

ORTHODONTO-PROTHETICS TREATMENT OF PARTIAL EDENTATION IN EARLY, JOINT AND PERMANENT DENTITIONS

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Abstract: In this work had been described the orthodonto-prothetics treatment methods in diferent dentitions and devices specific features in early, joint and permanent dentitions which allow us to have more prophylactic measures and occlusion balance stabilisation.

New methods and devices elaboration in dento-maxilla malocclusion and relapse of final orthodontic treatment prevention.

INTRODUCTION

Dental prothetics in children and teenagers in diferent dentitions is a sure method in functional keeping and occlusion deformations prevention. There a lot of prophylactic procedures in earl losinf of teeth in lateral segment, because i tis possible to forestall: encroaching upon of hight occlusion process, dental archway shorting, appearance of dento-alveolar prelong and vicious habit, orizontal moving of eruptive teeth, intra-bone moving of unerupted teeth muds, maxilla bone development normalization.

In the most of cases the patient ask consultation from a prothetic way, he is no table to imagine that, in his age, there are possible dental moving and he need to think about orthodontic and prothetics possibilities.

We don't have to neglect that in ortohontics–prothetics treatment aplication it doesn't have in view ideal occlusion obtaning but prothesis realization as functional as esthetic.

For a right solution searching of treatment determination in children and teenagers prothetics for each case it is need to determine how are dental archways development and when can we say that they are growth total.

In temporar occlusion between 3and 7 years old dental archways growth in breadth. So, transversal size between lateral incisors of up-maxilla is grown between 16.65 ± 0.11 mm and 40.65 ± 0.17

mm and for temporar molars between 40.65 ± 0.17 mm and 42.12 ± 0.15 mm.

Between 12 and 15 age old lenght and breadth of dental archways doesn't have much changes about its development. The dates about maxilla development let us to change frequently the prothesis because of growth in temporar and joint dentition.

In dental prothetics in children, for prothesis, in early and joint dentition we have to folow the next reasons:

- they need to be simple constructed;
- they don't have to hinder igienic conditions of oral cavity;
- they have to be estetic;
- they need to suit the age and the defect of patient;
- the patients who had lining and occlusion defects need to folow before an orthodontic and prothetic treatment.

Dento-maxilla anomalies are asociated with edentations which are present in a lot of case in children from Moldova, Republic of. The edentations are caused by earl molars and first permanent, but in most of cases we have reduced frontal edentations folowed by estetic and functional defects with dental moving and occlusion anomalies. The treatment of edentations in children and teenagers has a lot of particularities by age, dentition, growth and SS development.

In orthodonto-prothetics treatment practice are used the next constructions: crowns, fixed prothesis, removable

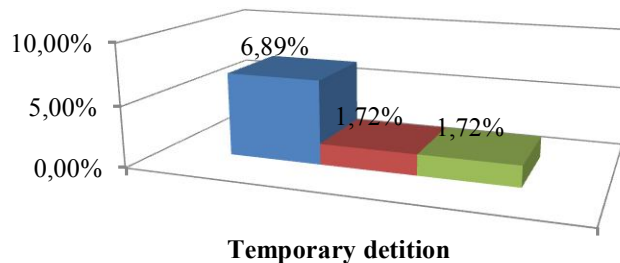
prothesis, prothesis with function of dental growth stimulation, space maintainers, adesive bridge, dental restauration of decidual teeth.

MATERIALS AND METHODS

For the first, we mentioned the earl dentition, because the orthodonto-prothetics treatment has an orthodontic, prophylactic and the recurrent aspect. The orthodontoc treatment is for eruption leading and development and prothetics one has a prophylactic- recurrent aspect. Prohylaxia and relapse in APD ist o prevent dento-maxilla anomalies and occlusion mentaining of unerupted teeth.

In the most of cases the occlusion balance mentaining in earl dentition is made using removable devices. They are made by special criterion and are changed from 6 in 6 months till all decidual teeth eruption. In patients with earl dentition we have made 8 removable plate were we succeed right decidual teeth arangement and ocluzal eruption at 6 ears old in occlusion key in joint dentition.

In 2 patients we have made acrilic crowns in estetics aim and for occlusion part or tooth mastication keeping, making a pin acrilic crowns and succesfully maintain the crown part of the tooth.



■ Removable prosthesis ■ Plastical crowns ■ Plastical crowns with pin

Joint dentition treatment in early time made reduced de severity of dento-maxilla anomalies using some orthodonto-prothetics devices. Usualy they are space maintainers, prefabricated steel crowns, decidual teeth restaurations.

3M crowns using (fig1) for decidual teeth standard need to be kept obturations in temporar molars and not to allow early

teeth extraction making insufficient space for permanent teeth eruption.

At Prothetics and Orthodontics Department we have made an Orthodontic Trainer (fig. 2,3,4) with space maintainer with wich we can solve dento-maxilla problems in frontal region and space maintaining in lateral region.



Fig1

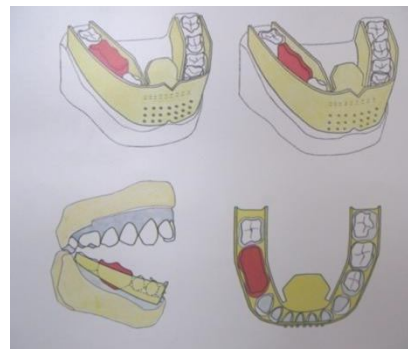


Fig 2

Orthodontic trainer with space maintainer



Fig 3.



Fig.4

After analysis of some dental bridges for children we decided that we need to make an acrylic cap which is made individually on a half-archway or on both of

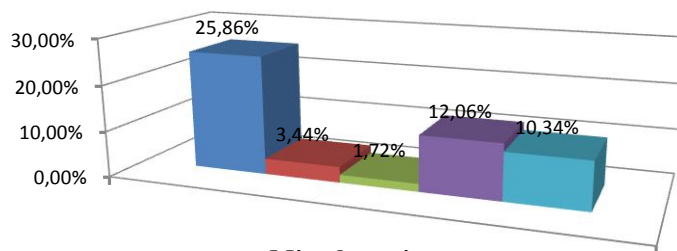
them with artificial teeth for space maintaining for permanent teeth and vertical and sagittal dental removing prophylaxy of erupted teeth.



Fig.5



Fig.6



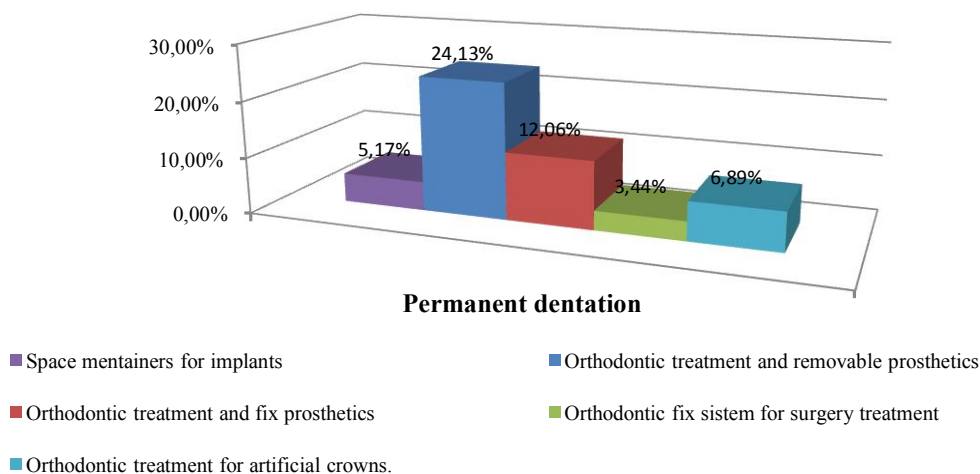
- Plastic space maintainers with artificial crown
- Removable space maintainers
- 3M crowns
- Orthodontics trener with space maintainers
- Space maintainers with plastical teeth

In permanent dentition orthodonto-prothetics methods are destined for etiological factor removing, dento-maxilla treatment and relapse mentaining of made orthodontic treatment. Mostly we used

removable prosthesis with orthodontics elements because they are more efficient, when maxilla is in development, more hygienic and not so expansive for patients. In 14 patients were used fix prosthesis

because of different forms of hypodontics and oligodontics. This study was made on 4 patients using joint ortho-surgery-prosthetics treatment where after orthodontic treatment in edentation space are used space maintainers after are

ghanged with intra-bone implants and artificial crowns. In a group of 8 patients, the edentation treatment was ghanged by artificial crowns, adhesive bridges and esthetics restauations.



DISCUSSIONS AND CONCLUSIONS

The prothetics construction in children and teenagers, in each case is established by growth and development of dental archway revering wanted fisionomical aspect and articular and muscular disfunction prevention. Prothetics construction used take off ocluzal disfunction and fonetics relapse prevention. This methods in relapse orthodontic treatment can prevent dental

removing uncalled for patients and doctors.

The orthodontic aim is oclusal balance obtaining and stabil corection, for which we used orthodonto-prothetics prevention methods and we have made space maintainers which could be used in different clinic situations as beeing optim solution for etiological factors removing wich can cause to lose of oclusal balance.

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