BIOMECHANICS OF THE IMPACTED CANINE

Vildana Džemidžić *
* Department of Orthodontics, School of Dental Medicine, University of Sarajevo, Sarajevo, Bosnia and Herzegovina

Corresponding Author:
Vildana Džemidžić
Department of Orthodontics, School of Dental Medicine, University of Sarajevo, Sarajevo, Bosnia and Herzegovina
e-mail:vdzemidzic@hotmail.com

Abstract
Disturbances in eruption and impaction of permanent maxillary canine are relatively common conditions in dentistry and approximately 2% of orthodontic patients are those with an impacted maxillary canine. An impacted canine can cause problems in dental arch and adjacent teeth requiring special care. There are two categories of treatment of impacted canine: early treatment, involving interceptive measures and corrective treatment involving a multidisciplinary approach. In this presentation, the different possibilities of the biomechanics of impacted canine have been presented, with their good or bad characteristics. An ideal device for the treatment of impacted canine should have rigid anchorage for control of side effects, constant elasticity, control of force intensity and simple planning and technical feasibility. Careful planning of treatment and application of appropriate biomechanics can help to achieve the desired outcome of treatment of impacted canine.

INTERCEPTION OF PALATALLY DISPLACED CANINES: AN EVIDENCE-BASED APPROACH

Giuseppe Perinetti *
* Private practice, Nocciano, Italy

Corresponding Author:
Giuseppe Perinetti
Private practice
Nocciano (PE), Italy
e-mail: G.Perinetti@yahoo.com

Abstract
Future impaction of a maxillary displaced permanent canine may be predicted with reasonable accuracy, and interception procedures may be taken to avoid such a condition. An evidence-based approach has to begin with the identification of signs of potential impaction and to continue with interception procedures. As for the recognition, absence of buccal bulge and canine position in relation to the corresponding incisors on panoramic radiograph are considered the most reliable diagnostic tools so far, as long as the patient is at least ten years old. Interception procedures should be reserved to pre-pubertal patients and include mainly the extraction of the primary canine, preferably in combination with a space maintainer, showing spontaneous eruption in up to two third of the cases. Other procedures to increase space in the maxillary arch, including expansion or distalization, have been proposed in addition to primary canine extraction. Spontaneous eruption of the displaced canine should be followed up to 18 months. Finally, position of the displaced permanent canine, on panoramic film shows some prediction capability in terms of spontaneous eruption, according to which an interceptive procedure may be recommended or not.