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Q1: For missing upper central incisor due to trauma at young age, which is more preferable implant or esthetic bridge?

Ans:

- There are many different reasons as to why should we lose our upper anterior teeth, the one as a more reason the bone that supports the teeth and they can also be determined by continuous trauma to the tooth
- What is the best solution for missing upper central incisor teeth and I would say dental implants are the best solution without a doubt but the dentist will also be forced with a young patient with missing teeth
- The dentist should be organized to the younger patient's growth and dental arch development on their implant in adjacent teeth but the dentist is not focused on the young patient but we are also focused on the bone development and the growth and maintenance of the tooth
- The person's age is not dependent on the help of dental implants
- Carefully planning which their early stage with the communication between the dentist, orthodontist, and oral surgeon
- The young person implants which can expect the less and faster complicated healing than compared to older dental implants, because the younger person's bone is healthy
- Dental implants should be of a lifetime and can reduce the cost of per year which can be artificial teeth
- And their function of implants which can be a younger person which can be a poor nutrition decreasing health later in lifetime
- The primary goals of modern dentistry which can preserve the natural teeth, the best solution of the implant which are young adults' patients are typically good procedures for dentistry
- The implant looks like a real tooth with function as to be incredible stability
- The dental implant is we should be the choice of treatment with replacing missing teeth in young patients we should be a lifetime solution and we are esthetically should be good
- The area is minimum cover to one tooth but not as compared to 3-unit dental bridge because they are the bite problem, and bone around the prosthesis and esthetic change problem
- A previously bridge as given to be is a good treatment, they are alternative but there are many problems
- The one problem as to a lot of crown preparation, or cutting to the adjacent teeth
- The complexity of cutting of the two teeth, it's increased over a period of time
- They sometimes RCT root canal therapy as appear to adjacent two teeth because which the abutment teeth is
- And other main problem for a single missing tooth of the three-unit bridge has been given, the tooth decayed to the abutment teeth, the gums around to start losing support to the teeth which can increase the five 5 or seven 7 unit bridge
- Because the dental implant is help to maintain to the bone height
- The dental implant to maintain the level of the bone with also the dental implant can be removed every 6-8 months like increasing action remove the crown, because they are compared to dental bridge that maintain not so great
- Because the dental bridge which are fixed its cannot be removed
- The implant treatment and it's the anterior maxillary teeth from a 1990 to September 2015 in in midline via PubMed and additional hand search was performed

- Because the implant is very high expensive in some person it's no to maintain the cost but my opinion and other doctor or dentist opinion because we will also the treatment of RPD.

Q2: Explain the condition of upper and lower teeth? And how it effects on the jaw and shape of face?

Ans:

- There are class 3 malocclusion because which can the anterior positioning of mandible to maxilla
- They are also called deep bite or under bite or anterior cross bite or over jet,
- Class 3 appearance prognathic mandible and retruded maxilla



- It's the picture gives below is of class 3 deep bite it effect the jaw and teeth and the following ways ranging from.
- Dento alveolar problem with functional anterior shift of mandible to true skeletal problem
- Serious maxillo-mandibular discreperies
- Maxillary incisor protrusion or and mandibular incisor retrusion with edge to edge or anterior cross bite
- The lower incisor edge when line anterior to the cingulum plateau of the upper incisor
- They can decrease the cranial base angle which resulting to the forward position of mandible.
- the class 3 malocclusion is defined as the skeletal, facial deformity which can a forward by a mandibular position, which can determinant the cranial or / maxilla
- the anterior cross bite is the condition usually defined on occlusal problem involve the palatal positioning of the upper maxillary anterior teeth and can relatively to the mandibular anterior teeth

❖ **How it effect on the jaw and shape of face :**

- The prominent chin
- Sometime maxilla in have crowding teeth
- Temporo-mandibular disorder
- Jaw and neck pain
- The grinding in abnormal growth
- Tooth decay
- Facial profile look concave
- The mandibular length as increased
- The maxillary length is reduced

Q3: Illustrate the periods of occlusal development?

Ans:

- There are mainly four period of occlusal development
 1. pre-dentition period
 2. primary dentition period
 3. mixed dentition period
 4. The permanent dentition period

1) Pre-dentition period:

- They are erupt to the period will be after birth during when the neonatal does not have teeth
- The dental grooves which can divide the labio-buccal or the lingual portion
- The lateral sulci which present b/w the a canine and first molar

Transverse Grooves:

- They separates the gum pad into ten segments which can represents each deciduous teeth

Gingival Grooves:

- Which can separates the gum pad from the palate and the floor of the mouth
- They infantile open bite with help in sucking

2. The deciduous or primary dentition period:

- They are also called primary dentition
- They are the first set of dentition which can erupt to the age of 6-8 months and the eruption will be completed into 25/33 months
- The mandibular central incisor is to first erupt at the age of 6-8 months
- The sequence of eruption of teeth which are,

A-central incisor

B- Lateral incisor

D- First molar

C- Canine

E- Second molar

- There are twenty 20 deciduous teeth in each arch and five 5 in each quadrants
- The deciduous teeth count to a sequence of capital word e.g.
- A , B , C , D , E ,

A-central incisor

B- Lateral Incisor

C- Canine

D- First molar

E- Second molar

- The primary dentition is to first erupted set of teeth during childhood that are fall out due to the natural process of tooth succession is called primary dentition

Formula for deciduous dentition

$$(I^2-C^1-M^2) / (I_2-C_1-M_2) \times 2 = 20$$

3. The mixed dentition period:

- This dentition period in two sets of teeth in one time for example primary dentition or secondary dentition
- Because the permanent teeth that can replace to the primary teeth , it is most commonly effect to erupt the anterior teeth
- The mixed dentition period it begin to erupt around the age of 6 year with the first eruption to the first permanent molar and till the last primary tooth is sad.
- This period that can be divided into following three phases

1. First transitional period
2. Inter transitional period
3. Second transitional period

1. FIRST TRANSITIONAL PERIOD:

- The mandibular first molar is the first permanent tooth which can erupt to the age of around 6 year
- The area or location or relation of the first permanent molar which can be depend on the distal relationship b/w the maxillary and mandibular second deciduous teeth

2. INTER TRANSITIONAL PERIOD:

- When this period b/w the permanent incisor or the deciduous molar and canine

3. SECOND TRANSITIONAL PERIOD:

- The period determined by the replacement of deciduous molar and permanent premolar and canine b/w the cusped respectively
- This excess space is called leeway space
 - 1.8mm maxillary arch
 - 3.4mm mandibular arch

4) PERMANENT DENTITION PERIOD:

- There are also called the secondary dentition period
- This is the final sets of dentition
- The permanent teeth are the second sets of teeth which began to erupt at the age of 6 years. There are total 32 teeth in permanent dentition.
- This permanent dentition teeth which can represent to the quadrants by digit number.
- There are 32 teeth in mouth and 16 teeth in each arch and 8 teeth in each quadrant are present.
- The permanent incisor developed lingual or palatal to the deciduous incisor and move labially as they erupt.
- The premolar develop below the diverging roots of deciduous molar.

ERUPTION SEQUENCE:

In maxillary arch:

- 6,1,2,4,3,5,7

OR

- 6,1,2,3,4,5,7

In mandibular arch:

- 6,1,2,3,4,5,7

OR

- 6,1,2,4,3,5,7

FORMULA FOR PERMANENT TEETH:

$$(I^2-C^1-P^2-M^3) / (I_2-C_1-P_2-M_3) \times 2 = 32$$

GOOD LUCK.