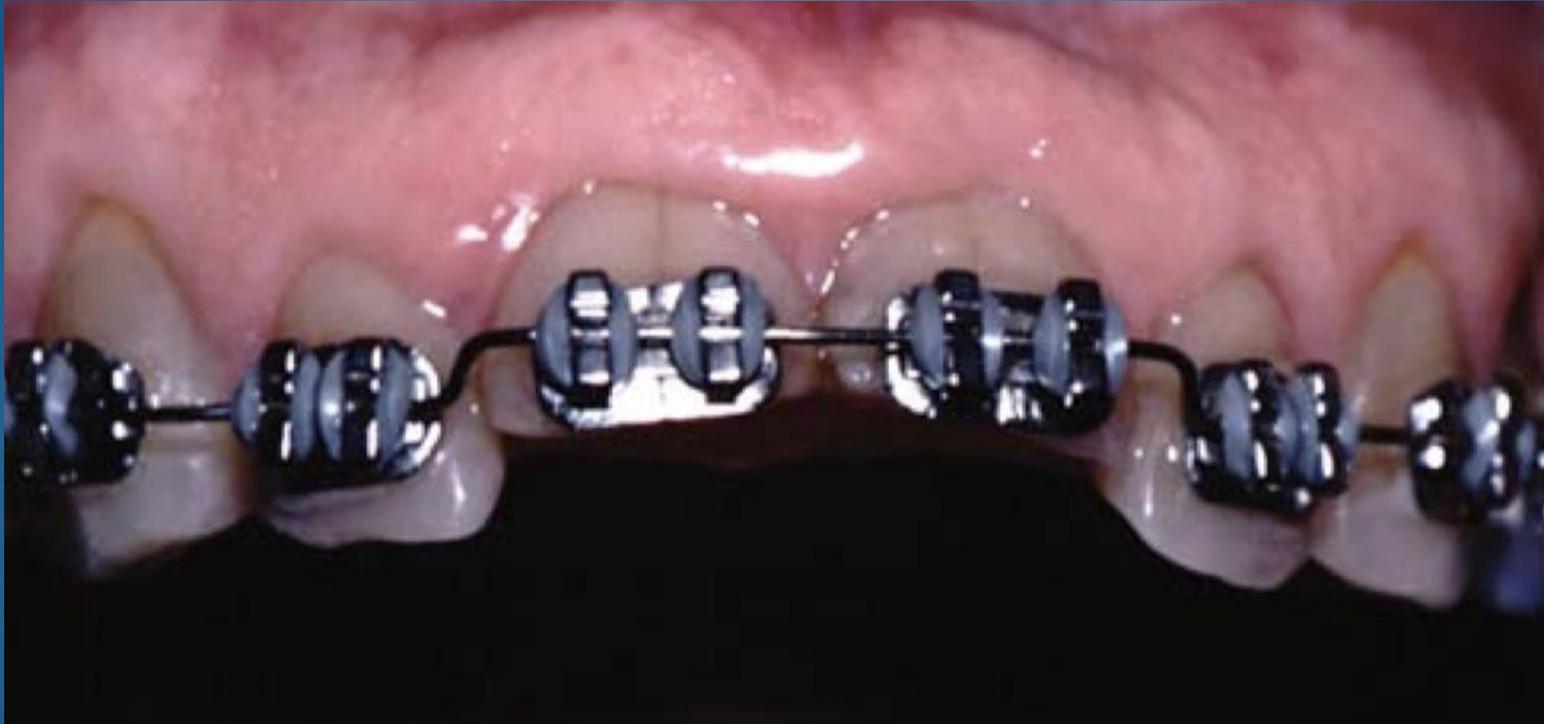
Molar Intrusion



Ortho/Restorative



Ortho/Restorative



Ortho/Restorative



The Dental Team

