

More options with early treatment

By David L. Turpin, DDS, MSD

When all the variables of orthodontic treatment planning have been considered, ultimate treatment decisions often hinge on one critical factor: is the patient still growing, and if so, for how long?

With the advent of orthognathic surgery, we have grown accustomed to thinking of surgery as the option for individuals with severe skeletal disharmonies; we tend to think of surgery as necessary to make a major skeletal correction. Although this is occasionally the case, surgery is more typically accompanied by relatively small changes in all three planes of space. In fact, it is common for a younger, growing patient to exhibit much more skeletal change than most adult patients who undergo surgery.

Two case reports in this issue illustrate the importance of the growth factor. Dr. Fumio Yogosawa and Dr. Doug Ramsay each treated a patient with a Class II malocclusion with bilateral buccal crossbite (Brodie Syndrome). One patient required a LeFort I osteotomy and a mandibular bilateral sagittal split osteotomy; the other was treated non-surgically. Although there were a number of differences between these two cases, the primary variable was age. Dr. Yogosawa treated a 12-year-old patient over

57 months and took advantage of the patient's growth to correct a severe malocclusion. For Dr. Ramsay's 35-year-old patient, surgery was the only realistic alternative.

When reviewing the records of these two cases, compare the dental, skeletal and facial changes achieved. Growth accounted for much more skeletal change in the juvenile patient than surgery did in the adult. While different clinicians might have approached these cases differently, the important factor here is the range of options available. Early treatment allows the clinician to choose from a number of treatment options which are completely lost to the clinician treating a non-growing patient.

In making this observation it is not my desire to overlook the advantages of orthognathic surgery, including short treatment time and convenience. But in this day of shrinking third party coverage and greater public involvement, everyone must become more aware of the advantages of early treatment. When examinations routinely commence at an early age, the need for surgery can occasionally be reduced, or, at the very least, options can be added to the plan of treatment.