

TOGETHER WE CAN: A ORTHODONTIST'S URGE TO THE HONOURABLE PEDIATRIC FRATERNITY OF THE WORLD

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Received: 01 November 2012, Revised and Accepted: 08 December 2012

INTRODUCTION

Pediatrics is all about making sure that children get the best possible care related to their health and well being.

Pediatricians are specialized doctors who provide youngsters, the medical care they need from the time they are born until they reach adulthood. As pediatricians you see children of all ages and sometimes children with special needs and first determine the state of health of children as well as their growth and development.

As orthodontists we render a treatment towards restoring normal structure, function and esthetics of the stomatognathic system and children are the most important portion of our patients. Therefore we urge the pediatric fraternity of the world to include the orthodontists in their speciality health care team and refer the indicated patients to the orthodontists as and when required.

To a major part of the world Orthodontics is all about looks. But this is a small part of the picture, as majority of the dental treatment rendered by the orthodontist concerns restoring function of the stomatognathic system, longevity of teeth and investing tissue, psychological well being and modifying abnormal growth patterns of facial skeleton.

ROLE OF PEDIADRICIANS IN ORTHODONTICS

The pediatricians can identify cases of malocclusion and emphasize the importance of orthodontic treatment at the right time by meaningfully explaining the following unfavourable sequel of malocclusion to the indicated patients and their guardians.

1. Poor Appearance

Poor appearance for children often means derision and ridicule. Children with facial disharmony are often called by ridiculous nicknames, which affects their personality traits as children and later as adults.

The Orthodontist knows that the child's concern cannot be laughed at and the best possible earliest treatment can be rendered.

2. Unfavourable psychosocial sequel

Its time we realize the great psychological impact that a malocclusion can have. Children with facial disharmony are convinced that they don't look as good as other children and become shy, self conscious, withdrawn or overassertive and portray immature social behavior. A Pediatrician can very well understand that reasons for mental health are no less impelling than reasons of physical health and can guide these children and their parents that these roadblocks to a balanced psyche, can be removed by simple orthodontic procedures.

3. Interference with normal growth and development

We know that the growth patterns are largely hereditary. But a normal developmental pattern can be disturbed by obstacles along the road of maturity of the stomatognathic system.

Prolongation of abnormal dental relationships can cause permanent dental and skeletal changes. So interception by the orthodontist at a

young age would eliminate severe skeletal disharmonies to result in future.

Compensatory muscle activities such as hyperactive mentalis activity, hypoactive upper lip, increased buccinator pressures, tongue thrust are unfavorable and lead to departure from normal.

Correction of malocclusion in most cases eliminates the abnormal lip, tongue and buccal muscle activity.

4. Increased incidence of dental caries

Dental irregularities make self cleansing action of the oral cavity less effective. Food that lodges between malposed teeth is apt to decalcify enamel resulting a carious lesion. Irregularities and crowding in teeth make it difficult for the patient to maintain good oral hygiene leading to increased predisposition to dental caries. The orthodontist can restore the normal tooth position and proper proximal contact relationship which would make food lodgment between teeth almost impossible.

5. Predisposition to periodontal diseases

It is well researched that periodontal diseases involving bone loss, drifting of teeth, untimely loss of teeth in the geriatric period can be attributed to malocclusions that were not treated during the pediatric phase. Abnormal axial inclinations of teeth, set up abnormal functional stresses in the periodontium which would accelerate dentoalveolar bone loss. Also poor dental contacts permit wedging of food and debris in the gingival crevices leading to gingivitis.

Therefore corrections of malocclusions in the pediatric phase of life can reduce periodontal implications at a later date.

6. Improper breathing, mastication and swallowing

Mouth breathing is associated with abnormal muscle function and is considered more or less a result of malocclusion where there is improper lipseal and inactive perioral musculature. In most cases elimination of excessive protrusion by orthodontic treatment and establishment of normal perioral musculature reactivates the upper lip, establishes lip closure and encourages nasal breathing.

Irregular, malposed and missing teeth often initiate an unfavourable pattern of chewing with a masticatory selectivity for the working side. So the segment that does not get adequate masticatory exercises may show abnormal muscle function and periodontal problems.

Abnormal muscle function leads to abnormal swallowing pattern. Since the food is not chewed well it is not triturated completely for further digestion process. So not only the child's nutritional needs are unsatisfied but there is also a load on his digestive system.

Correction of malocclusion by the orthodontist will bring about ideal and favorable occlusal contacts and muscle activity restoring, ideal mastication and health of the patient.

7. Speech defects

The relative positional changes of the hard and soft tissues deflect the outgoing air stream and vocal tone and produce normal and

abnormal sounds. In the presence of malocclusion the position of teeth and relationship of supporting tissues is unfavourable resulting in defective articulation and speech defects. Thus it is important to rule out the role of malocclusion in speech defects before establishing a diagnosis related to the lesions of the central nervous system.

8. Predisposition to trauma and accidents

One of the worst sequel of protruding anterior teeth is a greater likelihood to injury to them, during falls or normal playing due to their unprotected status. The parents are shocked when the front teeth are fractured as the child reports painfully to his parents after the accident. The child would need to wait till 17 to 18 years of age before the required permanent restoration can be made. The retraction of anterior teeth by orthodontic treatment can prevent this unfortunate mishap.

9. Temporomandibular joint problems

Occlusal prematurities due to malocclusion and traumatic bites can disturb the normal synchrony of the temporomandibular joint. The constant traumatic experience can give rise to myofascial pain dysfunction syndrome and trismus. Here the orthodontist can play an important role in eliminating the traumatic experience and thus avoid the patient from wandering from one specialist to the

other. But yes, not all TMJ disturbances are of dental origin, therefore a careful diagnosis must be made using all criterias.

CONCLUSION

Our salutations to the pediatricians who can serve as advocates for optimal orthodontic care.

Together we can diminish the little known hazardous effects of malocclusion in children so that as adults they do not face roadblocks to good health and wellbeing.

Together we can understand that every child is unique and requires care designed to meet his unique needs.

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