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Orthodontic treatment of impacted teeth pdf

Orthodontic treatment of affected teeth provides its readers with a gold-standard resource to address common, complex and multi-factorial clinical scenarios. It is firmly rooted in scientific reality and also provides a valuable repository of evidence base for this subject. The third edition of this classic text has been completely revised and updated to reflect the latest developments in research and clinical practice. It discusses recent developments in the periodontal outcome of surgical exposure of fictitious teeth, and also includes more protocols for routine cases. This allows clinicians to develop their skills in simpler cases, as well as to improve their understanding of complex and rare presentations. One particularly useful chapter looks at failure and impending failure, providing a valuable insight into real life management of the affected teeth. The author describes how to recognize failure and suggests ways to avoid it, often illustrating them with cases of his own clinic. KEY FEATURES • Fully revised and updated classic • Coverage expanded with protocols for routine, as well as complex cases • Contains new chapter on extreme tooth displacement and complicating factors • Provides unparalleled evidence base coverage • Highly illustrated in full colourPage 2 This chapter contains sections titled: Dental Age Assessing Dental Age When is a Tooth Considered to Be Impacted? Affected teeth and local space loss which is the problem? The timing of the surgical intervention patient motivation and the orthodontic option references Joanna Abramczyk, Małgorzata Zadurska, Ewa Czochrowska, Impacted canines – interceptive treatment, Forum Ortodontyczne, 10.5604/01.3001.0012.7223, 14, 3, (224-236), (2018). The full text of this article is hosted on iucr.org is not available due to technical issues. A. Becker Mosby, St. Louis, 1997, 234 pages, illustrated, index. \$99. To read this article in full, please do a paymentDOI: 98)70165-9© 1998 American Association of Orthodontists. Published by Elsevier Inc. All rights reserved. Get access to this article on ScienceDirect Wiley-Blackwell price £104.00; pp 456 ISBN 9781444336757 | ISBN: 978-1-4443-3675-7 The first edition of Orthodontic treatment of collided teeth was published 14 years ago and as with most medical specialties there are always new and interesting developments that lead to changes in practice. The third edition of this book deals with these changes and, as in the previous edition, aims to give the reader invaluable insight into the current thinking about brain-made teeth, ranging from causes to diagnosis to treatment. The book is divided into 15 chapters; each addressing different areas and follows a natural progression with an introductory chapter to examine how to diagnose whether a tooth is indeed affected, the timing of treatment, how to treat an affected tooth and the importance of other specialties in the process. Radiographic techniques cone beam CT, the options that are surgically available and the types of attachments for affected teeth are then discussed in the chapters that follow. The first chapters, dealing with the rudimentary issues, are devoted to maxillary central incisors; with palatally affected canines; and other less frequently affected teeth such as mandibular canines, maxillary first molars and second forebolls. In these chapters, the author discusses prevalence, causes, diagnosis and management in a very structured way. The book, which the reader has programmed, then changes gears and begins to address more complex issues, such as root resorption, teeth affected in cysts and treating adult patients with irrigated teeth. The failure to resolve impactions is discussed in detail with a look at the possible patient, surgical and orthodontic factors that may be associated. He reveals uninformed information and this is evident in his chapters on lingual devices and cleido cranial dysplasia, where he tackles the challenges both pose in delivering orthodontic treatment. The final chapter then looks at a selection of complex case studies and shows how they can be solved. In particular, each chapter is very well referenced and contains several colored illustrations, as well as examples of patient case studies to help the text, making the overall layout of each chapter engaging. I found it extremely difficult to justify the quality of this publication in such few words and would recommend it to my fellow practitioners who would like to acquire more knowledge about this huge subject. The knowledge of the author is very clear and he does not fail to deliver in passing on this. This title certainly deserves a prominent position on your bookshelf. Department of Orthodontics and Dentofacial Orthopedics, Panineeya Dental College, Hyderabad, IndiaFind articles by Ranjit ManneDepartment of Orthodontics and Dentofacial Orthopedics, Panineeya Dental College, Hyderabad, IndiaFind articles by ChandraSekhar GandikotaDepartment of Orthodontics and Dentofacial Orthopedics, Panineeya Dental College, Hyderabad, IndiaFind articles by Shubhaker Rao JuvvadiDepartment of Orthodontics and Dentofacial Orthopedics, Panineeya Dental College, Hyderabad, IndiaFind articles by Haranath Reddy Medapati Rama1Department of Oral and Maxillofacial Surgery , Panineeya Dental College, Hyderabad, IndiaFind articles by Sampath AncheReceived 2011 December 1; Revised 2012 2; Accepted 2012 Jan 26.Copyright : © Journal of Pharmacy and Bioallied SciencesThis is an open-access article distributed under the terms of the Creative Commons Attribution-Noncommercial-Share Alike 3.0 Unported, which allows unlimited use, distribution and reproduction in any medium, provided that the original work is properly cited. maxillary and mandibular canines is an often-occurred clinical problem, the treatment of which usually requires an interdisciplinary approach. Surgical exposure of the femininity and complex complex mechanisms used to align the tooth in the arch can cause different amounts of damage to the supporting structures of the tooth, not to mention the long duration of treatment and the financial burden on the patient. Therefore, it seems worth focusing on the means of early diagnosis and interception of this clinical situation. This article provides an overview of the incidence and sequelae, as well as the surgical, periodontal and orthodontic considerations in the management of affected canines. KEY WORDS: Diagnosis, etiology, affected canines, orthodontic techniques, prevention, surgical techniquesMaxillary canines are the most affected teeth, second to third molars. [2] Maxillary dog impact occurs in about 2% of the population and occurs twice as often in females as it is in males. The incidence of dog impact in the maxilla is more than twice as large as in the lower jaw. Of all patients who have affected maxillary canines, 8% have bilateral effects. [3] About a third of the affected maxillary canines are labially located and two thirds are palatally located. [4,5] The impaction of the dog can be caused by several factors. The exact etiology of palatally displaced maxillary canines is unknown. The results of Jacoby's study showed that 85% of the palatally affected canines had enough room for eruption, while only 17% of labially affected canines had sufficient space. Therefore, arch length discrepancy is considered a primary etiological factor for labially affected canines. [5] Several etiological factors for canine effects have been proposed: localized, systemic or genetic [Box 1]. [1] Two important theories associated with palatally displaced maxillary canines are the guidance theory and genetic theory. [7] The guidance theory suggests that the dog erupts along the root of the side spout, which serves as a guide, and if the root of the side stand is absent or deformed, the dog will not erupt. [8] The genetic theory points to genetic factors as a primary origin of palatally displaced maxillary canines and includes other possibly associated dental abnormalities, such as missing or small lateral incisors. [9] Baccetti[10] reported that palatally affected maxillary canines are genetically associated with anomalies such as enamel hypoplasia, infraocclusion of primary molars, aplasia of second premolars, and small maxillary lateral incisors. Shafer et al.[11] proposed the following sequelae for canine impaction: Labial or lingual malpositioning of the affected tooth,Migration of neighboring teeth and loss of arc length,Internal resorption,Dentigerous root repair of the affected tooth, as well as the neighboring teeth,Infection particularly with partial eruption, andLedged pain and combinations of the above sequelae. It is estimated that in 0.71% of children aged 10-13, permanent incisors have been resorbed due to the ectopic ectopic ectopic maxillary canines. [12] On the other hand, the presence of the affected dog cannot cause undesirable effects during the person's lifespan. These potential complications, as well as others that will be detailed later, emphasize the need for close observation of the development and eruption of these teeth during routine periodic dental examination of the growing child. The diagnosis of dog effect is based on both clinical and radiographic studies. It has been suggested that the following clinical symptoms may indicate canine impaction:[3]Delayed eruption of the permanent dog or prolonged retention of the deciduous dog over 14-15 years old,Absence of a normal labial dog bulge, Presence of a palatal bulge, andThe delay eruption, distal tilt, or migration (splaying) of the lateral cut wound. According to Ericson and Kuroi,[12] the absence of dog bulge at earlier ages should not be considered indicative of canine impaction. In their evaluation of 505 schoolchildren aged between 10 and 12, they found that 29% of children had non-palpable canines at 10 years of age, but only 5% had it at 11 years of age, while at later ages only 3% had non-adjustable canines. Therefore, for an accurate diagnosis, the clinical examination should be supplemented by a radiographic evaluation. While various radiographic exposures, including occlusal films, panoramic views, and lateral cephalograms can help assess the position of the canines, periapic films are in most cases uniquely reliable for that purpose. [3,13] A single periapic film provides the clinician with a two-dimensional representation of the teeth. In other words, it would cover the dog's neighboring teeth both mesiodistally and superoinferiorly. In order to evaluate the position of the canine buccolingually, a second periapic film must be obtained by one of the following methods. Two periapic films are taken from the same area, with the horizontal angle changed when the second film is taken. If the object in question moves in the same direction as the cone, it is linguistically positioned. If the object moves in the opposite direction, it is closer to the radiation source and therefore stands buccally. If the vertical angle of the cone is changed in two successive periapic films by about 20°, the buccal object moves in the opposite direction of the radiation source. On the other hand, the lingual object will move in the same direction as the radiation source. The basic principle of this technique is about digesting and lengthening the images of the films. Also help to determine the buccolingual position of the affected dog in combination with the periapic films, provided that the image of the affected dog is not the other teeth. These can sometimes help determine the position of the affected dog, in particular the relationship with other facial facial facials (for example, the maxillary sinus and the floor of the nose). These are also used to locate affected teeth in all three planes of space, just as much the same as with two periapic films in the tube-shift method, with the understanding that the source of radiation comes from behind the patient; thus the movements are reversed for position. Clinicians can locate canines using advanced three-dimensional imaging techniques. Cone beam computed tomography (CBCT) can accurately identify and locate the position of affected canines. By using this imaging technique, dentists can also assess any damage to the roots of adjacent teeth and the amount of bone around each tooth. However, increased cost, time, radiation exposure, and medicolegal problems associated with the use of CBCT limit its routine use. The correct localization of the affected tooth plays a crucial role in determining the feasibility of as well as the right access for the surgical approach and the right direction for the application of orthodontic forces. When the doctor detects early signs of ectopic eruption of the canines, an attempt should be made to prevent their impaction and its possible effects. Selective extraction of the deciduous teeth as early as 8 or 9 years old has been proposed by Williams as an interceptive approach to dog impact in Class I, sparsely populated cases. Ericson and Kuroi[12] suggested that the removal of the deciduous natine before the age of 11 years will normalize the position of the ectopically erupting permanent canines in 91% of the cases if the dog crown is distal to the midline of the lateral incisive. On the other hand, the success rate is only 64% if the dog crown is mesial to the midline of the lateral incision [Figure 1]. [12] Any patient with an affected dog should undergo a comprehensive malocclusion evaluation. The doctor should then take into account the various treatment options available to the patient, including the following:[3]No treatment if the patient does not wish to do so. In such a case, the doctor should periodically evaluate the affected tooth for any pathological changes. It should be remembered that the long-term prognosis for the preservation of the deciduous dog is poor, regardless of the current root length and the aesthetic acceptability of its crown. This is because, in most cases, the root will eventually resorb and the deciduous dog will have to be extracted. Car transplant of the dog. Extraction of the affected dog and movement of a first premolar in its position. Extraction of the dog and posterior segmental osteotomy to move the buccal segment mesially to close the remaining space. Prosthetic replacement of the dog. Surgical exposure of the orthodontic treatment to bring the tooth into the line of occlusion. This is, of course, the most desirable approach. It should be emphasized that the extraction of the labially erupting and overcrowded dog, ugly as this tooth can look, is contra-indicated. Such a may temporarily improve aesthetics, but may complicate and compromise the results of orthodontic treatment, including the ability to provide the patient with a functional occlusion. The extraction of the dog, although rarely considered, can be a workable option in the following situations:[3]If it is ankylosed and cannot be transplanted.If it is undergoing external or internal root resorption.If the root is severely dilated.If the impaction is severe (for example, the dog is lodged between the roots of the central and lateral incisors and orthodontic movement will endanger these teeth).If occlusion is acceptable, with the first premolar in the position of the dog and with an otherwise functional occlusion with well-aligned teeth, if there are pathological changes (e.g. cystic formation, infection), andif the patient does not require orthodontic treatment. The most desirable approach to managing affected maxillary canines is early diagnosis and interception of potential impaction. However, in the absence of prevention, clinicians should consider orthodontic treatment followed by surgical exposure of the dog to bring it into occlusion. In such a case, open communication between the orthodontist and the oral surgeon is essential, as it is possible to use the right surgical and orthodontic techniques. The most common methods used to bring palatally affected canines into occlusion are surgically exposing the teeth and causing them to naturally erupt during early or late mixed teeth and surgically exposing the teeth and placing a bonded attachment to and using orthodontic forces to move the tooth. [14] Kokich[15] reported three methods for uncovering a labially affected maxillary dog: gingivectomy, creating an apically placed valve, and using closed burst techniques [Figure 2]. Orthodontists have recommended that other clinicians first have enough space in the dental arch to accommodate the stricken dog and then surgically expose the tooth to give them access so they can apply mechanical force to burst the tooth. Although different methods work, an efficient way to erupt affected canines is to use closed-coil feathers with eyes, as long as there are no obstacles obstructing the dog's path. If the dog is close to the cuts and a buccally focused force is applied, it will contact the roots and cause damage. In addition, the dog position cannot improve due to the root obstacle. Consequently, different techniques have been proposed that move the collided tooth in an occlusal and rear direction first and then buccally move in the desired position. When using a bound and orthodontic forces to bring the affected canines into occlusion, it is important to remember that the first prescaring must not be extracted until a successful attempt has been made to move the canines. If the attempt fails, the permanent canines must be extracted. An overview of Techniques used to manage affected canines are given in table 1.In such cases, the orthodontist must decide whether the premolar should be moved to

the dog position. Orthodontists should consider treatment alternatives, such as auto transplantation or restoration, in collaboration with other specialists, including oral surgeons, periodontists, and prosthodontists. The patient should be informed of all possible complications before surgical and orthodontic procedures take place. The management of fictitious canines is important in terms of aesthetics and function. Clinicians should formulate treatment plans that are in the best interests of the patient and they should be well informed about the variety of treatment options. When patients are properly evaluated and treated, clinicians can reduce the frequency of ectopic eruption and subsequent impaction of the maxillary dog. The simplest interception procedure that can be used to prevent impaction of permanent canines is the timely extraction of the primary canines. This procedure usually allows the permanent canines to become upright and erupt well into the dental arch, provided that there is enough space available to accommodate them. Various surgical and orthodontic techniques can be used to repair affected maxillary canines. [28] The proper management of these teeth, however, requires that the appropriate surgical technique be used and that the clinician can apply measured forces in a favorable direction. This ensures full control in efficient correction of impaction and for avoiding damage to adjacent teeth. Careful selection of surgical and orthodontic techniques is essential for the successful alignment of affected canines. Source of support: NilConflict of Interest: None declared.1. Power SM, Short MB. An investigation into the response of palatally displaced canines to the removal of deciduous teeth and an assessment of factors contributing to a favorable eruption. Br J Orthod. 1993;20:215–23. [PubMed] [Google Scholar] 2. Iltis G. 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