



Orthodontic treatment in an elderly patient

Ortodoncia en un paciente adulto mayor

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ABSTRACT

Aim: To describe a case of an elder female skeletal Class I patient with chronic periodontitis after-effects who underwent orthodontic treatment. **Methods:** An interdisciplinary approach was established to rehabilitate the patient. In the orthodontic area, Roth 0.018 fixed appliances were used and stripping was performed in order to correct the spacing, protrusion and torque of the anterior teeth. Intrusion of the upper anterior segment was also performed. Retention on the upper and lower arch was fixed with individual bonding from canine to canine. **Results:** Molar class was maintained since the patient had fixed prosthesis on the posterior area. The after-effects of periodontitis were improved as well as the quality of the periodontal tissues. **Conclusions:** The treatment of the elder patient requires a close interdisciplinary approach with every area of competence due to the multiple conditions that they frequently suffer from. Although orthodontic treatment is limited, the living quality of these patients is improved.

Key words: Elder patient, orthodontics, chronic periodontitis.

Palabras clave: Adulto mayor, ortodoncia, periodontitis crónica.

RESUMEN

Objetivo: Describir el caso de un paciente femenino adulto mayor clase I esquelética con secuelas de periodontitis crónica a quien se le realizó tratamiento de ortodoncia. **Métodos:** Se estableció un tratamiento interdisciplinario para rehabilitar a la paciente. En el área de ortodoncia, se utilizó aparatología Roth 0.018 y se realizaron desgastes interproximales para corregir el espaciamiento, la protrusión y la inclinación en los dientes anteriores. También se realizó intrusión del segmento anterior superior. La retención fue fija con bondeado individual de canino a canino superior e inferior. **Resultados:** La clase molar se mantuvo, debido a que la paciente presentaba prótesis fijas en el sector posterior. Se mejoraron las secuelas de periodontitis y la calidad de los tejidos periodontales. **Conclusiones:** El tratamiento del paciente adulto mayor requiere una interdisciplina muy cercana en todas las áreas que le competen debido a las múltiples afecciones que generalmente los aquejan. Aunque el tratamiento ortodóncico presenta limitaciones, la calidad de vida de estos pacientes se ve mejorada.

INTRODUCTION

According to the National Institute for Elderly Adults, an elderly person is the one that has a biological age of 60 years or more.¹ According to the Informational File of 2005 of the National Population Council, the population aged 60 years or more is the one that grows more quickly since twenty years ago and presents a rate with the potential to double its size in less than two decades.² In Mexico, there are currently 8.2 million elderly adults who represent 7.7 percent of the total population, but the rate of annual increase indicates that by the year 2050 there will be 36.2 million older people, i.e. one out of four Mexicans.²

It can be expected that the demographic acceleration presented by this population is reflected in the number of elderly patients seeking orthodontic care. It can also be expected that as life expectancy increases and health services improve, the population over 60 years will participate more actively in society and reveal the desire to preserve their dentition functionally and aesthetically on the long-term. Currently the challenge of an increase in the elderly

population in a short period of time must be faced. The orthodontist, and every health care professional, must be trained to respond to these demands from society.

Biology of the periodontum

Age itself is not a contraindication for orthodontic treatment. However, it is important to bear in mind that in elderly patients, tissue response to orthodontic forces is much slower. This is due to a decreased cellular activity and that to the fact that tissues become richer in collagen.

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Este artículo puede ser consultado en versión completa en <http://www.medigraphic.com/ortodoncia>

Objective

To describe the case of a female elderly patient skeletal class I with sequelae of chronic periodontitis who underwent orthodontic treatment.

METHODS

Diagnosis and etiology

A 60-year-old female patient attended the Orthodontics Clinic at the Postgraduate Studies and Research Division of the Faculty of Dentistry. The patient had been diagnosed with chronic periodontitis 30 years ago and remained in intermittent control with a private dentist, but when her economic situation worsened, she decided to attend the Periodontics clinic of the Faculty of Dentistry. In this clinic during four months, conventional

periodontal treatment was performed which included scaling and root planing in the entire dentition and surgical periodontal therapy. The reason for orthodontic consult was to improve aesthetics and function, as well as to improve the quality of support tissues in the anterior maxillary area. During facial analysis, it was determined that the patient had mesofacial pattern with a harmonious balance and a straight profile (*Figure 1*). Upon initial intraoral exploration the following was noted: loss of multiple dental pieces; presence of restorations and fixed prostheses; several sequelae of periodontal disease such as recessions, loss of the interdental papilla, inclinations, extrusions and spacings (*Figure 2*). In the initial panoramic and dentoalveolar series, general bone loss was observed, especially in the upper anterior sector (*Figures 3 and 4*).

The patient was diagnosed as skeletal class I (*Figure 5*) with Class III molar, upper dental protrusion and



Figure 1.

Initial facial photographs.



Figure 2.

Initial intraoral photographs.

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