

Need and Advantages Of Early Orthodontic Treatment



Tommy was very quiet when you picked him up at day camp today. Some kids, he says, called him “buck tooth”. You hugged and reassured him that they do not understand that his face is changing due to normal growth and very soon his beautiful and healthy adult teeth will be replacing all his baby teeth. However, you noticed that Tommy’s central incisors stick out a bit too far, and you expressed your concerns to his pediatric dentist. You fear the possibility of Tommy breaking those teeth during rough play, or during a soccer game. Also it looks like his lower jaw is far behind the upper jaw, as if not growing in coordination. You are also concerned about the effect of Tommy’s appearance on his psycho-social development. Is he going to be shy all the time? Is he going to put his hand in front of his mouth anytime he smiles? Does the position of his teeth affect his speech? Overall you ask yourself, is this a normal developmental stage? And, if it is a temporary stage should you intervene to avoid some psychological or social scarring of your little one?

The American Association of Orthodontists recommends that every child at age 7 be seen by an orthodontist and there are very good reasons for this recommendation. At age 7, your child’s dentition is at an early transitional stage: the adult first molars have erupted behind the baby molars and the anterior teeth, the incisors, are slowly making their way into your child’s smile. This is a time when the orthodontist can easily recognize abnormal growth in your child’s jaw or problems in the normal development of your child’s dentition, such as lack of space. This is also the age, if necessary, the orthodontist can use simple orthodontic appliances to help create the space to accommodate those larger permanent teeth. In addition, your child will be growing a lot in the coming years so removable appliances (other than braces) can be used to modify the growth pattern of your child’s jaw or guide the dentition in a more favorable position.

While this transitional dentition stage is known as the “ugly duckling” stage, this term refers to the visibly missing teeth in your child’s smile which may be normal or may hide a more severe orthodontic problem that if diagnosed and treated early can prevent the need for extensive treatment later. To get a good sense of your child’s bite problems, I have created an easy “Bite & Smile” check list. Grab a pencil and take a closer look at your child’s smile.

There are two main philosophies of treatment in Orthodontics: one phase versus two phases of treatment.

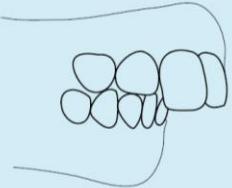
Many orthodontists believe that it is more cost effective to limit orthodontic treatment to a few years of braces after all permanent teeth are present. If there is not enough space, extraction of 2 to 4 permanent teeth are performed for proper tooth alignment. All treatment is therefore completed in one phase. Other orthodontists will argue that if you catch a narrow upper jaw or a short lower jaw during the child’s early years, correction by means of early treatment is possible.

I believe in this approach because it allows permanent teeth to erupt well aligned, in their correct positions and allows the jaws to relate to each other in a more harmonious fashion. Better yet, most extractions can be avoided and full broad smiles develop when treatment is performed during those early periods of growth.

While early treatment can take approximately 2 to 3 years; not all kids will require the second phase of treatment with braces, or when needed this second phase of treatment will be shorter. In that case early interceptive treatment can save your family money and it can spare your child a long period in braces during the adolescent years.

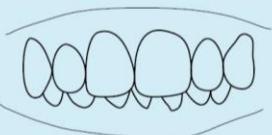
Dr. Mani Alikhani, Professor at Harvard School of Dental Medicine and Director of Consortium Translational Orthodontic Research (orthodonticscientist.org) explains, “there is a window of opportunity during a child’s growth where correction of jaw size and position is possible with simple orthodontic appliances. If this phase in the child's growth and development is missed; treatment will need to focus on camouflaging the problem instead of correcting it, which can include extractions of teeth or in severe cases Orthognathic surgery. Indeed, in some cases, the jaws are so far apart from each other that the only way to reduce the severity of the discrepancy and avoid surgery at a later stage is to undergo early interceptive treatment. These are most likely the cases in which children are bullied due to their facial and oral appearance.

Bite and Smile Check List



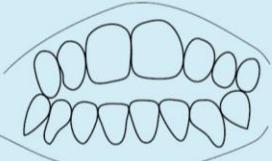
Do your child’s front teeth stick out too far?

yes no



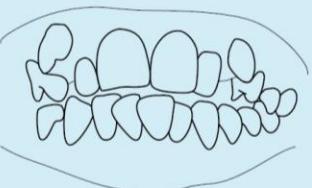
Do your child’s front teeth cover the lower too much?

yes no



When your child’s back teeth touch can he/she stick their tongue in between the front teeth?

yes no



Is there too little or too much room for your child’s teeth?

yes no

If you answer **yes** to any of the following questions on the checklist, there is a possibility that your child will benefit from early interceptive orthodontics, also referred to as “early treatment” or phase I treatment. It is advisable that you call our office to schedule your free orthodontic consultation.

Take a closer look at the smile of this 9 year old patient at our practice, CTNP Orthodontics, located in Hoboken, NJ. Notice the drastic changes that occurred as a result of early interceptive treatment. Her anterior teeth got “stuck” trying to come down into her smile. Visualize her teeth as a large crowd trying to evacuate a room through a narrow door and everyone is elbowing each other.

Her upper incisors kept “elbowing” each other before finally making it through on top of each other. After 24 months of early treatment, we were able to create the necessary space in her jaws to allow her big white teeth to align themselves into the now beautiful smile you see. This goal was achieved without the need for second phase of treatment. If she was treated a few years later when the window of opportunity for correction of growth and development was “closed”, extraction of teeth would be perhaps unavoidable.



Before



After



Let's summarize some of the benefits of early orthodontic treatment and how this approach can correct your child's bite problems.

EARLY INTERCEPTIVE ORTHODONTIC TREATMENT (Phase I Treatment)

- ✓ Growth is used to correct jaw position and size
- ✓ Simple removable intraoral or extraoral appliances are used, such as rapid palatal expander or face mask
- ✓ Jaw development allows permanent teeth to erupt in proper alignment
- ✓ In most cases extractions are not necessary
- ✓ Braces are not always necessary, in most cases its optional for a finishing touch

Remember, by age 7 most jaw growth and tooth eruption problems can easily be identified by an orthodontist. This is the age when controlling a bad habit such as thumb-sucking, or when correcting a narrow jaw (that is causing a shift in your child's bite) can and will avoid more serious problems later on. If you think your child can benefit from early interceptive treatment, please take the time to do some research and learn more about the orthodontists in your area. Call or visit our office for a free consultation and to discuss this treatment philosophy. It can also be helpful to speak with other parents about their child's experience with early treatment. Most parents of patients will share information that will help create a smile for your little one that will last a lifetime.

For more information on this and other orthodontic related topics you can contact the American Association of Orthodontists by visiting www.braces.org



Dr. Cristina Teixeira is Associate Professor and Chair of the Department of Orthodontics at New York University College of Dentistry. She graduated from the University of Pennsylvania where she obtained a DMD degree, Certificate of Orthodontics, a Masters in Oral Biology, and a Ph.D. in Developmental Biology. Dr. Teixeira's research on bone biology and craniofacial development has received support of NIH and different international research foundations. She is founding member of the Consortium for Translational Orthodontic Research at New York University (CTOR, orthodonticscientist.org), the only center of its kind dedicated to translational research in orthodontics. Her research effort resulted in two patents for new and safer treatments to move teeth faster and grow bone in the jaws.



orthodontia studio



Orthodontia Studio

is located at

79 Hudson Street, Suite 400,
Hoboken NJ 07030
T (201) 714-9800

Call the office or visit us at

orthodontia-studio.com