



Multidisciplinary approach in patient with upper lateral incisor microdontia. Case report

Manejo multidisciplinario en paciente con laterales superiores microdónticos. Caso clínico

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ABSTRACT

A conservative treatment for a patient with serious aesthetic problems related to the presence of anomalous teeth is hereby presented. Aside from the malocclusion, the patient had upper lateral incisors with microdontia, mild lower crowding and squared arch form. The treatment plan was conservative and for better results, multidisciplinary, involving orthodontics, periodontal treatment and minimally invasive restorations. Treatment time was 20 months. A positive result was observed after a 2-year follow-up.

Key words: Microdontia, upper lateral incisor, orthodontics (Mesh Database).

Palabras clave: Microdoncia, incisivo lateral superior, ortodoncia (DeCS, BIREME).

RESUMEN

Se presenta el caso de un paciente de 11 años con graves problemas estéticos relacionados con la presencia de dientes anómalos. Además de la maloclusión, se observaron incisivos laterales con microdoncia, apiñamiento leve inferior y forma cuadrada de arcos. El plan de tratamiento fue conservador y para obtener los mejores resultados, fue multidisciplinario: ortodoncia, tratamiento periodontal y restauraciones estéticas mínimamente invasivas. El tiempo de tratamiento fue de 20 meses, el resultado positivo se observó después de un periodo de dos años de seguimiento.

INTRODUCTION

Microdontia is an anomaly in which teeth are smaller than normal. It presents problems which affect arch length and facial aesthetics. When the width of the upper lateral incisor (ULI) is less than, equal to or up to 0.7 mm wider than the lower lateral incisor, the result would be an excess of lower dental material in relation to the upper.¹ Tooth size is determined genetically and its diminishment is due to weakening of the enamel body during the differentiation period. Microdontia may occur due to both genetic and environmental factors and it is classified in localized or generalized being more common the first condition.² Binder and Cohen, based on data provided by Moorrees and Moyers where the normal size of the teeth was determined, indicate that the upper lateral incisor is 12-14% wider than the lower lateral incisor.³ In a study conducted in Mexico by Gómez-Fernández et al., it was concluded that 42.5% of the studied models presented microdontia in the upper lateral incisors according to the criteria determined by Binder and Cohen which should be considered in orthodontic treatment planning.⁴ It has been suggested that the mesiodistal width of

the lateral incisors is smaller in people with class III malocclusion,⁵ however, other studies have shown that there is no statistically significant difference between malocclusions and the presence of lateral incisors with microdontia.⁶

CASE REPORT

A patient of 11 years and 4 months of age, mesofacial, who in his medical and dental interrogation referred no clinically relevant information, is presented (Figure 1).

Intraoral analysis. Microdontic lateral incisors, a 0.5 mm deviation to the left of the lower dental midline in relation to the upper dental midline, molar and

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<http://www.medigraphic.com/ortodoncia>



Figure 1.

Initial extraoral photographs.

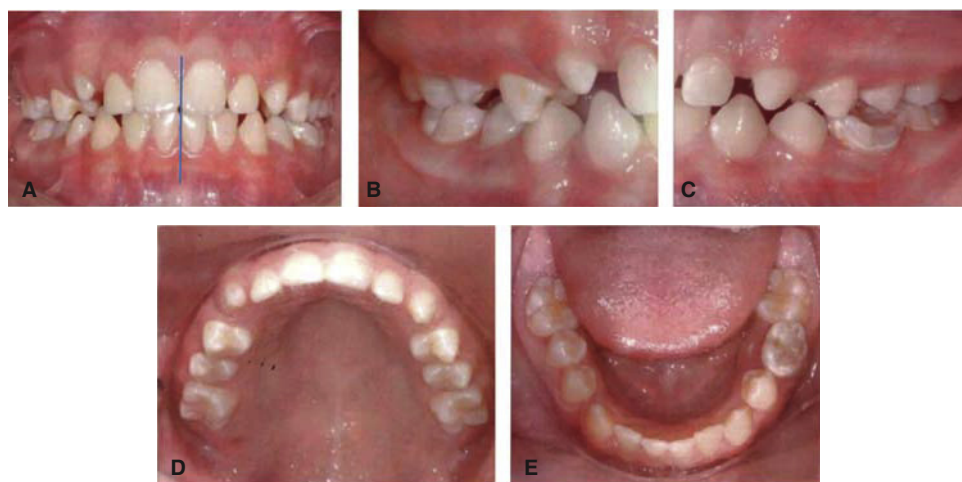


Figure 2.

Initial intraoral photographs.

A) Front, **B)** Right side, **C)** Left side, **D)** Upper occlusal, **E)** Lower occlusal.



Figure 3. Initial lateral headfilm.

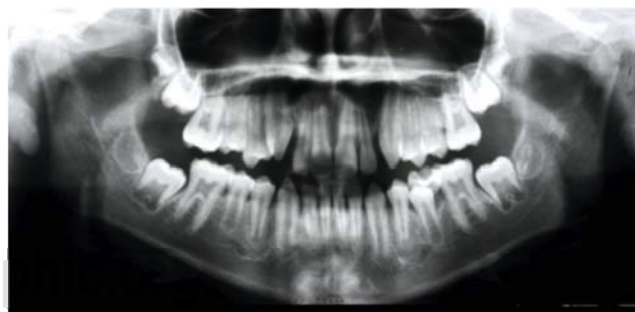


Figure 4. Initial panoramic radiograph.

canine class I, mild lower crowding and arch form were observed (*Figure 2*).

Radiographic analysis. A hyperdivergent skeletal class I was diagnosed (*Figure 3*). In the panoramic X-ray (*Figure 4*) the presence of the right deciduous second molar and inadequate root parallelism may be observed.

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