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EUROPEAN POSITION ON CLINICAL PRACTICE OF EXTRACTION AND NONEXTRACTION THERAPY IN ORTHODONTICS

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Резюме: Ортодонтичне лікування в будь-якому віці – це тривалий і складний процес, що вимагає комплаєнції між лікарем і пацієнтом, трудомісткість і комплексність, складність і тривалість якого з переходом від молочного до постійного прикусу зростають. Важливим фактором у прийнятті рішення про початок ортодонтичного лікування є його з кожним днем зростаюча вартість, причиною якої є прихід в щоденну практику сучасного лікаря-ортодонта новітніх дорогих технологій і конструкцій, а, найголовніше, переведення стоматології в цілому і ортодонтії, зокрема, в приватний сектор.

Способів скорочення термінів ортодонтичного лікування декілька: в періоді зміни зубів – це прийоми корекційного видалення зубів, засновані на різниці мезіально-дистальних розмірів молочних молярів та премолярів, які приходять їм на зміну, метод Hotz, в постійному прикусі – це видалення окремих здорових зубів відповідно до обраної стратегії лікування порушень прикусу, компактостеотомія, застосування різних фізіотерапевтичних методів без лікарських препаратів і з вживанням засобів, що сприяють послабленню кісткової тканини в поєднанні з активною дією фізичних факторів та інші, пов'язані з удосконаленням ортодонтичних конструкцій.

Найбільш значущим чинником в ортодонтичному лікуванні, що приводить у великій кількості випадків до переривання корекційного процесу, є його тривалість, що досягає в періоді постійних зубів 2-3 років.

Ще одна серйозна проблема в ортодонтичному лікуванні, безпосередньо пов'язана з питанням стратегічного вибору екстракційного або

безекстракційного методу лікування – це стабільність отриманих клінічних результатів.

Тільки грамотне лікарське прогнозування стабільних морфологічних і функціональних клінічних успіхів ортодонтичного лікування може бути науковою і моральною основою для вибору стратегії ведення ортодонтичного пацієнта із застосуванням видалення окремих (одного і декількох) здорових зубів.

Тому проблема скорочення термінів ортодонтичного лікування як у дітей, так і у дорослих – одна з найважливіших в корекції прикусу в будь-якому віці. Саме тому в комплексному ортодонтичному лікуванні хірургічні заходи займають значне місце. Видалення окремих постійних зубів – це відповідальне узгоджене рішення між пацієнтом і лікарем-ортодонтом, яке повинно бути індивідуальним з урахуванням безлічі факторів. Зі збільшенням кількості пацієнтів в періоді молочного прикусу лікар повинен бути підкований теоретичними знаннями і сучасними напрямками в особливостях ортодонтії зростаючого дитячого організму.

Незважаючи на довгі десятиліття застосування в ортодонтичному лікуванні хірургічного прийому видалення здорових зубів, в європейській науковій літературі вибір екстракційного або безекстракційного методу лікування як і раніше є дискусійним. Нові діагностичні методики, вдосконалені ортодонтичні конструкції, національні особливості будови лицьового черепа і багато інших сучасних поглядів дуже потрібні для правильного формування європейського мислення у ортодонта.

Ключові слова: видалення зубів за ортодонтичними показаннями, екстракційний, безекстракційний методи лікування

Abstract: Orthodontic treatment is long-lasting and difficult process which requires compliance between doctor and patient, complexity, duration of which increases with transition from temporary to permanent bite. The main factor of

orthodontic treatment is cost of the procedure because there are new and modern tools and equipment.

There are several ways to reduce orthodontic treatment: in the period of changing teeth, these are methods of corrective teeth extraction, based on the difference in the mesial-distal dimensions of milk (temporary) molars and method Hotz, replacing them with premolars, is the removal of individual healthy teeth according to the chosen treatment strategy bite disorders, compact osteotomy, the use of various physiotherapeutic methods without drugs and with the use of agents that promote bone tissue relaxation in combination with active physical factors and others related to the improvement of orthodontic appliances.

The most significant factor in orthodontic treatment, resulting in a number of cases of interrupting the correction process, is its duration, up to 2-3 years in the period of permanent teeth.

One more serious problem in orthodontic treatment associated with strategic choice of extraction or nonextraction method of treatment is stability of received clinical results.

Only therapeutic prognosis of stabile morphological and functional clinical advantages of orthodontic treatment can be a basis for choice of orthodontic treatment management with the use of extraction of some healthy teeth.

So, the problem of orthodontic treatment both in children and adults is one of the most important in bite correction. That's why surgeries are involved in complex orthodontic treatment. Extraction of some permanent teeth is coordinated decision between patient and orthodontist considering the number of factors. Orthodontist must be theoretically competitive in the peculiarities of child's organism.

Despite the use of surgery of healthy teeth in orthodontic treatment in European and scientific literature the choice of extraction and nonextraction method of treatment has been yet discussable. New diagnostic methods, modern orthodontic appliances, national peculiarities of face and other features are needed for correct European thought in orthodontist.

Key words: extraction of teeth of orthodontic indices, extraction, non-extraction methods of treatment.

The evaluation of dynamics of orthodontic treatment of patients of different age was done one the Department of Postgraduate Education of Orthodontists for recent 18 years (2000-2018) (Tab. 1).

Table1. *Dynamics of activity of orthodontic patients of different age (2000-2018)*

| Age structure | 2000 | | 2007 | | 2013 | | 2018 | |
|----------------------------|------|------|------|------|------|-------|------|-----|
| | n | % | n | % | N | % | n | % |
| Up to 6 years | 15 | 1,4 | 4 | 0,8 | 37 | 2,63 | 42 | 5 |
| 6-9 years | 71 | 6,7 | 39 | 7,6 | 497 | 35,35 | 340 | 38 |
| 10-13 years | 476 | 44,8 | 237 | 46,1 | 304 | 21,62 | 166 | 19 |
| Children over 13 years old | 501 | 47,1 | 234 | 45,5 | 568 | 40,4 | 343 | 38 |
| Total number | 1063 | 100 | 514 | 100 | 1406 | 100 | 891 | 100 |

Totally, the number of patients who address to orthodontist was decreased on 18%. But, it should be noted that the number of children with dentofacial abnormalities are increased in 3,6 times during the period of milk bite.

The beginning of orthodontic treatment at early childhood corrects the malocclusion by functional methods and gives an opportunity to stimulation of jaws growth for eruption of permanent teeth and it realizes the possibility of non extraction of orthodontic correction.

Citizens with orthodontic complaints address to doctors in average in 2,5 times more often than rural people, teenagers and adults – in 5 times more often so the necessity of facial aesthetics contains urbanistic feature, so female patients address to orthodontist in 1,6 times.

Average number of people who are referred to the department of patients with permanent bite for recent 30 years in comparison with age categories contains 42,4%. Dysfunction of temporomandibular joint is present in 70-75% of orthodontic patients [19]. The use of extraction of healthy teeth is applied for creating gap during abnormalities or teeth crowding.

The orthodontist in the modern world has large methods for the correction of dentofacial abnormalities. In the orthodontic treatment of patients of any age, the complex method is leading one, therefore the cooperation of orthodontists with dental surgeons is a daily clinical practice. However, a necessary condition for high-quality work of a modern orthodontist is competent diagnosis and an individual approach in treating each patient based on orthodontic treatment protocols.

The most difficult and discussable, both from the point of view of orthodontists and on the part of cooperation with patients, is the question of the extraction of healthy teeth. The issue about the choice of concrete teeth extraction is discussed.

This problem has been actual for many decades.

During evolutionary mechanism of the adaptive variability of the human body, the anatomy of the dentition system of a modern person undergoes a significant reduction in the chewing load compared to the primitive man, namely, the number of teeth changes, and cases of natural hypodontia are more common than supernumerary teeth.

However, in spite of the tactics of removing healthy teeth in the treatment of dental abnormalities, which has already become common in the world of orthodontic practice, the practicability of such surgical intervention is still a controversial issue in European scientific literature.

6318 posters of 11 European orthodontic congresses (1998-2014) were analyzed to understand the role of extraction therapy in orthodontic treatment.

Points of view of many orthodontists are discussable when they discuss the issue of treatment of dentofacial abnormalities. Some specialists recommend extraction method of treatment, others – non extraction.

In cycle of lectures “Orthodontics without teeth extraction” of Institute of Stomatology of Illinois (USA) recommends to use three necessary components: intense technique, palatine clasper, lip bumper.

Works related to the extraction of teeth for orthodontic reasons contain insignificant part – only 82 posters (1.3%): 18 reports (22%) include the main problem of the strategic choice of treatment method – extraction or non-extraction; 40 (49%) are concerned with the removal of premolars; 15 (18%) – removal of the first permanent molars; 6 (7%) – extraction of the second and third molars in three posters (4%) are discussed the removal of incisors in the lower jaw.

Presented qualitative correlation of scientific posters is indicative in clinical practice of orthodontists for extraction (Fig. 1).

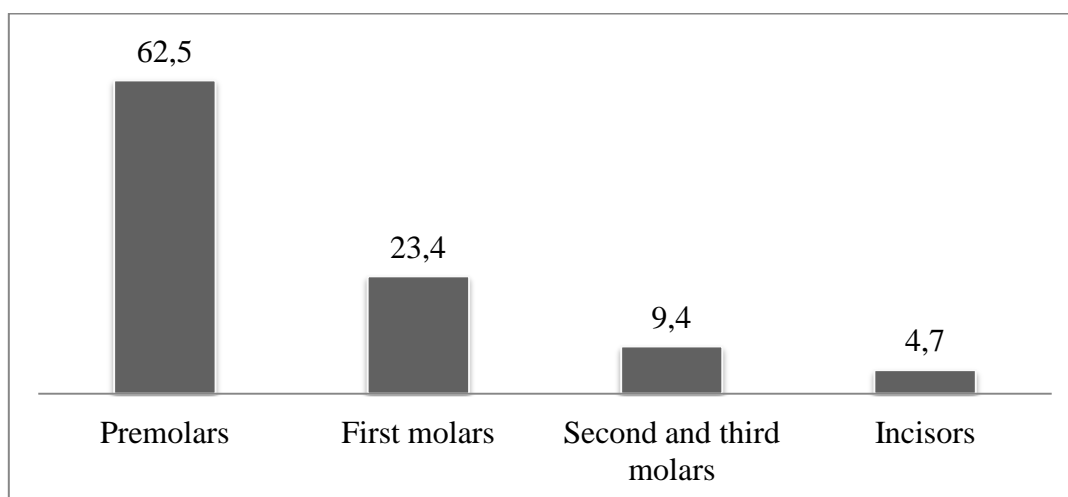


Figure 1. *Choice of teeth for extraction by orthodontic indications (in %)*

In clinics of Italy, treatment of extraction of some healthy teeth is applied in the third part of European patients [36]. More often Italian colleagues extract all first premolars (20,7%) or the second premolars (6,9%), and the lower incisor is extracted more rare than others (1,2%).

Specialists’ point of view of orthodontic treatment with extraction significantly changes and W. Proffit this pendulum has not been stopped yet [35].

“The debates on removal are still alive” – this is how Spanish orthodontists begin their report, the aim of which is to determine which factors influence the choice

of treatment with or without removal. The results of their study showed that the size of the teeth, age, mismatch of the dental arch to the basal, improper closing of the lips in meso- and brachiocephals are not all factors that increase the possibility of treatment with removal [9].

According to modern European concepts, the first premolars are the most frequent choice for orthodontic removal. We reviewed many aspects of the practicability of such a choice and made sure that this is a typical and already familiar type of removal in the treatment of crowded teeth, protrusion with I class according to Angle, and in some cases with camouflage class II and III with Angle [35].

Researchers of National University of Singapore consider that the direction and magnitude of dental changes within the dentition when extracting the first premolars depends on many factors before treatment: the degree of crowding of the teeth, the inclination angle of the incisors, the age and sex of the patients [37].

When premolars are removed in the treatment of dental abnormalities, changes in the parameters of the jaws are appeared: the length of the dental arches of both jaws is significantly reduced, the intermolar width is reduced, and the interfangular distance remains unchanged [25].

Besides, removal of healthy teeth by orthodontic indications changes the position or the inclination of other teeth. So, researchers from Singapore determined the insignificant distalization of lower incisors [37], and Turkish orthodontists consider that removal of lower first premolars leads to mesial displacement of the first lower molars and it does not affect the inclination of the third molars [7, 2]. However, the opposite opinion is found among European colleagues, namely: the removal of four first premolars improves the angle of inclination of the third molars [18]. In addition, there is a decrease in the dental arch, but the size of the upper respiratory tract remains unchanged [26]. Therefore, when planning the extraction of premolars, the position of not only the teeth, which limit the defect, but also of the adjacent ones should be assessed.

Treatment with removal of premolars has a different effect on the vertical parameters of the face. With the removal of premolars and mesial displacement of the molars, the occlusion is deepened and the anterior third of the face decreases, but Iranian scientists consider that the vertical dimensions remain the same or even slightly increase [15].

The basal angle and the angle of the lower jaw remain unchanged, the facial angle decreases, the profile of the face looks like nose and more harmonious. Extraction of the first premolars leads to changes in soft tissues: the size of the tongue decreases, the thickness of the lips changes, which does not depend on gender [10], however with age, age-related changes occur in patients with class I pathology, orthodontically treated with tooth extraction, every 10 years the ratio between upper frontal teeth and lips decreases by 1 mm, lips flatten, and \angle ANL increases by 2° [1]. Comparative analysis of the profile characteristics of orthodontic patients confirmed that extraction therapy should not be avoided, since aesthetic profile changes are minimal (without gender differences) both in the treatment with removal of premolars and in the treatment without extraction [31, 32, 28]. European orthodontists, evaluating patient profiles, did not find a detrimental effect on the aesthetics of orthodontic tooth extraction in adults [24]. However, the profile of orthodontic patients of Chinese nationality even improves significantly with the use of extraction therapy [38].

Observations of experienced clinicians largely confirm that extraction of teeth does not guarantee the stability of the result. However, Dutch authors argue that the treatment of crowded teeth without extraction, even of moderate severity, gives more relapses than a severe treatment with removal [20].

During the second half of the replaceable bite, orthodontists of Norway consider removing the first four premolars during orthodontic treatment reduces the possibility of further development of dental abnormalities by 87% and, very importantly, tends to long-term stability [12]. The evaluation of temporal parameters

includes: treatment with removal (33.3 months) lasts on average 8.1 months longer compared with treatment without removal (25.2 months) [3].

During multiple extractions crowding of lower incisors is observed in children in 5 years by Hotz.

In adults with skeletal forms of occlusion abnormalities of class III according to Angle, the best choice is the combined method of extracting teeth, namely 34 and 44, 15 and 25 teeth, which, according to Turkish doctors, prevents relapses, and for skeletal and dental alveolar forms I and II classes – the removal of the first four or four second premolars.

According to orthodontists of the East, the decision of orthodontic treatment with the removal of individual healthy teeth should be based on modeling the rules of nature. So, anodontia of the second premolars has the highest frequency after the third molars, their removal simulates natural hypodontia, which is, in their opinion, the most acceptable [14].

Rare, but orthodontists extract the second permanent teeth: molars and incisors.

The removal of the first permanent molars is carried out more often than others due to their earlier destruction, which gives significant positive changes in the vertical and sagittal planes upon obtaining good function and aesthetics, does not affect the growth of the mandible [23], and only slightly changing the profile of soft tissues [5 , 6].

An interesting study was conducted by Turkish orthodontists, comparing two monozygous twins with dental-tooth abnormalities of class I according to Angle, treated in different ways: premolar and molar extraction. In the case of premolar extraction, the profile has changed; therefore, if the aesthetics of the face is acceptable, then the removal of first molars should be a treatment option [33].

A number of studies have studied the effect of the removal of the first molars on the further eruption of the third ones. In the works of Swiss, Turkish and Portuguese scientists there are scientific reasons to consider that the extraction of the first molars in adults leads to the alignment of the second molars and the normal

eruption of the third, by increasing the space for their eruption [22, 34, 21]. Relapses are possible after closing of post-extraction space [21].

After the removal of the second upper molar, the third erupts in 99.2%, (average eruption time is 4.5 years), however, 33% do not have good occlusion, which requires additional correcting [17], with time the angle of inclination of the third molar improves after the second molar is removed that gives chances for eruption [39].

Extraction of a single mandibular incisor can be an alternative to the removal of four premolars, which gives minimal changes in the dental arches, the soft tissue profile and the stability of the results [4, 27, 16]. To make such a decision, all factors must be evaluated: the nature of the occlusion, the patient's complaints, the nature of growth, the condition of the teeth and periodontal disease and, most importantly, the experience of a specialist [11].

Criteria of extraction of teeth have not determined yet. Final clarification is indicated by many authors.

To solve the important issue of removing teeth for orthodontic reasons, an accurate individual diagnosis is needed based on the clinical picture, morphometric analysis of clinical and diagnostic jaw models and a detailed analysis of the teleroentgenograms [29]. To make a decision about the extraction of teeth in the process of orthodontic treatment, Japanese scientists from the University of Osaka offered a mathematical model, the program of which consists of 16 orthodontic measurements of clinical and diagnostic jaw models and 9 measurements of teleroentgenograms [13].

Orthodontic treatment cannot be standard, it can be individual for each patient [30].

Brazilian scientists use atypical or asymmetric extraction of teeth in their work, considering that it can be a rational solution for obtaining adequate occlusion and satisfactory aesthetics [29]. Turkish orthodontists presented two successful cases of

asymmetric premolar extractions in patients with bite class II Angle bite, which once again confirms the need for an individual approach in each clinical case [8].

Conclusions. Thus, a modern approach to planning orthodontic treatment with removal of individual teeth requires consideration of the individual characteristics of each patient and a variety of factors: diagnosis (skeletal and dental alveolar), aesthetic characteristics of the face, functional state of the maxillofacial area, such as jaw growth, the state of hard dental tissue, periodontal conditions, etc.

The correct choice of teeth to be removed, allows achieving multiple stable contacts and normalization of the function and aesthetics of the maxillofacial area, and, therefore, the predicted stable result of orthodontic treatment.

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