Case Report

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The problems of the orthodontist would be much simpler if one always had ample room and balance of tooth material as well as good skeletal and muscle balance, and good growth potentials. Too many times, however, some or all of these qualities are missing and compromises must be made. In the following case the loss of vital dental units was necessary and much was to be desired in the denture balance.

Diagnosis: This case was a Class I malocclusion with high cuspids and crowded lower arch with the lower left cuspid impacted to the lingual. Facial esthetics were fair but the lip musculature was thin and tended to hypertonicity.

History: The patient was a boy twelve years of age with normal health; he had the usual childhood diseases, was small for his age but with an affinity for meeting head on with ball bats and boys twice his size.

Plan of Treatment: Tentative plan of treatment included the removal of four first bicuspids, but before models could be made the boy tangled with the inevitable ball bat and the two maxillary central incisors were fractured. Neither tooth could be saved, one having a root fracture as well as crown fracture. Rather than sacrifice two more maxillary teeth we elected to use the lateral incisors as centrals and removed only the lower first bicuspids. Full edgewise appliances were placed, the impacted lower cuspid uncovered and brought into alignment.

Read before the Midwestern Component of the Angle Society, Chicago, January, 1957.

Progress: Despite broken appliances, bruised lips, and fisticuffs with aforementioned opponents the appliances were removed when he was fourteen and temporary crowns placed on the laterals. A lingual bicuspid to bicuspid lower retainer and an upper Hawley, worn occasionally, were placed. One year ago permanent jacket crowns were placed and at that time, three years out of retention, final models and photographs were made. In the beginning of treatment, neither cuspid was banded until the laterals were moved mesially by the means of open coil springs on a rectangular arch. Stops on the archwire distal to the cuspid areas activated the coiled springs against the lateral brackets. This was done slowly, and compensating bends made in the archwire to prevent tipping. As the laterals moved mesially, the partially erupted cuspids erupted fully and both teeth were banded. These in turn were moved mesially with open coil springs. Class II elastics were worn for a brief period of time. We encountered more difficulty in moving the impacted lower cuspid through the heavy lingual plate of bone than we did in moving the maxillary teeth, and treatment completion was delayed some six months in aligning this tooth.

CONCLUSIONS

Although balance is not perfect, I feel the case is stable and esthetically good. This would not have been possible without the cooperation and skill of the general practitioner who made the jacket crowns. Radiographically the maxillary laterals are in good condition

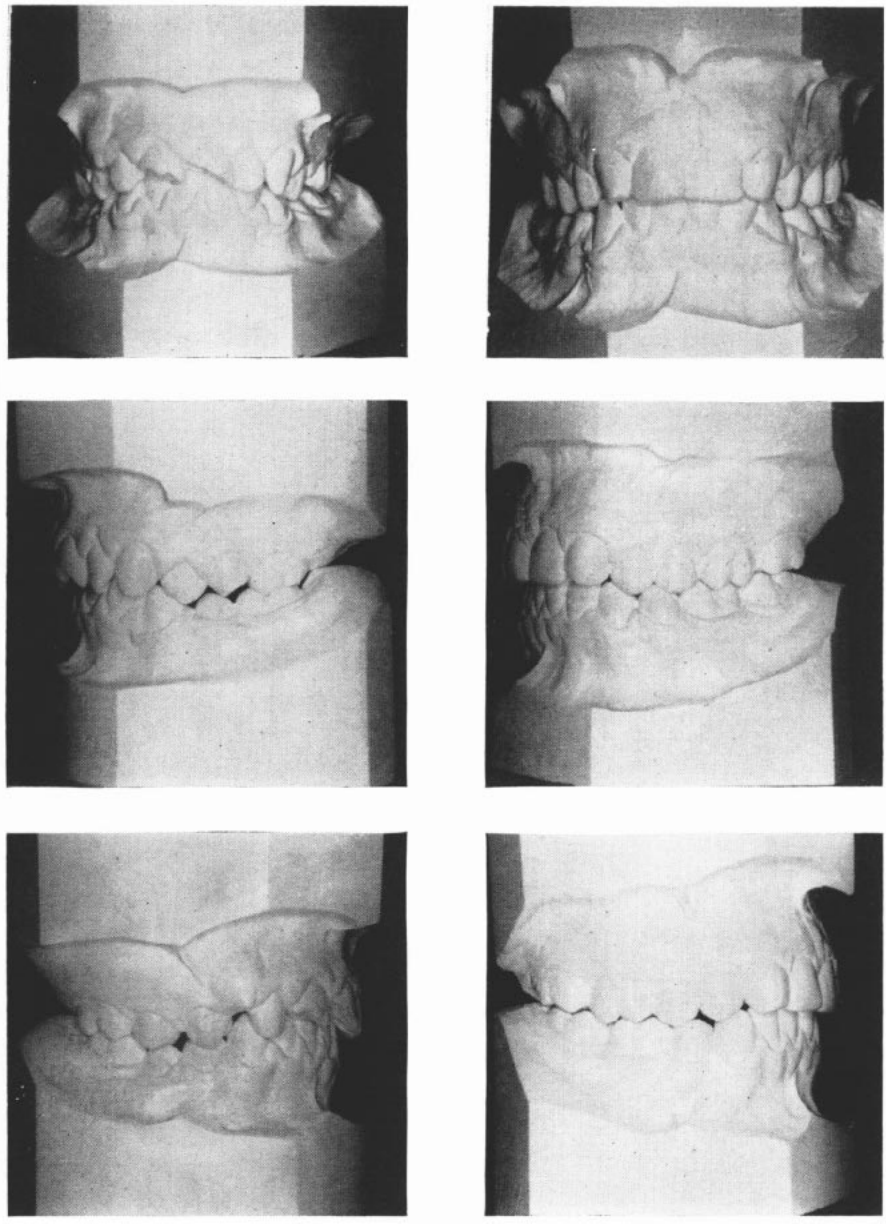

Fig. 1 Left, Beginning models prior to extraction of maxillary centrals. Right, completed models with crowns on laterals. Three years out of retention.

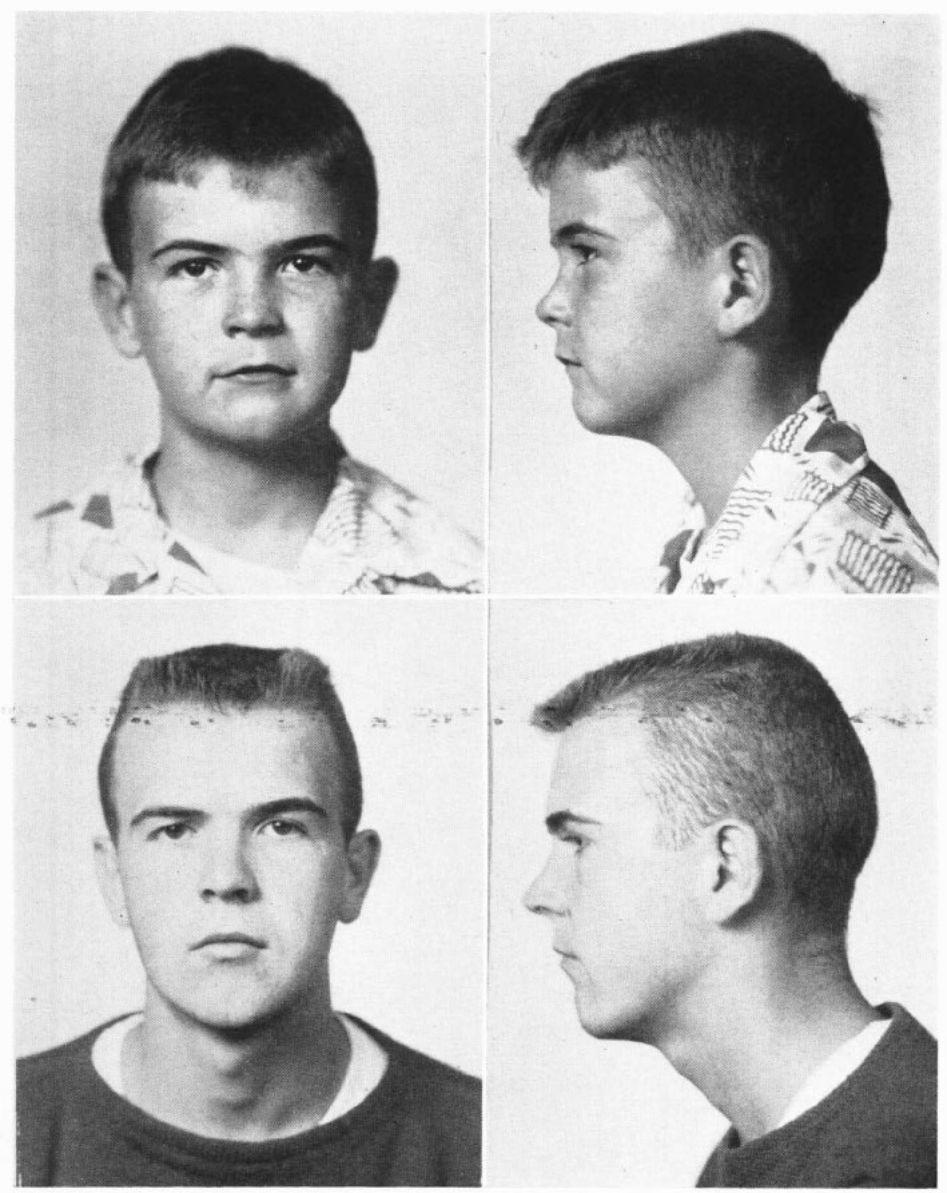

Fig. 2 Photographs at beginning treatment and three years out of retention.

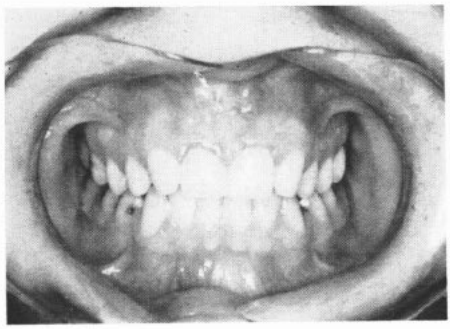

Fig. 3 Recent intraoral view.

and there seems to be no reason for a collapse.

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