Operativ techniques in Dentistry: Paedodontics and Orthodontics

- The purpose of orthodontics
- Grouping of the appliances
- Elements of fixed appliances
- The types and parts of the removable appliances





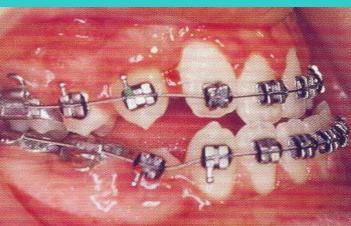
The purpose of orthodontic treatments

To solve esthetic complaints

To treat the functional anomalieas (chewing, speech, TMI, etc.)

Prevention (caries, parodontitis, TMJ dysfunction)







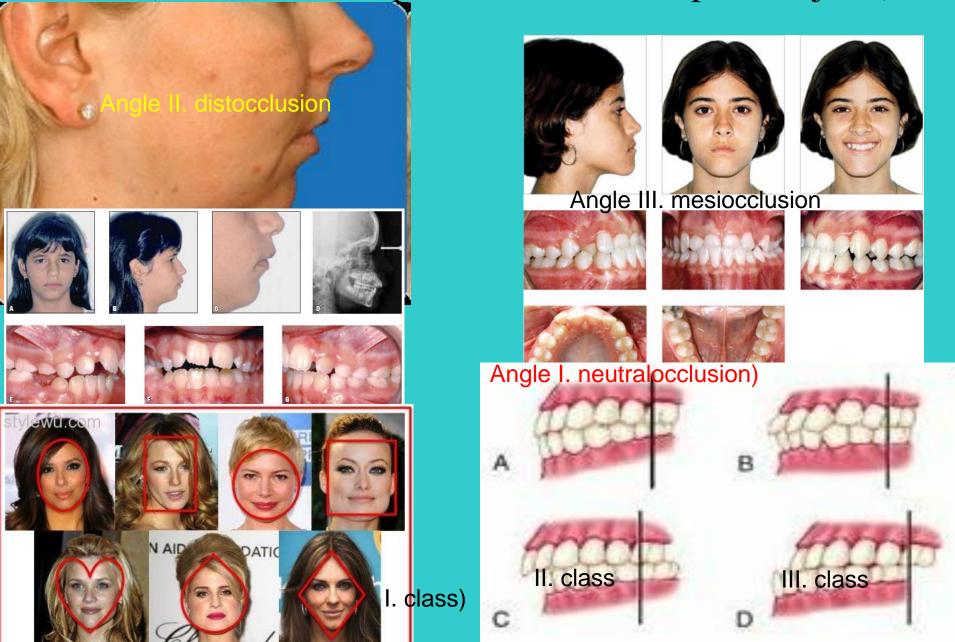
Angle Classification

- Class I Molar (65%)
- Class II Molar (30%)
- Class III Molar (5%)



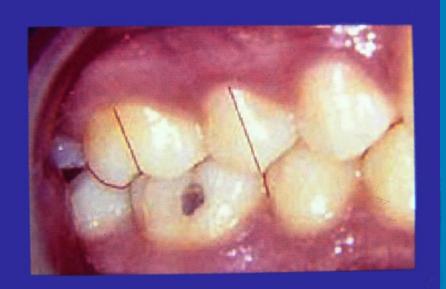
Sagittal anomalies - Angle classification

(based on:anteroposterior relationship of the jaws)



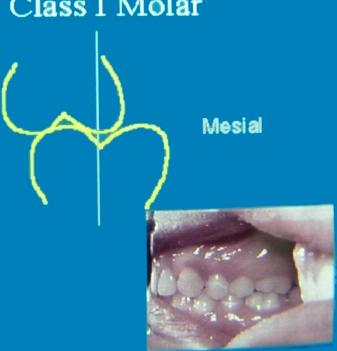
I. class

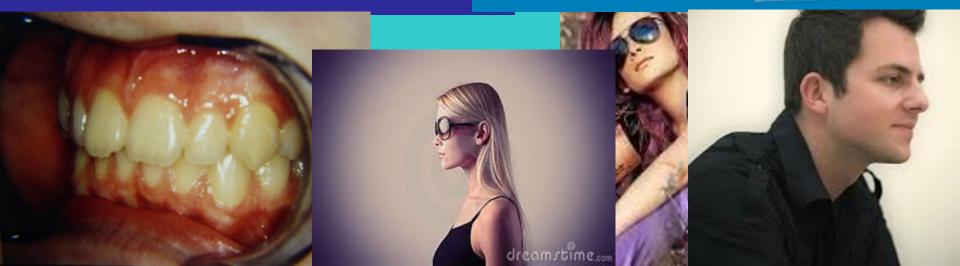
Angle I. osztály



Class I Molar

Distal





Angle I.



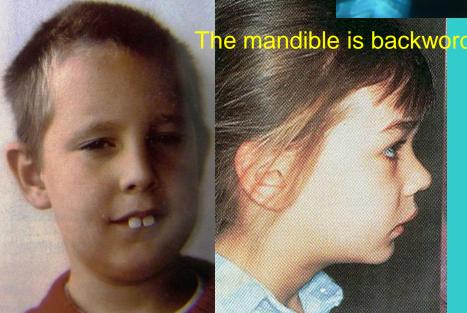
Angle II. - Distocclusion



Angle II/1

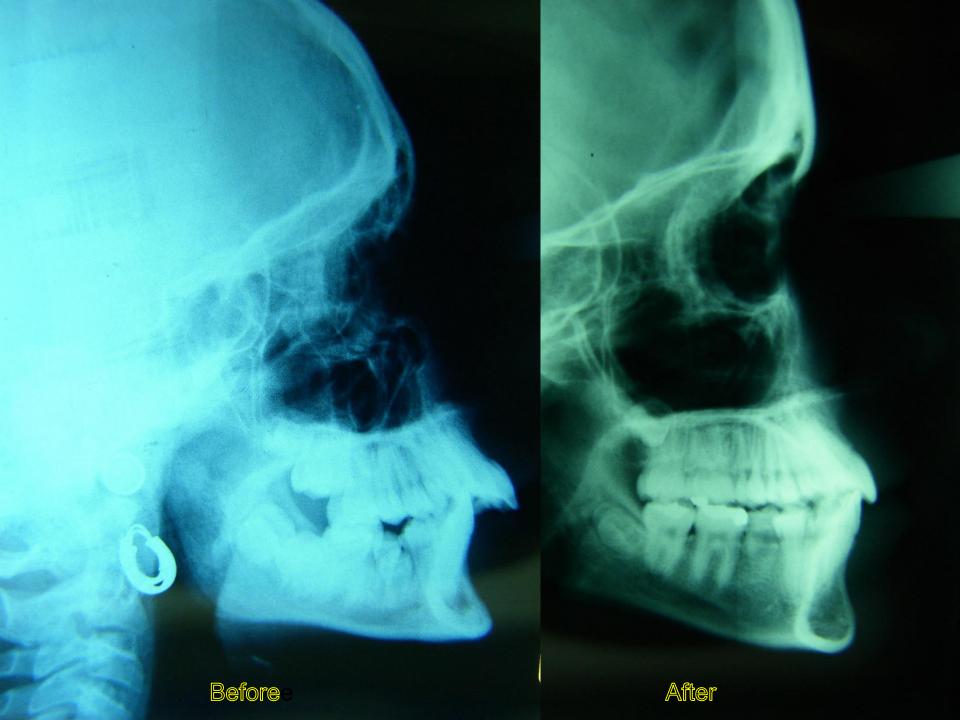


Angle II/2

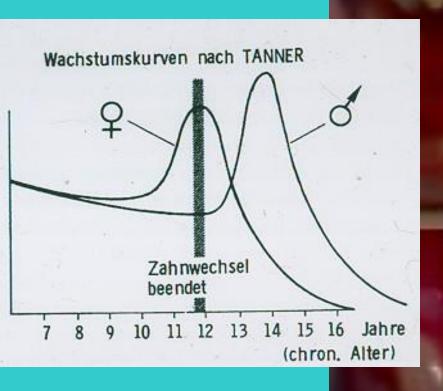


ne mandible is backword or/and the maxilla is forward)





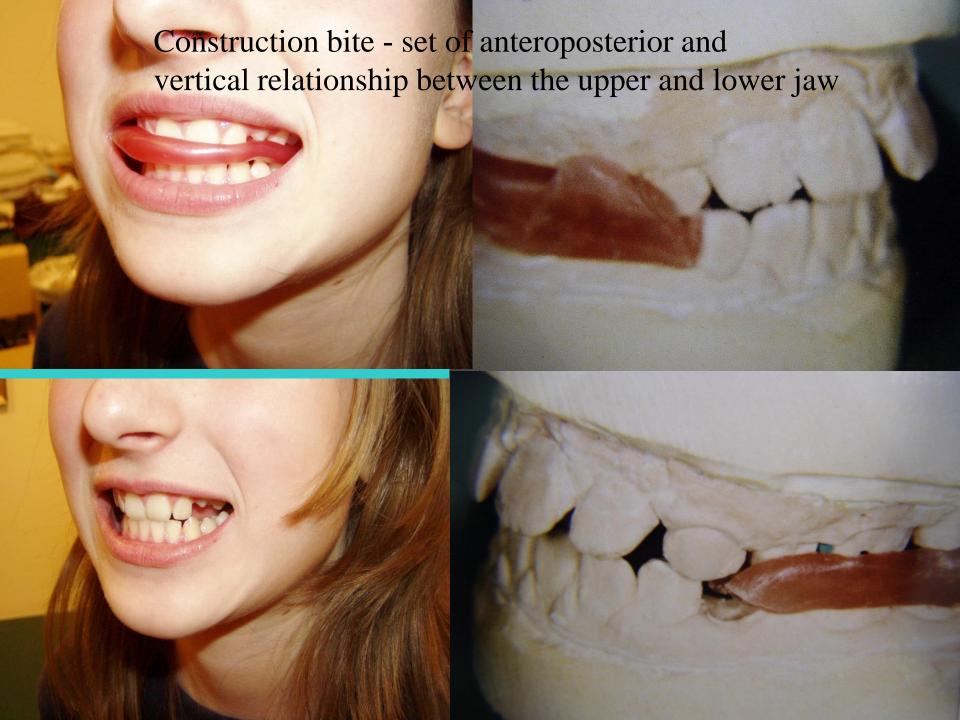
Functional jaw orthopaedics, bimaxillary, functional appliances



Functional jaw orthopaedics, bimaxillary, functional appliances

- Restructuring of TMJ
- Restructuring of dentoalveolar area
- New muscle balance





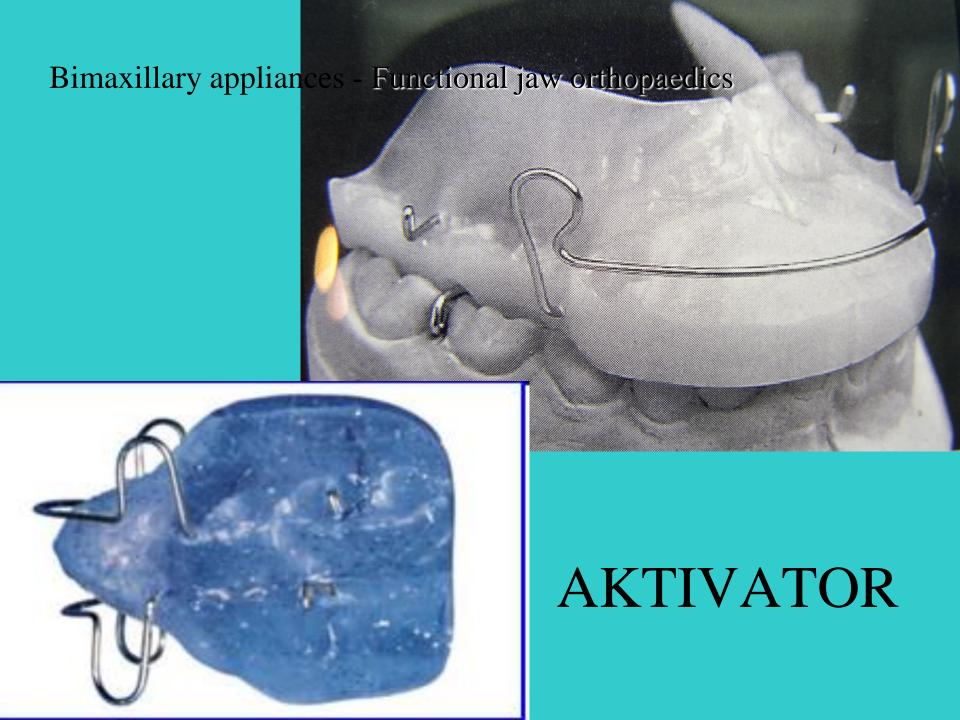






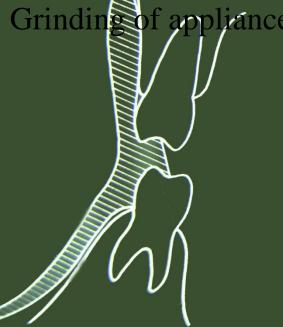


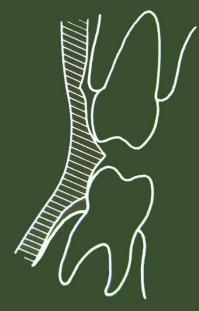
Fig. 11. Corrected incisor relationship, bilateral open bites.

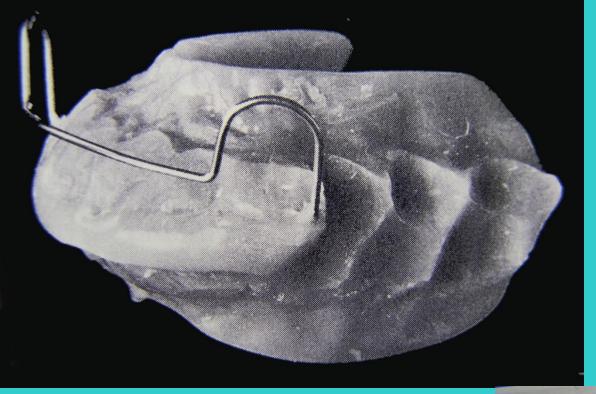
Functional jaw orthopaedics



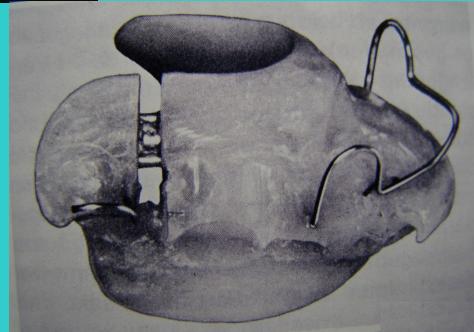
Set of vertical relationship
Grinding of appliance





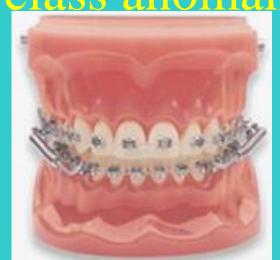


AKTIVATOR



Fixed appliances for the treatment of II. class anomalies

- Herbst-appliance
- Jusper Jumper
- Forsus spring stb.







CLASS II MALOCCLUSION FUNCTIONAL APPLIANCES





PERMANENT DENTITION CLASS II DIVISION 1

HERBST APPLIANCE (FIXED)
MANDIBLE HELD IN
PROTRUSION +
OPEN VERTICALLY

CLASS II MALOCCLUSION FUNCTIONAL APPLIANCES





FIXED HERBST APPLIANCE





II. Class rubbers





Angle III – progenie - mesiocclusion



Orthodontic treatment in primary dentition

- Progenia
- 1.appliance: chin cap



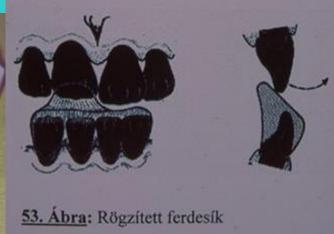
(against frontal crossbite)









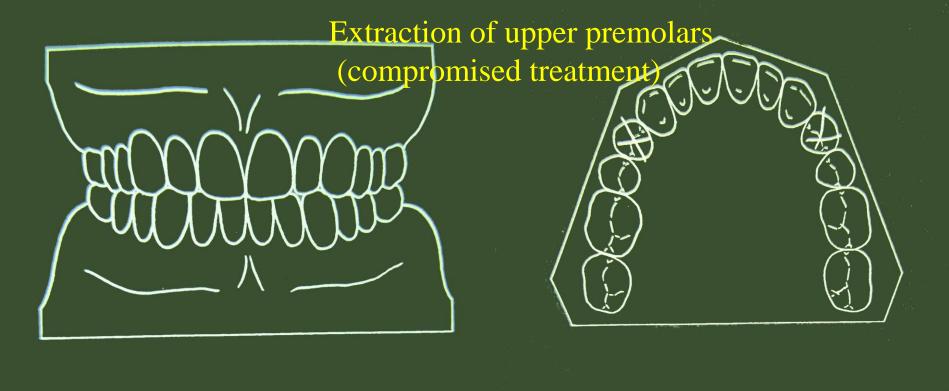


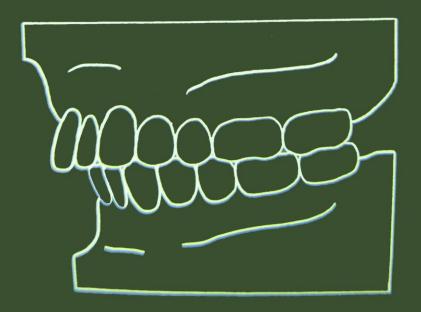
Headger and fixed appliance

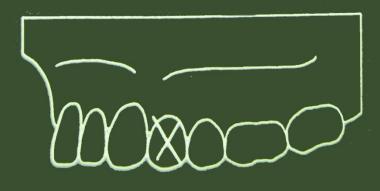


If the maxilla is responsible for the anomaly and in mild distalocclusion Distalisation of upper molars Prohibition of growing of upper jaw









- •Kompenzáló extr. korai tejfog eltáv. után
- ·Bölcsesség fogak eltávolítása
- •Metsző fogak extractiojának feltételei
- •Felső második molárisok extractioja
- Praemolarisok extractioja
- · Aszimmetrikus extractio indikációja
- •Fogeltávolítás torlódás esetén
- ·Sagittalis eltérések esetén végzett extractiok

Extraction by sagittal anomalies

Compensation of sagittal anomalies

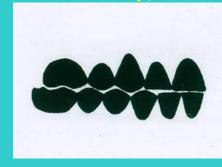
medium degree Angle II

low degree Angle III cases

Compensation of the

Reasons:

1. Sagittal anomaly, overjet, protrusion s

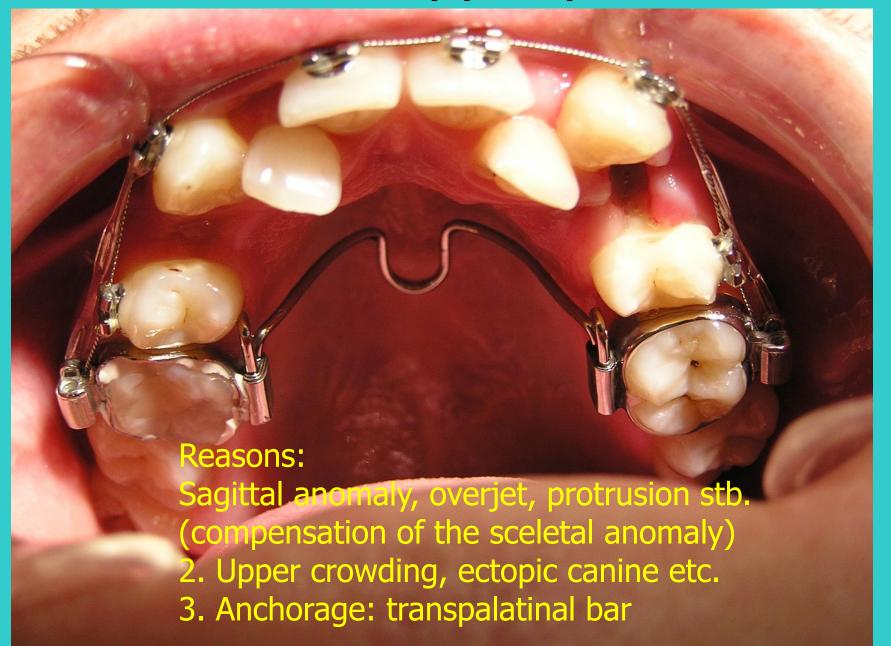


Anchcorage: Microvis implant





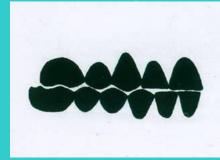




Compensation of the sceletal anomalie

Reasons:

1. Sagittal anomaly, overjet, protrusion stb



Anchcorage: Microvis implant



Face profile !!!



CLASS II MALOCCLUSION EXTRACTION

Intermaxillary anchorage





EXTRACTION OF UPPER FIRST PREMOLARS + LOWER SECOND PREMOLARS Surgical solutions

Műtéti előkészítés



Angle III – progenie - mesiocclusion





Orthodontic treatment in primary dentition

- Progenia
- 1.appliance: chin cap



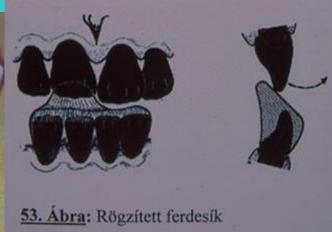
(against frontal crossbite)









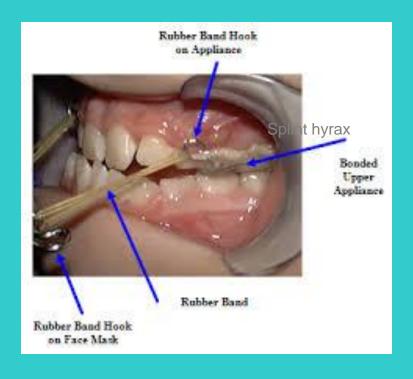




Protocoll in III. class cases

Hyrax

and • Reverse headger

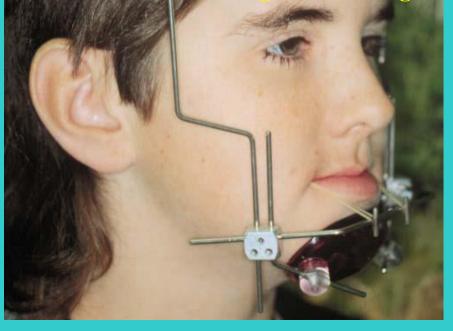




Protocoll in class III. cases

If the maxilla is responsible for the anomaly

(micrognathia, retrognathia f.e. after the surgical closure of cleft palate)





PROTRACTION of the maxilla HYRAX +FACE MASK (DENTAL + SKELETAL)











Extraction of lower permanent incisors

Bimaxillary protrusion with lower crowding, I. class

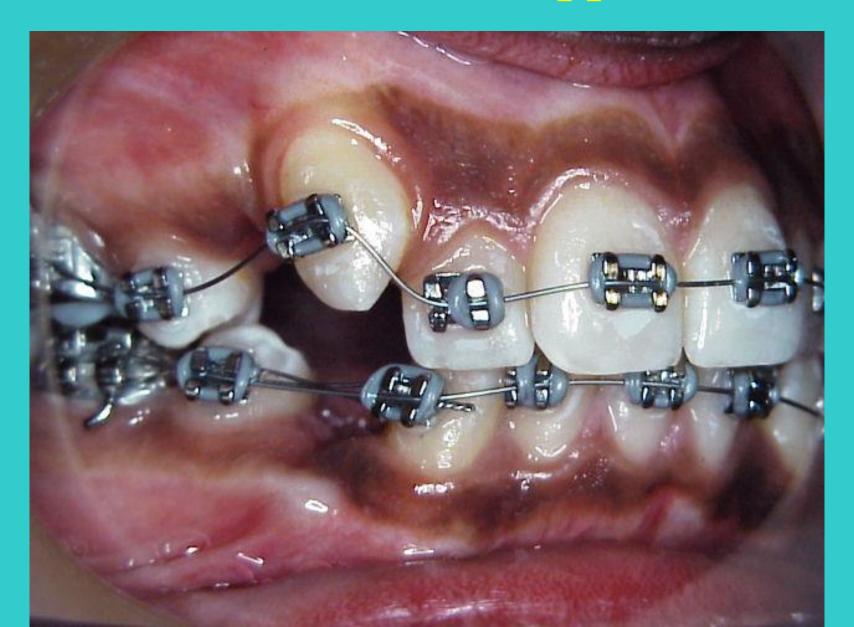


2 upper premolars and 1 lower incisor are extracted

Angle III – progenie - mesiocclusion



Elements of fixed appliances



Direkt bonding system (multibond, multibracket appliance)



Components of the Multiband Appliance

- Rigid connectors, called molar tubes and brackets
- Archwires, and other elastic sources of force
- Auxiliaries
 (Everything else needed to get the job done.)



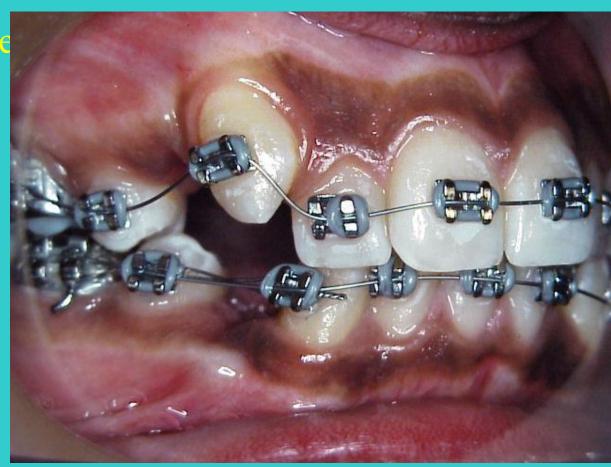
Dot is always on the distogingival wing of the bracket

METAL BRACKETS



Metalbrackets

- Stainless steel bracke
- Titanbrackets
- Gold brackets

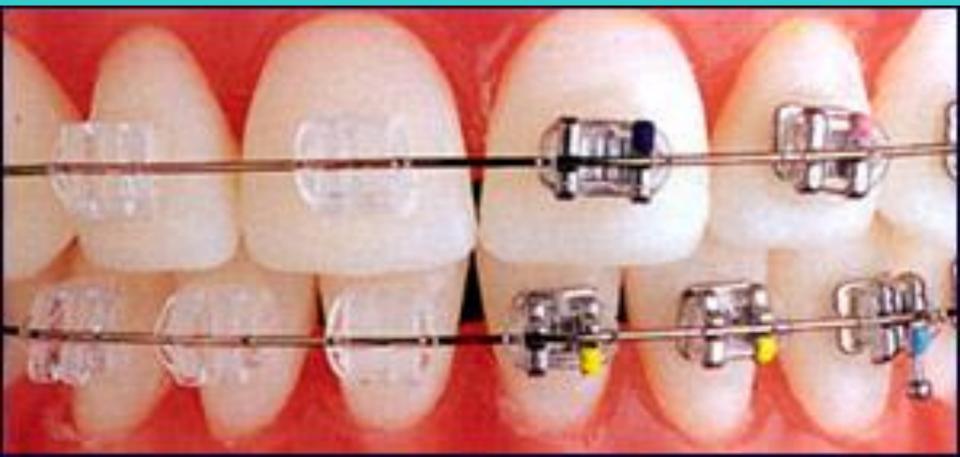








Ceramic brackets



Ceramic brackets

- Disadvantages:
 - expensive
 - fragile
 - difficult to remove the brackets
 - more difficult to apply ligatures

Advantages:

- esthetic

Ligatures

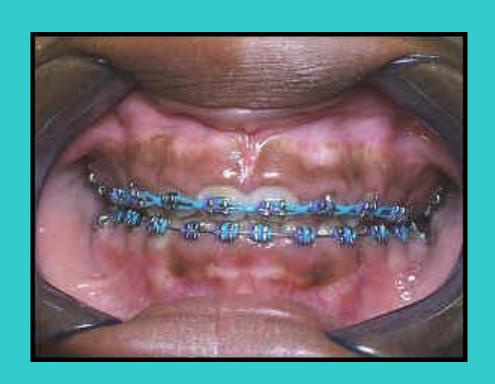
Elastic ligatures (rubbers)

Metal ligatures





Elastic chain (for space closer)



Placing Orthodontic Bands

 Three major steps in banding:

- separation of adjacent teeth
- sizing and fitting the band to the tooth
- cementation and cleanup







Placing Orthodontic Bands

- Three major steps in banding:
 - separation of adjacent teeth
 - sizing and fitting the band to the tooth
 - cementation and cleanup



Placing Orthodontic Bands

- Three major steps in banding:
 - separation of adjacent teeth
 - sizing and fitting the band to the tooth
 - cementation and cleanup



Direct bonding tubes









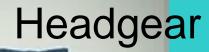












Anchorage
Distalisation of molars
Treatment of vertical
anomalies

Fixed expanders — Quad-helix

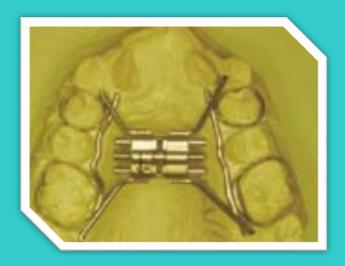


Fixed expanders — Transpalatal bar



Fixed expanders - Hyrax







Hyrax

Indication:

- -serious narrowing of the upper arch
- -bilateral or unilateral cross bite
- -treatment of cleft palate (scar-tissue enlargement)
- hyrax has a sceletal affect (childhood, puberty, 8-14 ages)
- Expansion in serious II. and III. class cases



After the end of the development hyrax can't be used (alone)

Affect:

• - ripping (,,breaking") of the sutura palatina mediana



Case I
narrowing, lack of place



Case I

Gap between the central incisors shows the correct result (shows the sceletal affect)



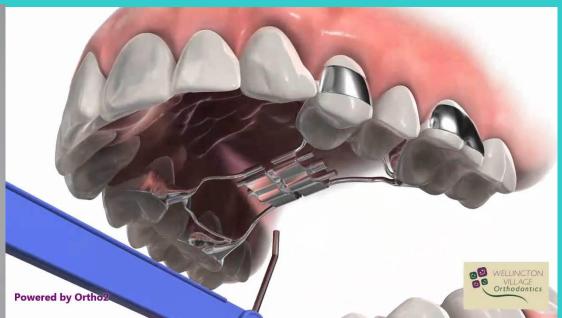
Hyrax – permanent dentition

Stucture in permanent dentition:

-Metal bands on teeth 14,16,24,26,

6 or 12 mm expanding screw





Hyrax – mixed dentition

Structure in mixed dentition:

- Acrylic splint on the lateral teeth (canines, primary molars)

6 or 12 mm expanding screw





Fixed expanders - Hyrax



Hibrid-hyrax





Dystractor

SARME = Surgically assisted rapid maxillary expansion, dystractios osteogenesis





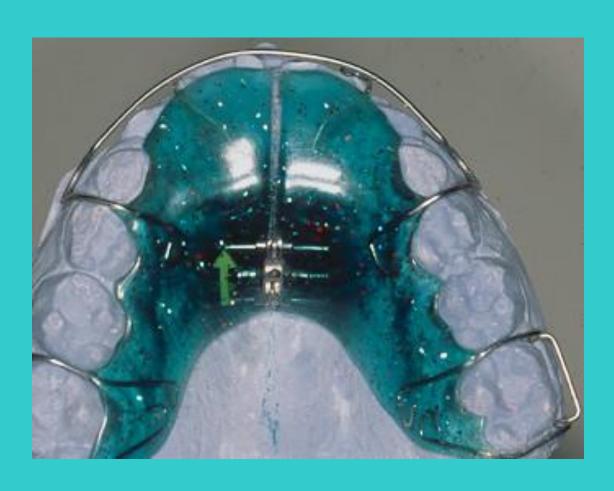
Transversal problems







Active acrylic plates (in mixed dentition)



REMOVABLE APPLIANCES: ACTIVE AND PASSIVE PLATES

mainly in mixed dentition



The grouping of the plates















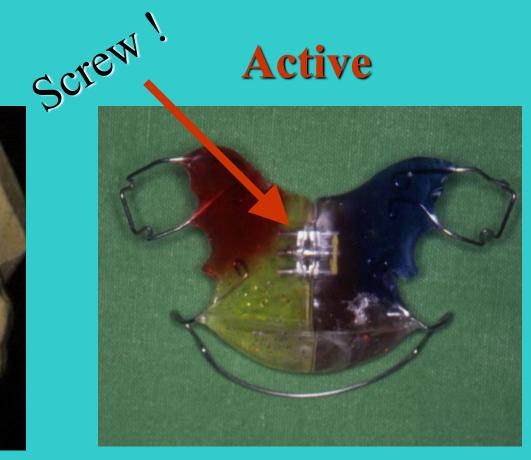
Grouping the plates

Passive



Upper passive (retention) plate

Active



Upper typical active plate with a screw and inclined plane

The elements of the plates Upper passiv (retention) plates

- Acryl basic plate
- Labial bow
- Clasps
- Active elements



(Hawley) retenciós lemez

The elements of the plates Lower passiv (retention) plate

Acryl basic plate

Labial bow

Clasps

Active elements



- Acryl basic plate
- Labial bow
- Clasps
- Active elements





Acryl basic plate Labial bow

Clasps

Active elements

Adams clasp

Adams clasp







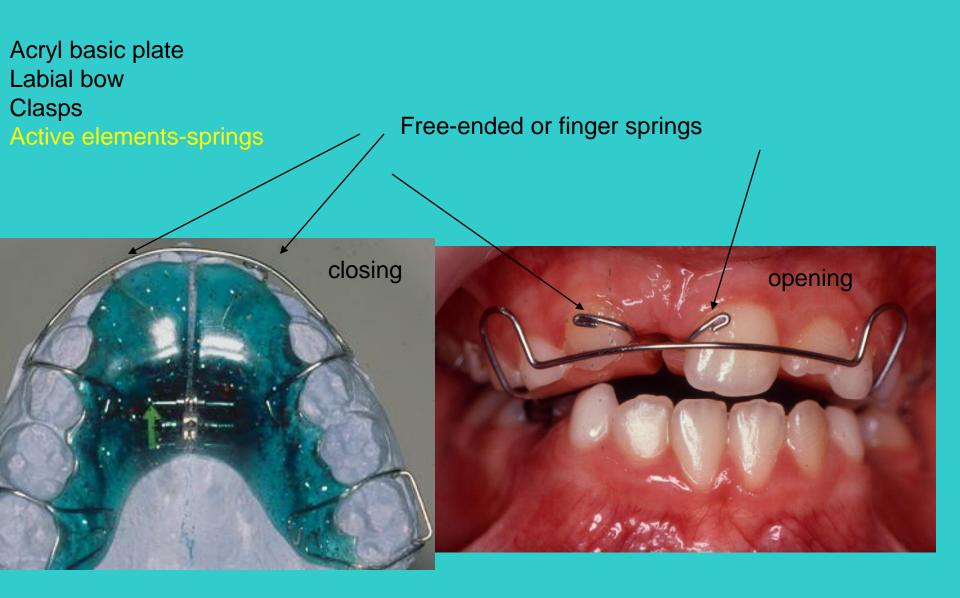
Acryl basic plate Labial bow Clasps

Active elements

Arrow clasp



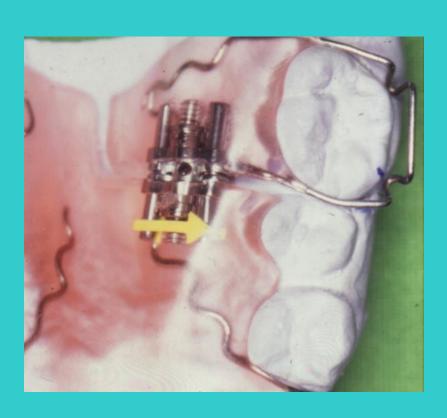
Arrow clasp



Acryl basic plate Labial bow Clasps Active elements



Active plates The screws

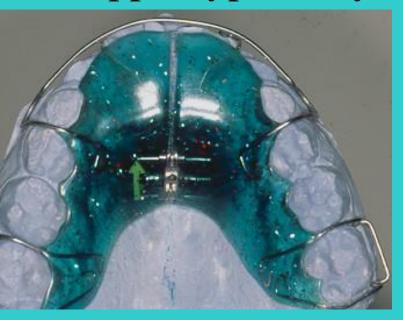




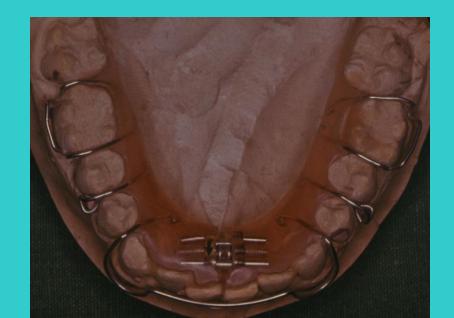


Activ plates

• Upper typical (symmetrical) activ plate

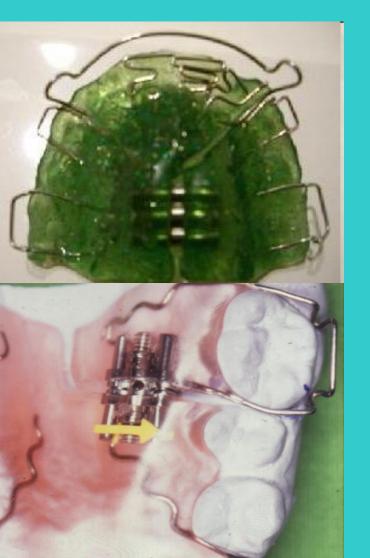


Lower typical (symmetrical) activ plate



Activ plates

Upper atypical active plate



Lower atypical active plate with



Active plates Y-plate





Upper Y-plate

Lower Y-plate

Active plates



Upper atypical active plate with a screw and occlusal biteraiser (lateral crossbite)

The elements of the plates Bite raising plane

thick acrylate behind the upper incisors
intrusion of lower incisrs





Surgical solution in adulthood

(after 18<u>y.)</u>









Vertical anomalies





Deepbite

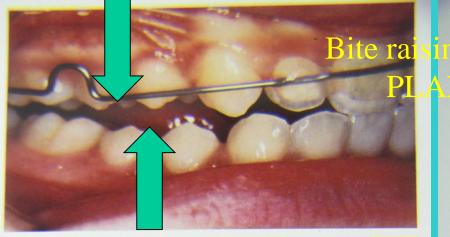
Open bite

(sceletal or

dentoalveolar?)

Bite raising plane (on the upper appliance)







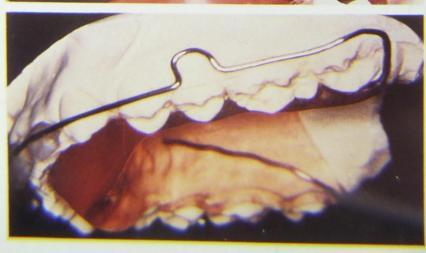


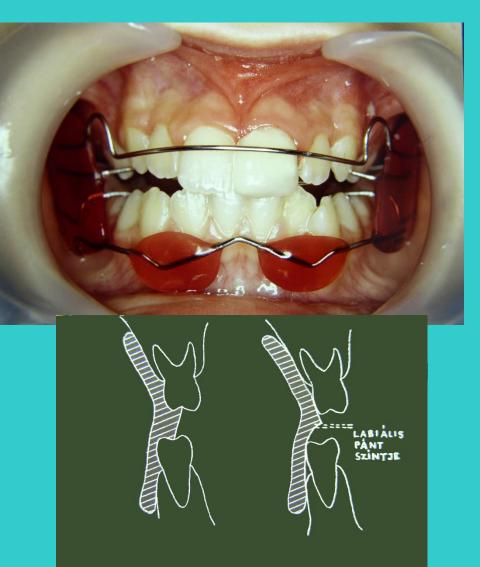






Fig. 11. Corrected incisor relationship, bilateral open bites.

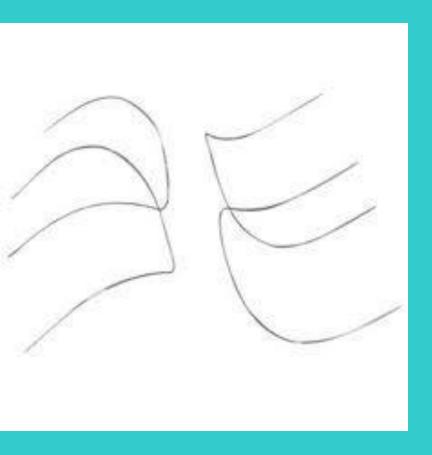
Bimaxillary, functional appliances



Frankel- appliance



Anti Spee (curve) wires





Open bite

- Consequences of <u>thumb</u> <u>sucking</u>
- Open bite
- Protrusion of upper incisors
- Retrusion of lower incisors



Habit breakers









Keserű anyagok ujjszopás ellen





INTERCEPTIVE ORTHODONTICS

Local factors: THUMB SUCKING

- At what age should treatment be started?
- -Proffit (1993)
- -Houston (1993)
- -Mills (1982)
- -Larsson (1987)

- -Da Silva et al (1991) "from the 5th year of age"
 - "before the eruption of permanent incisors"
 - "by 7-8 years of age "
 - "before permanent dentition"
 - "before pubertal growth spurt"

Appliances against bad habits









LOGOPÉDUS!!



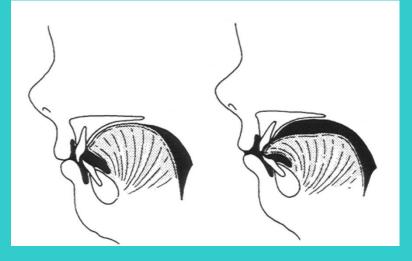




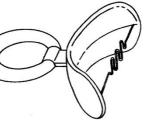
DEGLUTITIO INFANTILIS

Tongue thrust swallow











5- Intermaxillary rubbers, miniimplant Bite closure



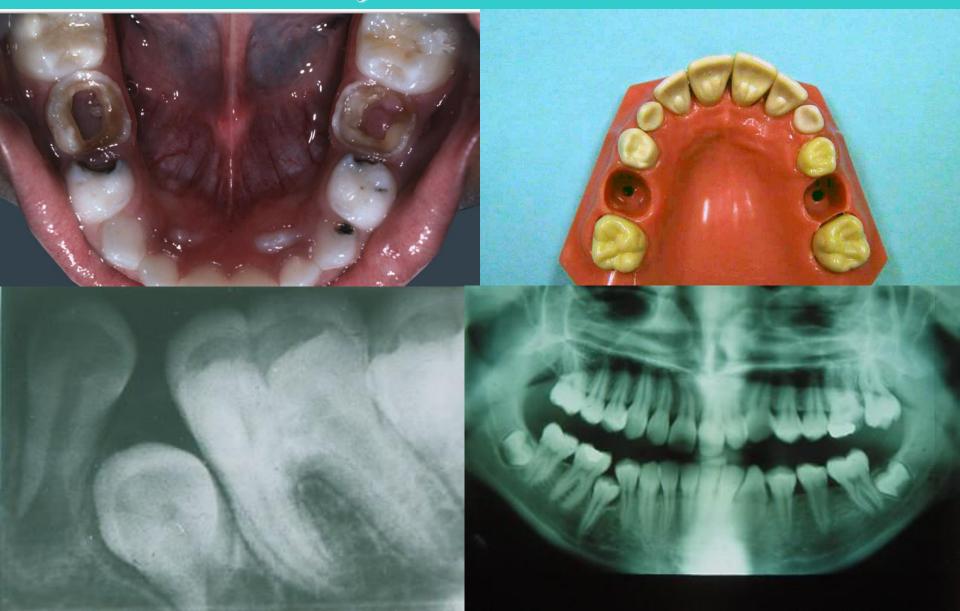
• Hereditary sceletal open bite: surgery !!!



Thank you for your attention!



Primary teeth extractions

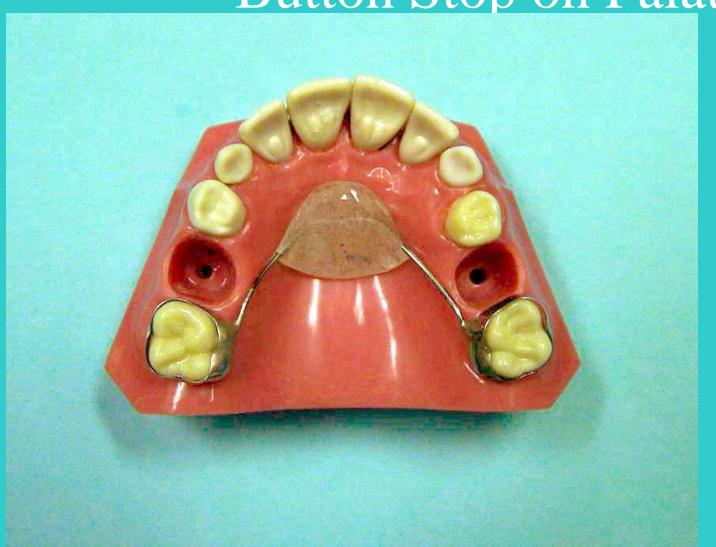


Basic Space Maintainers

- NANCE (Transpalatal Arch with Acrylic Button Stop on Palate)
- LOWER LINGUAL HOLDING ARCH (LLHA)
- BAND/CROWN and LOOP

• **DISTAL SHOE**

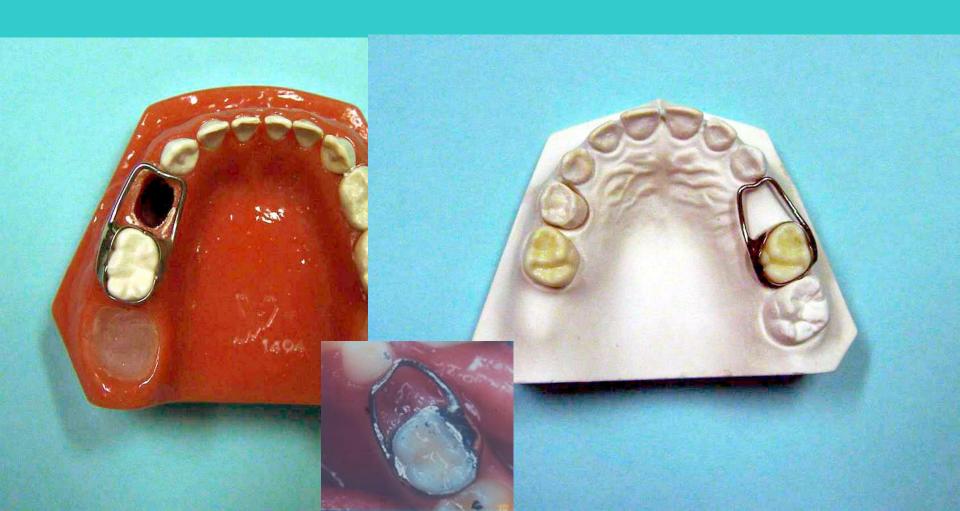
NANCE (Transpalatal Arch with Acrylic Button Stop on Palate)



BAND/CROWN and LOOP



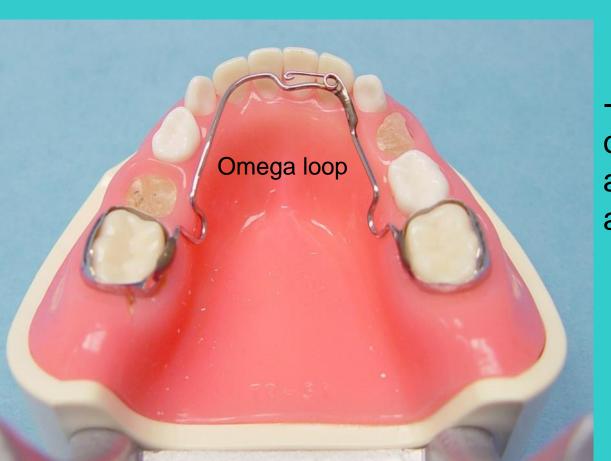
BAND/CROWN and LOOP



BAND/CROWN and LOOP

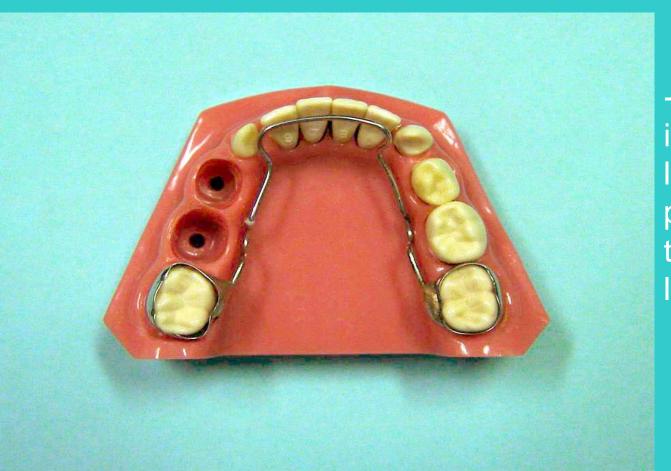


LOWER LINGUAL HOLDING ARCH (LLHA)



- Omega Loops in area of premolars allow slight adjustment to fit appliance

LOWER LINGUAL HOLDING ARCH (LLHA)



- Mandibular incisors often erupt lingually and are pushed forward by the tongue or lingual arch

Transzpalatal bar



Distal Shoe

 Before the eruption of the first molar





Distal Shoe

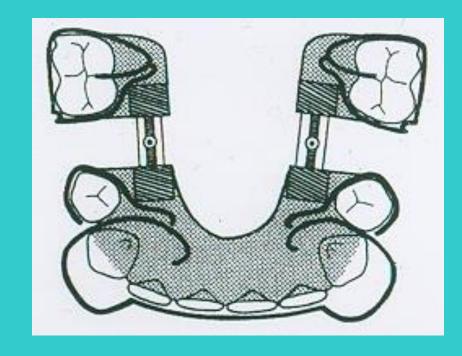




Removable space maintener



Active

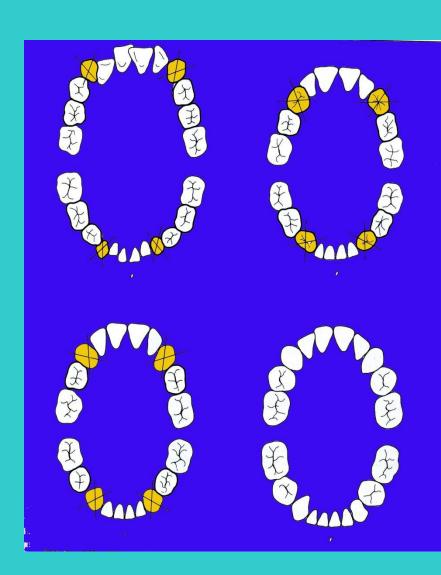


Early loss of the primary canines (never extract primary canines, because you will loose the place of the permanent canine)

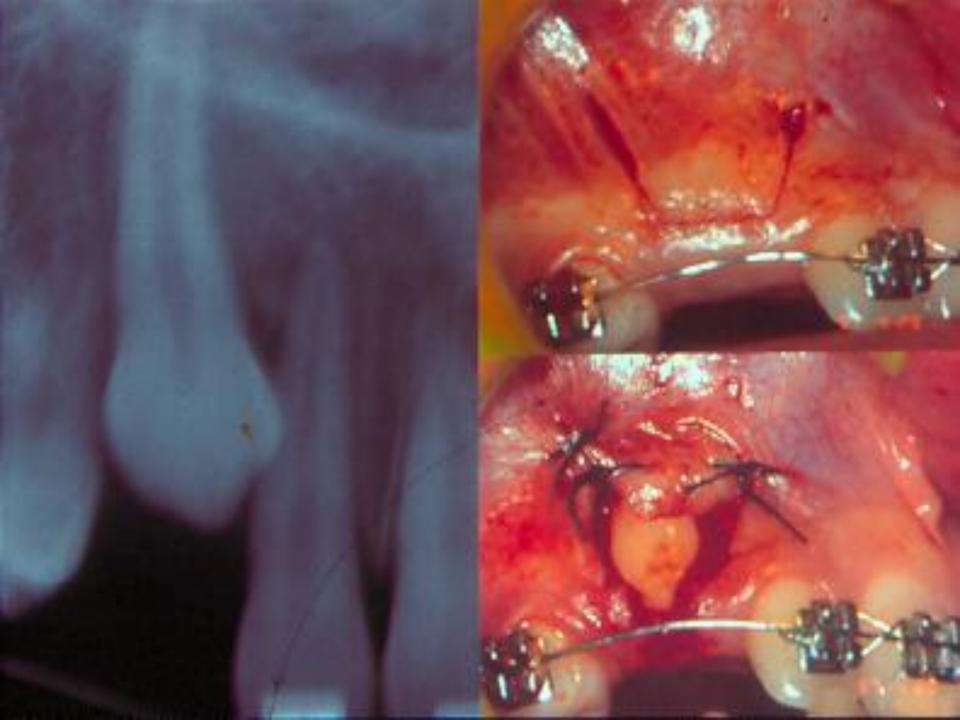


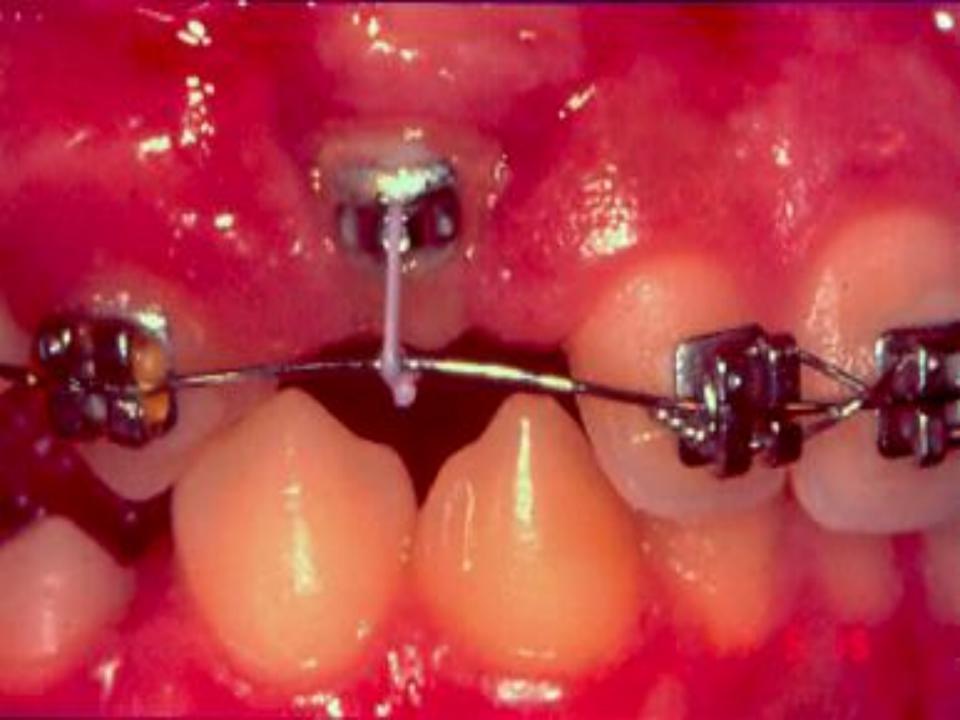
Hotz serial extractions

- primary canines
- primary first molars
- permanent first premolars











Possibilities by missing teeth

- Reimplantation (after accidents)
- Bridge
- Implantation
- Space closure with fixed orthodontic appliance
- Preprosthetic orthodontic treatment
 +prosthetic solution



Correction of the abutment tooth



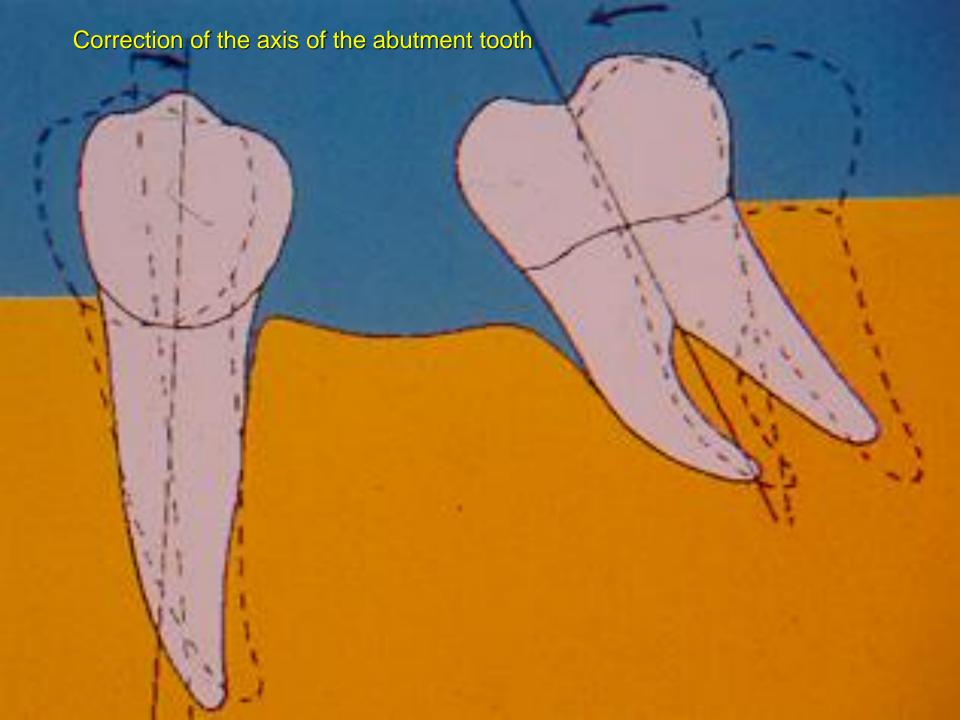
- Correction of the tooth axis
- Space opening for bridge or implantatum
- Treatment of crossbite
- Alignment of impacted teeth
- Treatment of the consequences of parodontopathia



Pillérfogak tengelykorrekciója

Correction of the axis of the abutment toot





- Correction of the tooth axis
- Space opening for bridge or implantatum
- Treatment of crossbite
- Alignment of impacted teeth
- Treatment of the consequences of parodontopathia

Preprosthetic orthodontic treatment, opening the space

Space opening with fixed appliance Case 3





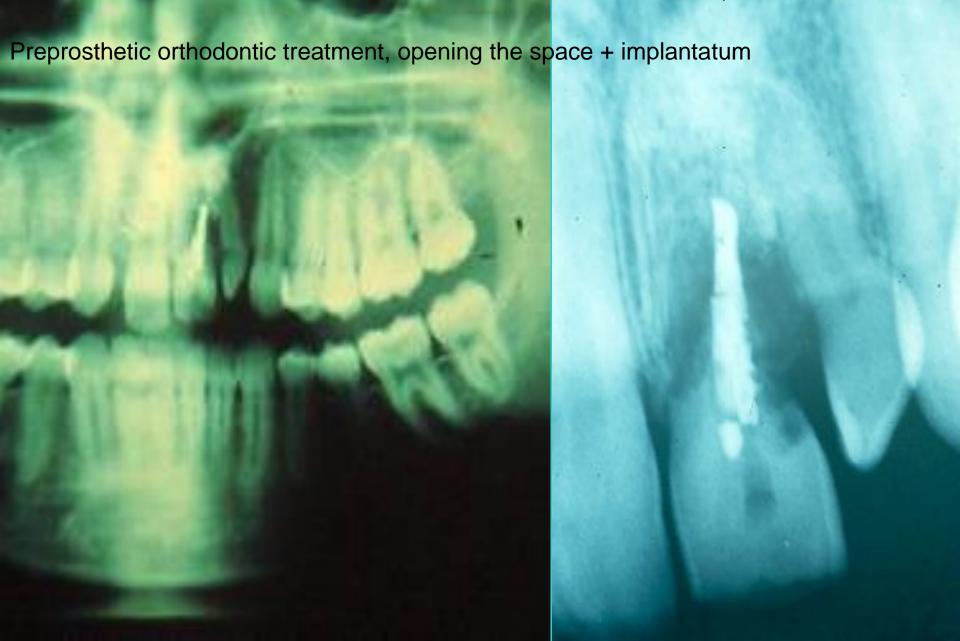
Case 3 Preprosthetic orthodontic treatment, opening the space







Case 5, loss of 21



Preprosthetic orthodontic treatment, opening the space + implantatuloss of 21

Preprosthetic orthodontic treatment, opening the space + implantatum Case 5, loss of 21









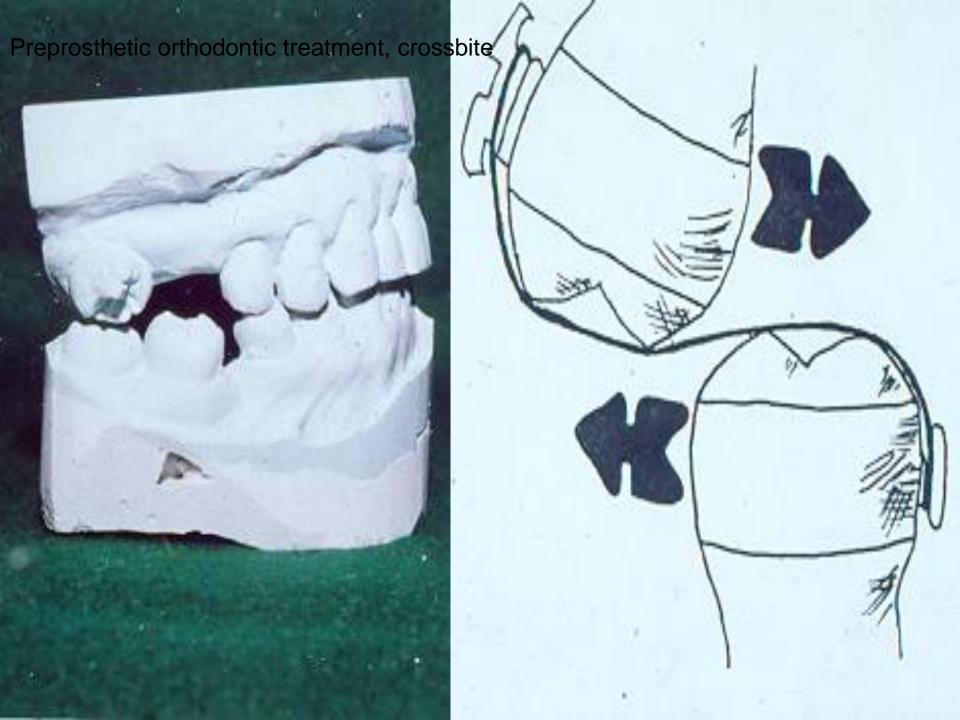




- Correction of the tooth axis
- Space opening for bridge or implantatum
- Treatment of crossbite
- Alignment of impacted teeth
- Treatment of the consequences of parodontopathia

Metszőfogak keresztharapásának kezelése Preprosthetic orthodontic treatment, crossbite



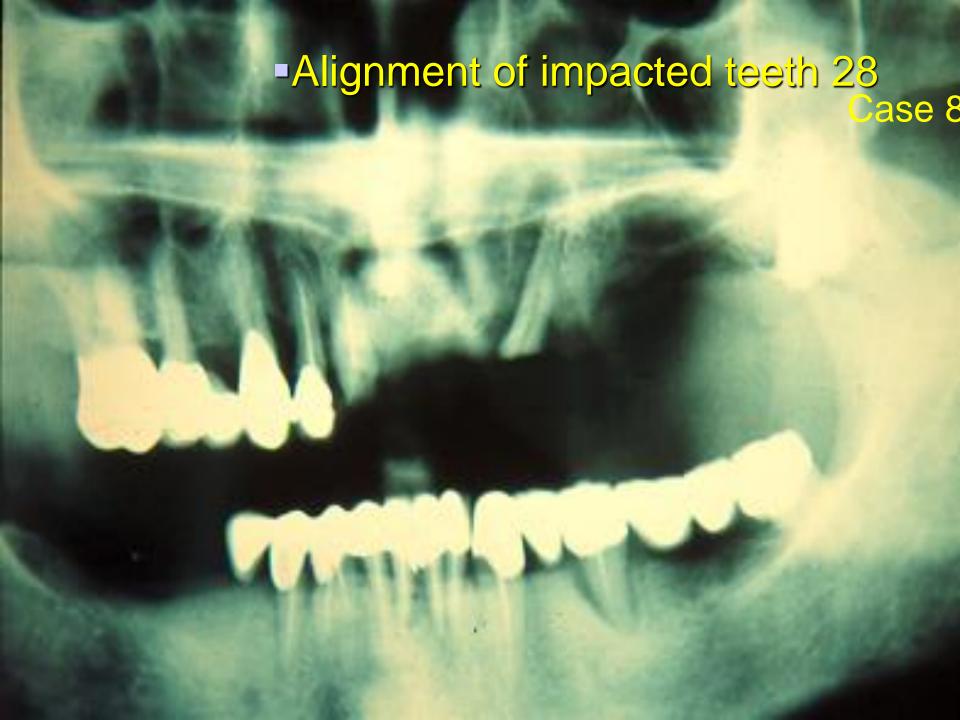


- Correction of the tooth axis
- Space opening for bridge or implantatum
- Treatment of crossbite
- Alignment of impacted teeth
- Treatment of the consequences of parodontopathia









-Alignment of impacted teeth 28 Case 8

Alignment of impacted teeth 28

Case 8

Alignment of impacted teeth 28



Case 8



Alignment of impacted teeth 28 + bridgecase 8



Indication of preprosthetic orthodontic treatment

- Correction of the tooth axis
- Space opening for bridge or implantatum
- Treatment of crossbite
- Alignment of impacted teeth
- Treatment of the consequences of parodontopathia





Grouping of the orthodontic appliances

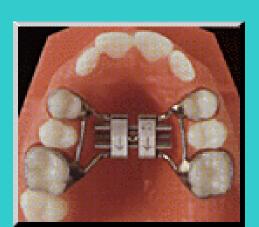
Removable appliances

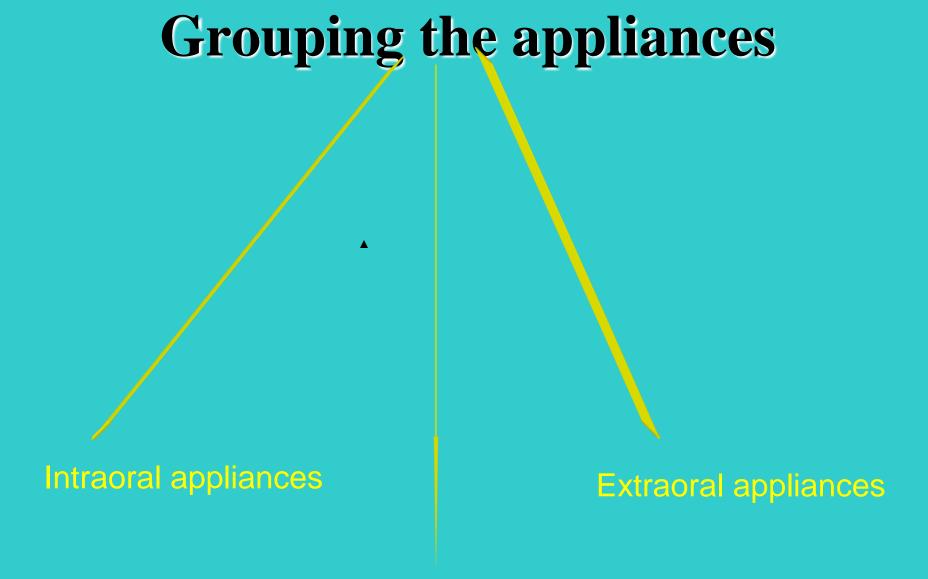


Fixed appliances



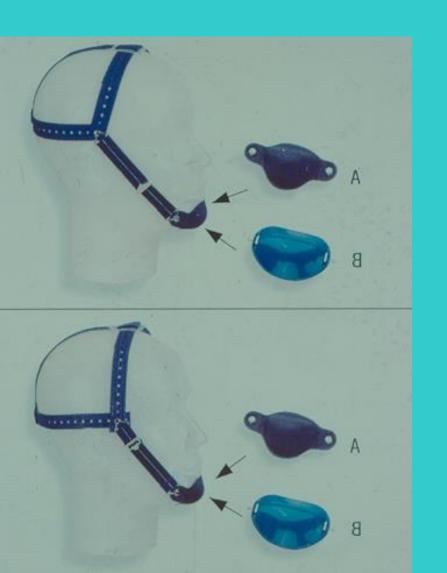






Extra-, intraoral appliances

Chin cap – against progenie, (extraoral)













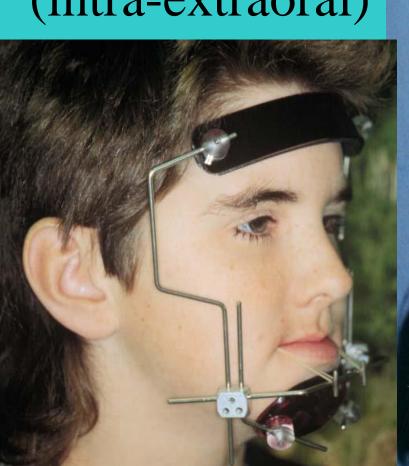


Headgear

(intra-extraoral) Anchorage

Distalisation of molars
Treatment of vertical
anomalies

Reverse Headger
Facemask
(intra-extraoral)











Indirekt bonding



Removing Fixed Appliances

- Bands are lifted off the tooth with band removing pliers
- Metal brackets are easily removed by gently squeezing them with How pliers
- Ceramic brackets must be removed with great care to avoid enamel fracture.
- Residual cement and adhesive is removed with a scaler or metal finishing bur. or rubbers



Quad-helix

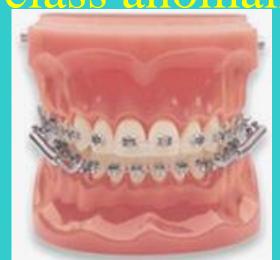


Hyrax



Fixed appliances for the treatment of II. class anomalies

- Herbst-appliance
- Jusper Jumper
- Forsus spring stb.







Orthodontic Implants Anchorage





Orthodontic Implants Anchorage









Four premolars extraction





Four premolars extraction





UPPER ARCH

LOWERARCH

Four premolars extraction





POST-TREATMENT

Two upper premolars extraction

The canine has to be always in correct position!!



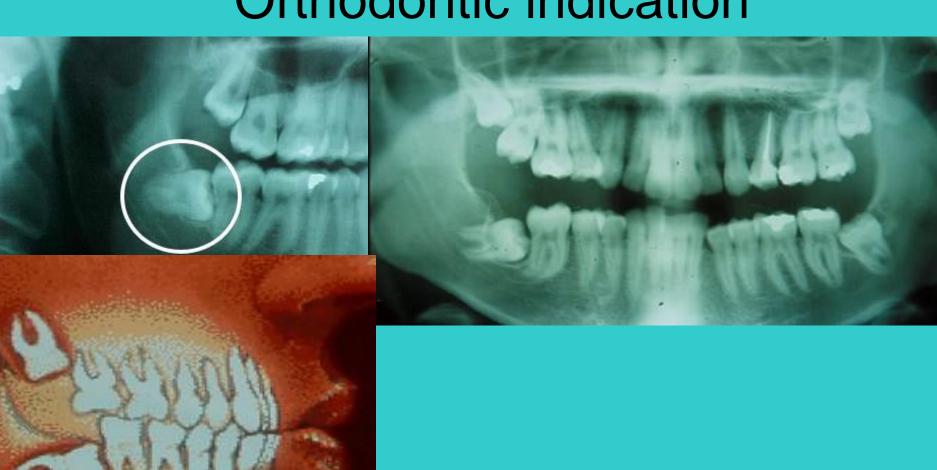
One lower incisor extraction





Extraction of wisdom tooth

Orthodontic indication



Oral screen



06/12/2021

Inclined plane



Retention

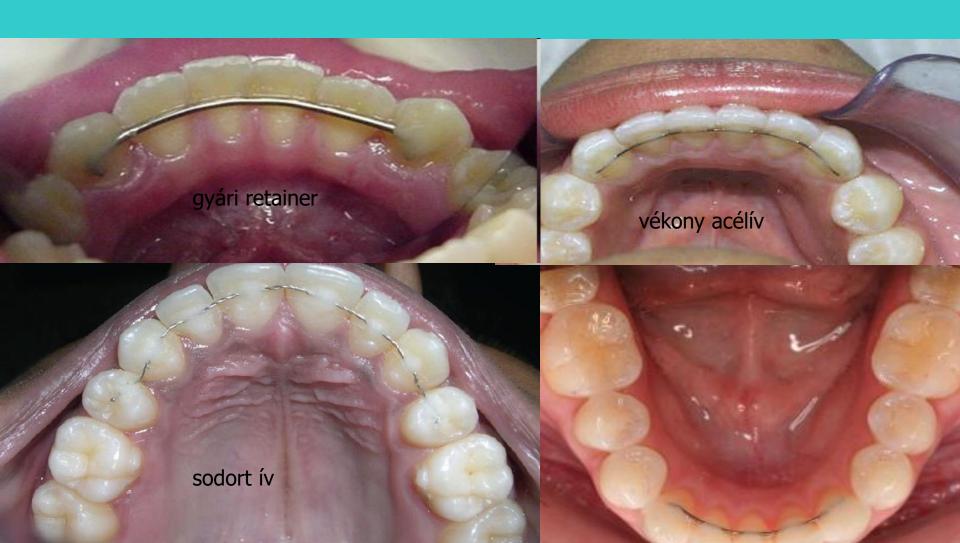
• There is only one way to completely avoid relapse. At the end of treatment, remove the braces, polish the teeth, make study models and take photographs. And then take the patient out the back door of the office and shoot him. (Dr. Tom Graber DMD, South African Dental Congress. August 1992.)

Retention

- Treatment with fixed appliance: 1-3
- The length of retention should be twice longer than the activ treatment

1 év > 2 év

Retainers



Retainers



Retainers - Essix retainer



Retainers - Positioner



Retainers - Barrer-retainer



Treatment with fixed appliance: 1-3 (4-5) years

• The length of retention is twice longer than the activ treatment

$$1 \text{ év} > 2 \text{ év}$$