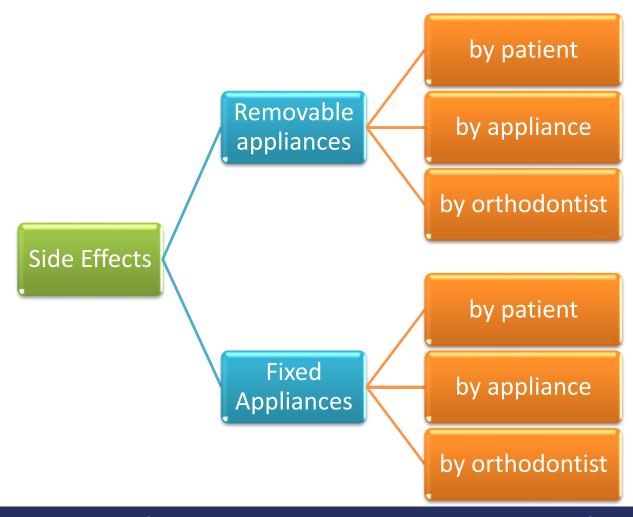
Side effects and complications of orthodontic treatment

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Chronic atrophic candidasis

- Caused by
 - Poor oral / appliance hygiene
 - Candida albicans
- Symptoms
 - Mild erythema or redness of the mucosa under the appliance
 - Patient hasn't got severe pain, only discomfort
- Therapy
 - Oral and denture hygiene instructions
 - Antifungal therapy
 - Nystatin pills / drops (effectiveness can be reduced by chlorhexidine mouthwash)
 - Disinfection of the appliance (or make a new one)





Chronic atrophic candidasis







Allergy

- Caused by
 - Acrylic monomers
 - Metalic clasps (nickel)
- Symptoms
 - Can be very similar to the candida infection (of course it appears earlier and the oral hygine can be good)
 - Rashes can appear on the face
 - Itchy pharynx
- Therapy
 - Only if its proven (allergy test)
 - Caused by acryilic monomer
 - Using ALF appliance (skeletal removable appliance)
 - Caused by nickel
 - Using nickel free alloys





Allergy







Cheilitis angularis

- Caused by
 - Increased saliva production (especially at night)
 - Bacterial / Fungal superinfection
- Symptomes
 - Cracked and painful labial commissure
 - It heals very slowly
- Therapy
 - Daytime use of the appliace
 - Antibacterial gel (ex. Ebrimycin), antifungal gel (ex. Nystatin cream/ung)





Cheilitis angularis









Excessive tilting of molars / incisors

- Caused by
 - Transversal expansion (molars)
 - Sagittal expansion (incisors)
- Symptoms
 - Immediately nothing
 - Few years later (incisors / molars)
 - Gingiva recession on the buccal side
 - Few decades later (buccal tilting of molars)
 - TMJ problem
- Therapy
 - Correct treatment plan
 - Hyrax removable appliance with expansion screw
 - Hybrid hyrax
 classic hyrax
 - Distractor hybrid hyrax

 - Delaire mask
 Class III elastic





White spots / caries incipiens / macula cretosa

- Caused by
 - Plaque
- Symptoms
 - White discoloration on the enamel
- Therapy
 - In the first 6 months spontaneous remineralization
 - Use of
 - Different varnishes with high concentrate of NaF, amin-flouride professional use (not perfect)
 - Different gels / mouthwashes with relative high concentrate of NaF, amin-flouride - patient use (not perfect)
 - Tooth mousse (Casein Phosphopeptide, Amorphous Calcium Phosphate) - professional or patient use (better)
 - Microabrasion (moderate)
 - ICON (infiltration concept)
- Prevention
 - Fluoride release adhesive
 - Good oral hygiene





White spot / incipiens caries /

macula cretosa











- White spot / incipiens caries / macula cretosa
- ·ICON
 - https://www.youtube.com/watch?v=jKlwpe50PV8
 - Tooth Mousse
 - https://www.youtube.com/watch?v=Hz-_szpf85U





Enamel discoloration

- Caused by
 - Plaque and discoloration agents (tobacco, coffee, tea, curry, etc)
- Symptoms
 - Various colored spots on the enamel (generally brown and dark yellow)
- Therapy
 - Microabrasion (perfect)
 - Teeth whitening





Enamel discoloration



















3. OpalCup으로 치면 연마





Caries

- Caused by
 - Plaque
- Symptoms
 - Depends on severity
- Therapy
 - Depends on severity
- Prevention
 - Fluoride releasing adhesive
 - Good oral hygiene





Caries









Gingivitis

- Caused by
 - Plaque
 - Mechanical irritation
 - Allergy
- Symptoms
 - Various, depends on severity
 - Red line on the marginal gingiva hypertrophic gingiva
 - Bleeding (general symptoms)
- Therapy
 - Depends on the cause
 - Better oral hygiene
 - Eliminate the mechanical irritation (not always possible)
 - Remove wire / brackets





Gingivitis







Allergy

- Prevanelce in europe 0,2-0,3% (allergy caused by orthodontic appliance)
- Caused by
 - Nickel
 - Source of reactive nickel is debated
 - Stainless steel wire and braces (G. Rahilly, N. Price: Nickel allergy and orthodontics. Journal of Orthodontics 2003; 30(2): 171-174) About NiTi wire: nickel is bound in a crystal lattice it is not available to react.
 - Nickel-titanum wire (Sunitha Chakravarthi: J Orthod Sci. 2012 Oct-Dec; 1(4): 83-87.) About NiTi wire: Ni-Ti orthodontic wires in combination with fluoride media have been shown to release significantly more nickel ions in artificial saliva





Symptoms

- gingiva hyperplasia
- lip desquamation
- multiform erythema
- burning sensation in the mouth
- metallic taste
- peri-oral dermatitis

Therapy

- Ceramic braces, nickel free braces
- Covered wires or TMA wire



Side effect Removable appliance By patient

Allergy





Figure 1 - Clinical condition of allergic patient after six months of treatment.



Mucosal injury

- Caused by
 - Sharp edges
 - Spiky ends
 - Chronical irritation
- Symptoms
 - Painful, inflamated lesion on the mucosa
 - Later it turns to chronical inflamation with hyperplasia or desquamation (painless)
- Therapy
 - Carefully cut wires
 - Cover the irritative parts of the appliances (wax, composite, wire barrel)



Side effect

Removable appliance

By patient

Mucosal injury









Speech problems

- Caused by
 - Any appliance in the mouth
 - Of course palatal positioned appliances are worse
- Symptoms
 - Pronunciation of various letters are difficult
 - With buccal appliance (ex. F)
 - With palatal appliance (ex. C,D,L,N, etc)
- Therapy
 - After a few days the patient will get accustomed to it





Gingiva recession

- Caused by
 - Excessive buccal movement of the teeth
 - Poor oral hygiene
 - Thin biotype gingiva
- Symptoms
 - Most commonly it appears on the buccal side of lower incisors (of course after transversal expansion it can appear on the buccal side of molars as well)
 - In some cases, recession can appear during the treatment (poor oral hygiene)
 - In some cases the recession appears many months / years after the treatment
- Therapy
 - Periodontal surgery





Gingiva recession





8/12/08 Final orthodontic result.



22 months after orthodontics. Note recession tooth #24.



6/28/10 Day of surgery. Note no vertical release incisions.

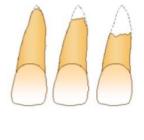


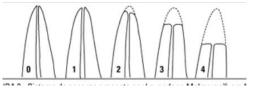
8/5/10 Final periodontal result.





- Classification
 - 1. Linge&Linge (1983)
 - Mild ≤ 2mm 90%
 - Moderate 2-4mm 6-13%
 - Severe ≥ 4mm 2% (adolescent) 5%(adult)
 - 2. Levander & Malmgren (1988)
 - Grade 0 no resportion
 - Grade 1 (blunting) Irregular root outline
 - Grade 2 (minor) 0-2mm resorption
 - Grade 3 (moderate) 2-4mm resorption
 - Grade 4 (extreme) 4mm-complete root resorption
 - 3. Generalized / localized







- Etiological factors associated with root resportion
 - 1. Type of malocclusion
 - Class I < Class II/1 < Class II/2
 - 2. Extraction
 - Extraction > Non-extraction
 - 3. Type of tooth movement
 - Intruson & torque > other tooth movemeth
 - 4. Length of treatment
 - Increased treatment time > decreased treatment time
 - 5. Type of force
 - Continous > interrupted
 - 6. Toot specificity
 - Maxillary incisors > mandibular incisors > canines > mandibular distal root of molars





- Etiological factors associated with root resportion
 - 7. Root shape
 - Pointed, tapered > dilacerated > pipette shaped > blunted, incomplete
 - 8. Root length
 - Long > short
 - 9. Trauma
 - Traumatic injury > intact
 - 10. Overjet / overbite
 - Increased overjet / overbite > normal overjet / overbite (in case you would try to treat)
 - 11. Age
 - Older > younger
 - 12. Gender
 - Females > males
 - 13. Ethnicity
 - Caucasian > Asian



Morphology classification of the root (A) Normal, (B) Shortened, (C) Pointed, (D) Blunt, (E) Eroded, (F) Bent, (G) Bottle shaped.





- Management
 - After the treatment.
 - Patient has to be informed
 - 2. Follow-up radiographic examination
 - 3. Flexible bonded retainer
 - 4. In extreme resorption, with after treatment progression endodontic treatment may be needed CaOH
 - 5. Long term prognosis even in severe resoprtion is quite good (cervical third is enough to keep the teeth in place) * CONSOLARO, Alberto; FURQUIM, Laurindo Zanco. Extreme root resorption associated with induced tooth movement: A protocol for clinical management.

 Dental Press J. Orthod., Maringá, v. 19, n. 5, p. 19-26, Oct. 2014





- Management
 - After the treatment
 - Occlusion must be thoroughly balanced without further interference.
 - 7. The patient should be advised to use a mouthpiece while practicing sports.
 - 8. Making patients aware that while eating, they should avoid grasping hard food, such as some fruit or bread, with their teeth, only
 - In cases of bruxism, the patient should use individual acrylic plates while sleeping.
 - 10. Endodontic treatment isn't required!





- Management
 - 2. During the treatment
 - 1. Patient has to be informed
 - 2. The force level should be modified or a 2-3 (other autors 4-6) months pause in the treatment should be implemented
 - 3. Decrease treatment duration
 - 4. Longer intervals between activations
 - 5. Light intermittent forces





- Management
 - 3. Before the treatment
 - Patient has to be informed
 - 2. All the risk factors should be considered
 - 3. Using light (copper niti) forces
 - Don't hurry the treatment (implement stops during the treatment)





- Prognosis
 - 3mm root resorption is equivalent to 1mm alveolar bone loss (Kalkwarf 1986)
 - After the treatment (if there's no traumatic occlusion) further resorption doesn't appear (maybe the shape of the root's end will be more rounded)
 - The original root lengths were never re-established
 - Teeth with severely resorbed roots were found to be viable
 - Hypermobility can be the worst outcome (without fixed retainer it can become worse)





Root resorption

Prognosis





Thank you for your attentoin



