

# Mixed and Deciduous Denture Treatment<sup>1</sup>

M. C. LASHER, D. D. S.

Beverly Hills, California

The manner in which we, of the Southern California component, approach this subject, may not be original—but this is an attempt at a fair report of the opinion of a majority of men in our locale.

Naturally, in a group of this size, there is a variance of opinions on such a subject,—but by and large, my poll disclosed that the majority of progressive operators have relinquished their rigid rule of mass-early-treatment, and are more inclined to begin active correction at a later date.

As the highly informative reports of cephalometric findings began to reach us, we were aware of an interesting fact. The scientific data coincided with the clinical work of one of our local men, namely Dr. Hays Nance. It began to be apparent that regardless of what we did with teeth at an early age, it had very little, if anything to do with the potential bone growth of that individual. It corroborated the fact in our own experiences that nine out of ten cases treated in the mixed- denture stage required retreatment when the permanent teeth erupted. Regardless of our orthodontic interference during the early formative years, the growth pattern of that individual failed to fulfill its potentialities.

Since this is to report the manner in which our Southern California group has approached a common subject, we shall take the cases according to their classification, and endeavor to avoid confusion.

Class I cases—with their typically narrow arches — usually present themselves around eight years of age, and are, as you are all aware, accompanied by various degrees of overbite and a crowding of teeth in the anterior section. The molar relationship, however, is usually normal.

These cases are placed under observation and checked every six months until the time for treatment has arrived, after the deciduous teeth have been shed and the permanent successors have erupted in their place.

Should there be lack of space, due to loss of temporary teeth or a crowded condition, lower deciduous cuspids are extracted and a prophylactic retainer is placed in the upper and lower arch. This is simply done to hold the teeth as they are, and is the only treatment rendered at this time.

Class II cases are treated in a similar manner. However, should there exist a psychological problem, a retainer is placed in the upper arch to aid in closing spaces between the upper anteriors, and a bite-plane is inserted to relieve the marked overbite.

Our only exception to these rules would be in the case of a marked recession on one of the lower anterior teeth due to a traumatic condition. In such a circumstance, banding might relieve the trauma, though we have found that the retainers usually alleviate this condition.

The general adoption of a program of deferred treatment in mixed denture cases, did not manifest itself over night. It was only through trial and error that we became convinced of its beneficial results.

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<sup>1</sup> Part of a panel discussion held at the Fourteenth General Meeting of the Edward H. Angle Society of Orthodontia, French Lick, Indiana, November 3, 1949.

Before listing our reasons I shall mention the fact that we were having to *retreat* our early cases this, with rare exceptions. This always produced a list of objectional reactions:

There was the unpleasant task of collection of fees for a second period of treatment. True, the patient *should* pay for two complete cases, but it was difficult to convince a parent of his financial obligation.

The casual remark, dropped nonchalantly by a dismissed patient, that "He had been coming to you for six or eight years", never failed, in my own personal case, to produce a healthy wince, though this cannot be classed as of real importance.

The time element itself was convincing, when one realized how much valuable labor was expended on the repetition of every step necessary in banding a case for the second time. By waiting until the second teeth have erupted, one knows exactly what is to be done. The case has gone its limit, has fulfilled its growth pattern.

Perhaps the time-element is even more important from the standpoint of the patient, for he has had the bands on for one period only, a period from approximately fifteen or eighteen months. And since we know with what rapidity the bacterial count is accelerated the moment appliances are placed in the mouth, there can be no doubt, from a biological as well as hygienic standpoint, that one treatment is more desirous.

And lastly, taking cognizance of Father Time, the boy or girl who approaches the orthodontist's chair at the relative age of eleven or twelve, has by this time learned in some degree to appreciate his thirty-two enameled servants. We all have exceptions, but, generally speaking, the patient of this age is anxious for a pleasing result, and is more cooperative than the younger child.

There may be a few overly-anxious parents who cannot patiently wait for your signal to go, but for each who strays elsewhere, there will be two who have found strength in your honesty.

We must now touch briefly on Class III and Pseudo Class III cases (those with lingual-locked upper anteriors). These we feel, should unquestionably be treated as early as possible. Remarkable results have been obtained with patients as young as two years of age. By diligent use of a head-gear and chin-strap, these early patients have been spared further treatment in later years.

If treatment for this specific class is deferred until all the permanent teeth are allowed to erupt, chances for success are very slight; in fact, in extreme cases, surgery has been resorted to by the patient later in life to improve the malformed facial defect.

On the other hand, by approaching treatment in the mixed denture stage with class III cases, we have found that rarely is secondary work necessary. For some biological reason, an early approach to the problem proves both satisfactory for the patient and operator alike.

This resume of the treatment of mixed-dentures by the Southern California component is the sum and substance of our combined observations. We are open always, to criticism and suggestion, but we believe in our formula, and our efforts to date have proved gratifying.

415 N. Camden Drive