

Appropriate early orthodontic treatment - 3

Welcome to the third and final 'Mouthing off' issue on this subject. It reflects on the importance of patient cooperation and illustrates some more examples of conditions commonly referred for early orthodontic assessment or treatment.

Patient Cooperation

The willingness and ability of both patient and parent to cooperate are vital preconditions for early orthodontic treatment. While sufficient patient maturity and tolerance are essential, the parents' role is just as important and may therefore influence our choice of treatment and appliance.

To support cooperation, we include the patient and parent in the treatment decision by carefully explaining the condition, treatment options, outcomes and the need to properly wear the appliance. We also give a reasonable estimate of the duration of the initial treatment phase to ensure realistic expectations. Some simple treatments may be completed in as little as three months while more complicated cases can take 18 months or more.

Anterior crossbites

This patient presented with a central incisor crossbite and sufficient space for correction. Usually such a case would be treated early with a fixed appliance. However, the child was deemed likely to be cooperative and could therefore be treated with a removable plate.



Before treatment



With plate at start of treatment



After 24 weeks

The crossbite was corrected in approximately eight weeks. To retain and allow the incisor to erupt into positive overbite, the plate was deactivated and left in full time for eight weeks and then night-time only for another eight weeks.

Both upper central incisors of this nine year old patient were in crossbite with the upper labial segment spaced and the lower well aligned.



Before treatment



After 12 weeks of treatment



Four months after bands off

Twelve weeks of treatment with braces corrected the crossbite. To close some residual space, the treatment was continued with the use of a power chain for a further twelve weeks. No retainer was required and, as the right hand image shows, the result was stable.

In the early mixed dentition, this patient had presented with two supernumerary teeth in the upper midline which subsequently had been removed. When reviewed one year later, the patient presented with very irregular and rotated upper incisors, with the right hand incisor in crossbite.



Before treatment



During treatment



Completion after nine months

Nine months of fixed appliance treatment aligned the four incisors and established a positive overjet and overbite. A fixed palatal retainer was then used to retain the correction.

When young patients do not require early treatment

Patients with crowded teeth in the mixed dentition don't always require treatment and can often improve of their own accord.

Here for example are three patients with fairly significant crowding. All of them with a lack of space for the upper lateral incisors in particular, as well as blocked out lower laterals to varying degrees. None of these patients had early treatment and the bottom row shows the same patients some years later, each of them having improved spontaneously.



These patients still needed to undergo some quite straightforward treatment in the early permanent dentition. Had they received early treatment, they still would have required this same treatment in the early permanent dentition. Early treatment would therefore have been a waste of time, cooperation and expense.

This sort of spontaneous improvement occurs not infrequently, but not always of course. Therefore, if we expect that the concern may diminish with time and growth, or that it would be better to treat later, we will monitor the patient with recall visits. These visits are free of charge.