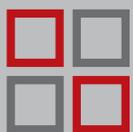


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ORTHODONTIC SYMPOSIUM "IMPACTED  
CANINE: FROM SCIENTIFIC EVIDENCE  
TO CLINICAL PRACTICE", SARAJEVO,  
SEPTEMBER 7<sup>th</sup>, 2018****BIOMECHANICS OF THE IMPACTED CANINE**

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**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.

**THE CANINES: DO WE NEED THEM OR NOT?  
/ DIAGNOSTICS, ETIOLOGY AND FUNCTION /**

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**Abstract**

Teeth according to Darwin represent the first line of defense in the struggle for existence. The presence of tooth provides a significant advantage in survival because it facilitates more comfortable access to food. Teeth are also the final frontier of the adaptation in masticatory function. Canines teeth are very important, based on the fact that they are the guidance of the occlusion, which means they are important in masticatory function. Given the importance of these teeth for nutrition it would be justifiable to wonder why there is often disturbance in the eruption?

**INTERCEPTION OF PALATALLY DISPLACED  
CANINES: AN EVIDENCE-BASED APPROACH**

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**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.