Orthodontics

Anomalies

Anomalies of

Teeth Groups of teeth Jaws Intermaxilary relations

Anomalies of tooth number

- Hypodontics (hypodontia) the tooth (or teeth) are missing
- Third molars (if third molars are missing —it is not hypodontia), second premolars, upper lateral incisors
- Hyperodontics (hyperodontia) supernumerary teeth
- Anodontics (anodontia)

Anomalies of tooth size (dimension)

 Microdontics (microdontia) – small teeth, spaces between teeth

 Macrodontics (macrodontia) – big teeth, crowding

Anomalies of form of teeth

Dentes confusi - germs of teeth are fused Dentes concreti - germs of teeth are grown together at the stage of development of roots (roots are confused) Dentes geminati – germ of tooth is grown together with a germ of supernumerary tooth Cone teeth

Anomalies of tooth position

- Inclination
- Rotation
- Transposition
- Infraoclusion
- Supraoclusion
- Vestibular, oral eruption
- Diastema

Inclination

Mesioinclination: the long axix is inclinated mesially

Distoinclination: the long axix is inclinated distally

Inclination



Inclination



Rotation

The tooth is rotated around the long axis:

Mesiorotation – the vestubilar surface is rotated mesially

Distorotation – the vestibular surface is rotated distally

Rotation



Rotation



Vestibular eruption



Supraocclusion



Hypodontia, trema, cone tooth



Protrusion



Tremata



Transposition 13,14



Anodontia 22, persistency 62



Distoinclination 21, 22, infraocclusion 23



Anomalies of group of teeth

Compression Nonocclusion Deep bite Open bite Retrusion Protrusion Inverse bite Prognatism - overlap

Key of occlusion acc. to Angle

Normoocclusion:

Mesiobuccal cusp of the first maxillary molar goes between mesial cusps of the first mandibular molar. Key of occlusion acc. to Angle
 Normoocclusion (normoocclusia)

 Distoocclusion – mandible is in posterior position (distoocclusia)

 Mesiooclussion – mandible is in anterior position (mesioocclusia)

Classification acc. to Angle







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Class I

The mesiobuccal cusp of the maxillary first molar lies in the mesiobuccal groove of the mandibular first molar, but the other teeth may have other anomalies such as spacing, crowding, open bite etc.





Class II

- Is also called distocclusion, or mandibular retrognathism
- The mesiobuccal cusp of the upper molar is situated anterior to the mesiobuccal groove
- Two subdivisions exist:
- Division 1 (II/1) --> Anterior teeth protrude, increased overjet
 Class II/1



Class II/1



Class II/2

Class III

Is also called Mandibular Prognathism
 The mesiobuccal cusp of the upper molar lies posteriorly to the mesiobuccal groove of the first mandibular molar



Class III

Mandibular prognatism, inverted bite, infraocclusion, crowding, open bite



Deep bite



Overjet

- Is the distance between the tip of the upper and the tip of the lower incisors in the horizontal plane
- The normal distance is ~ 1.5-2.5 mm
- We distinguish two types of overjet:
- Positive overjet --> Distance >2.5 mm
- Negative overjet (anterior cross bite) --> Distance <1.5 mm

Overbite

- Normally the upper centrals should cover between 1/3 - 1/4 of the anterior surface of the lower centrals
- Any disturbance in this coverage can result in:
 Open Bite
 Deep Bite

Scissor Bite

Is a rather rare orthodontic malocclusion, where the palatal surface of the upper molars rest laterally from the buccal surface of the mandibular molars



Midline Deviation

 Occurs when the midline of the upper jaw doesn't coincide with that of the lower jaw



Posterior Cross Bite

In this malocclusion the buccal cusps of the upper molars lie in the opposing central fossa of the mandibular molars (in physiological conditions the **palatal cusps** of the upper molars lie in the opposing central fossa)



Mesioocclusion, posterior cross bite



Crowding Is the result of lack of space in the dental arch Spacing Is the result of excess of space in the dental arch Wide interdental spaces Diastema Space between the two central incisors Rotation The tooth is rotated in the longitudinal axis

Diastema



Reasons

- Genetic factors
- Loss of primary teeth
- Persistency of primary teeth
- Insufficient function of masticatory apparatus
- Mouth breathing
- Parafunctions (sucking of thumb, dummy, put the lip between teeth etc.)

Prevention

Natural food admission (nursing, later chewing)
Care for primary dentition
Avoid parafunction

Therapy Orthodonric appliances

Passive (functional – always removable)
 Enable the change of position of jaws and teeth trough the function.

Active

Affect active forces on teeth (removable, fixed)

Removable – desk appliances (active components- e.g. screws)

Fixed (brackets, wire)





elastic pull