Orthodontics

Anomalies of

Teeth

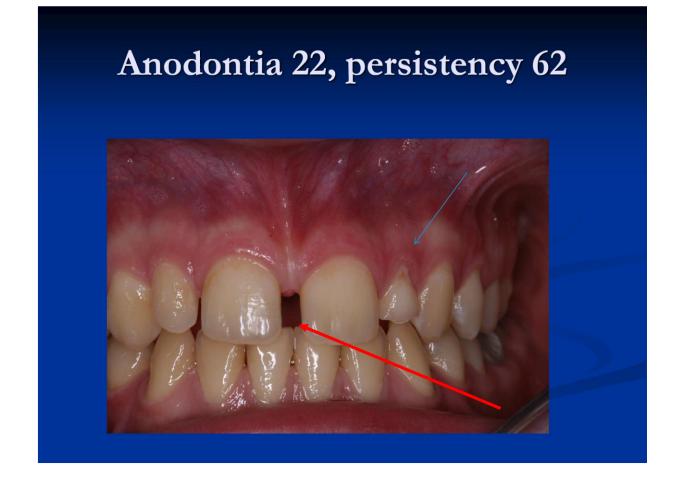
Groups of teeth

Jaws

Intermaxilary relation

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 incisor
- Hyperodontics (hyperodontia) supernumerary teeth
- Anodontics (anodontia



Diastema

Anomalies of tooth size (dimension)

Microdontics (microdontia)

– small teeth, spaces
between teeth

Macrodontics (macrodontia) – big teeth, crowding

Anodontia od 12, cone tooth 22



Anomalies of tooth position

Inclination

Rotation

Transposition

Infraoclusion

Supraoclusion

Vestibular, oral eruption

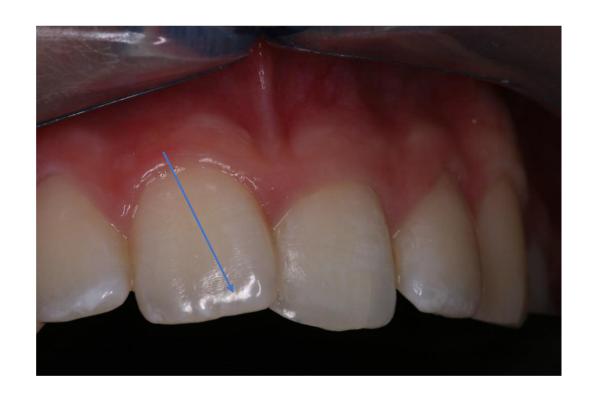
Diastema

Inclination

Mesioinclination: the long axix is inclinated mesially

Distoinclination: the long axix is inclinated distall

Inclination



Inclination



Rotation

The tooth is rotated around the long axis:

-Mesiorotation – the vestibular surface is rotated mesially

Distorotation – the vestibular surface is rotated distall

Rotation



Rotation



Supraocclusion



Infraocclusion



Vestibular eruption



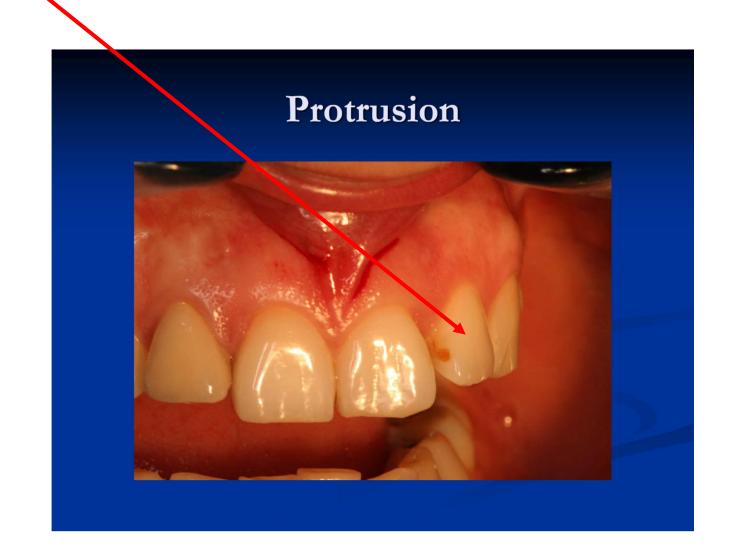
Diastema





Protrusion

The tooth is declinated vestibulary



Retrusion



The tooth is declinated orally

Transposition

• The position of teeth is exchanged



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

Spacing – trema, diastema





Crowding



Intermaxillary relationships

 Key of occlusion acc to Angle – position of first molars – maxillary and mandibulary Key of occlusion acc. to Angle

Normoocclusion (normoocclusia)

Distoocclusion – mandible is in posterior position (distoocclusia)

Mesiooclussion – mandible is in anterior position (mesioocclusia

Angle 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

Angle

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.



Angle class II

The mesiobuccal cusp of the upper molar is situated anterior to the mesiobuccal groove

Two subdivisions exist: n Division 1 (II/1) --> Anterior teeth protrude, increased overjet n

Division 2 (II/2) --> Central incisors retrude, lateral incisors protrude

Angle class II.



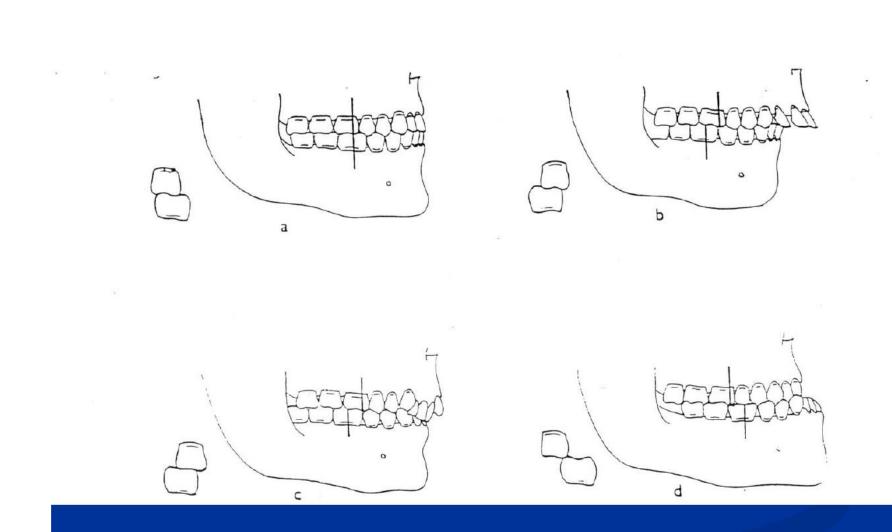
Angle class III.

• The mandible is in anterior popsition

- 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



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

Positive overjet

Negative overjet





Anterior cross bite



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

Deep bite

Open bite









Mandibular prognatism, inverted bite, infraocclusion, crowding, open 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



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



Midline Deviation

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



Prevention of orthodontic anomalies

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 of orthodontic anomalies

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)



