

There Is A Time To Extract

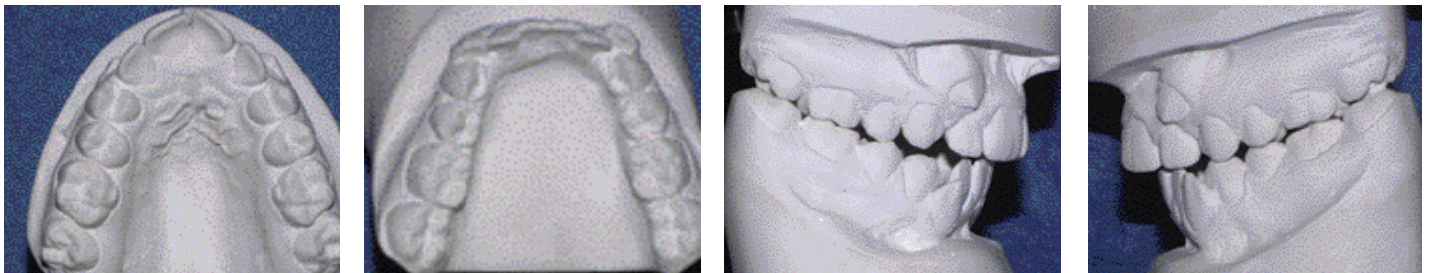
Background:

The more that I have used this technology, it has become very apparent that the “Art of Low-Force Low-Friction Technology” is to be able to “Read and React” to how the orofacial musculature, bone, and tissue respond to this revolutionary force technology. This case has been selected to demonstrate how occasionally a case will respond quite differently than the previously shown crowded cases. This patient was treatment planned and started in a similar manner to the previous cases. (Please note that some of the previous cases also presented with a mild to moderate anterior tongue thrust.) The following clinical photographs very graphically demonstrate how the combined forces of the anterior tongue thrust and the light mechanical forces used to align the teeth simply were stronger than the counter-balancing forces of the orbicularis oris and mentalis muscles. These resultant forces produced a bimaxillary protrusive dentition with a significant openbite and very negative impact on the patient’s facial profile. (This has not been observed often in the patient pool I have treated.) My recommendation would be early recognition of this muscle imbalance and the extraction of teeth in the light-wire phase (.014 CuNiTi) to minimize the round-tripping of the anterior segments that is observed in this case. I found it very interesting that after the first bicuspids were extracted, and without using any closing mechanics, the entire upper extraction space was nearly closed during the light-wire alignment phase after rebonding.

This case shows graphically the following:

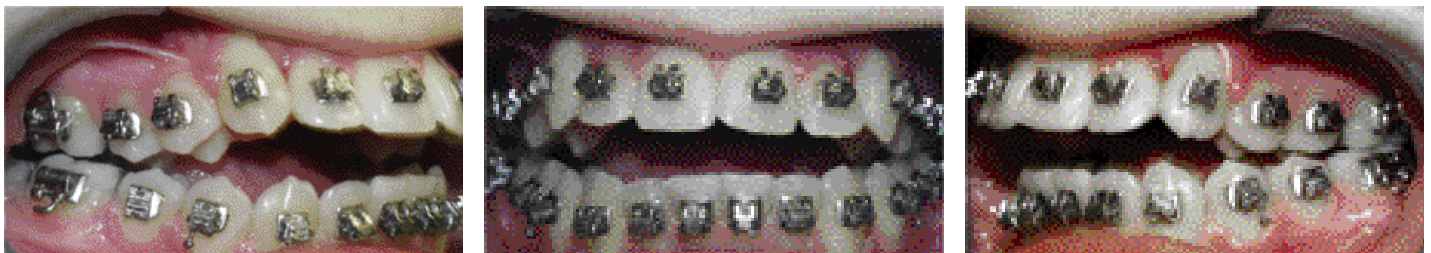
1. Face-driven treatment planning.
2. Read and react to what the body gives the clinician.
3. There is a time to extract.
4. The tremendous impact that the orofacial musculature has on treatment outcome.

Initial:

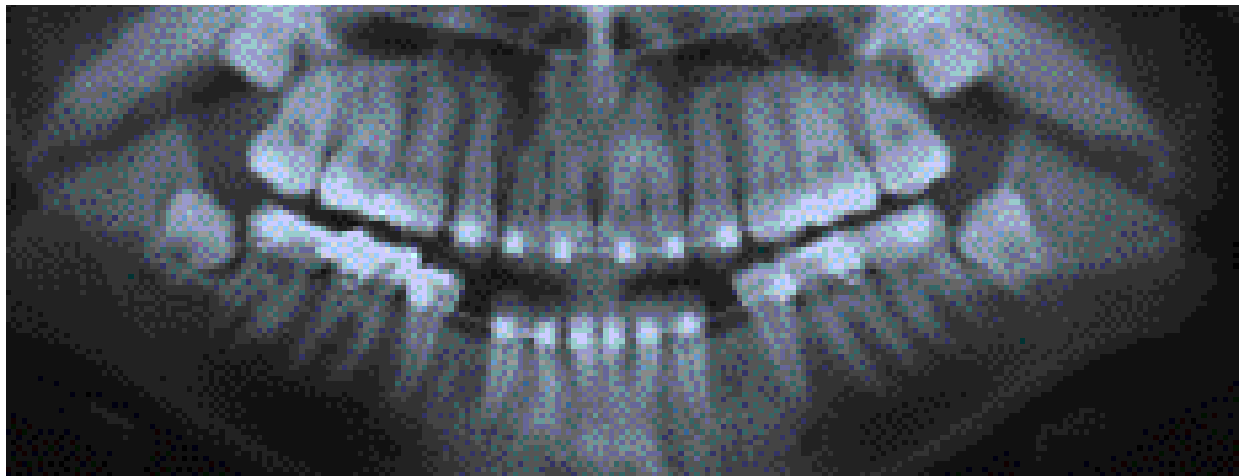


Progress Records:

Progress records after aligning teeth;
extract earlier – avoid round tripping.



DATE	TIME	LOCATION	OPERATION	OPERATOR	ASSISTANT	ANESTHESIA	REMARKS
6/1/01	10:00	OR	EXTRACTION OF 4 QUADRANTS OF LOWER PREMOLARS	DR. [Name]	DR. [Name]	2% LIDOCAIN	GOOD
6/1/01	11:00	OR	EXTRACTION OF 4 QUADRANTS OF UPPER PREMOLARS	DR. [Name]	DR. [Name]	2% LIDOCAIN	GOOD
6/1/01	12:00	OR	EXTRACTION OF 4 QUADRANTS OF LOWER MOLARS	DR. [Name]	DR. [Name]	2% LIDOCAIN	GOOD
6/1/01	13:00	OR	EXTRACTION OF 4 QUADRANTS OF UPPER MOLARS	DR. [Name]	DR. [Name]	2% LIDOCAIN	GOOD
6/1/01	14:00	OR	EXTRACTION OF 4 QUADRANTS OF LOWER INCISORS	DR. [Name]	DR. [Name]	2% LIDOCAIN	GOOD
6/1/01	15:00	OR	EXTRACTION OF 4 QUADRANTS OF UPPER INCISORS	DR. [Name]	DR. [Name]	2% LIDOCAIN	GOOD
6/1/01	16:00	OR	EXTRACTION OF 4 QUADRANTS OF LOWER CANINES	DR. [Name]	DR. [Name]	2% LIDOCAIN	GOOD
6/1/01	17:00	OR	EXTRACTION OF 4 QUADRANTS OF UPPER CANINES	DR. [Name]	DR. [Name]	2% LIDOCAIN	GOOD
6/1/01	18:00	OR	EXTRACTION OF 4 QUADRANTS OF LOWER CENTRIC INCISORS	DR. [Name]	DR. [Name]	2% LIDOCAIN	GOOD
6/1/01	19:00	OR	EXTRACTION OF 4 QUADRANTS OF UPPER CENTRIC INCISORS	DR. [Name]	DR. [Name]	2% LIDOCAIN	GOOD



Panorex June 1, 2001
 Note space closure with muscle forces only.

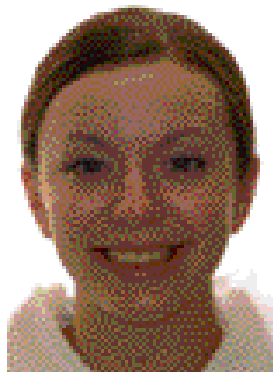


These photos are from another case, but it illustrates what occurred in this patient. The extraction sites will often close without conventional closing mechanics. These photos show how extraction sites will close with only the "lip bumper effect" of the obicularis oris and mentalis.

Finals:



Pretreatment



Posttreatment



Pretreatment



Posttreatment



Final



Final



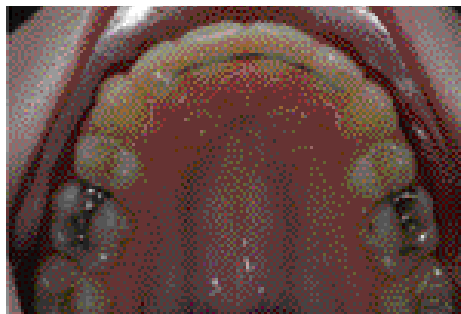
Final



Pretreatment



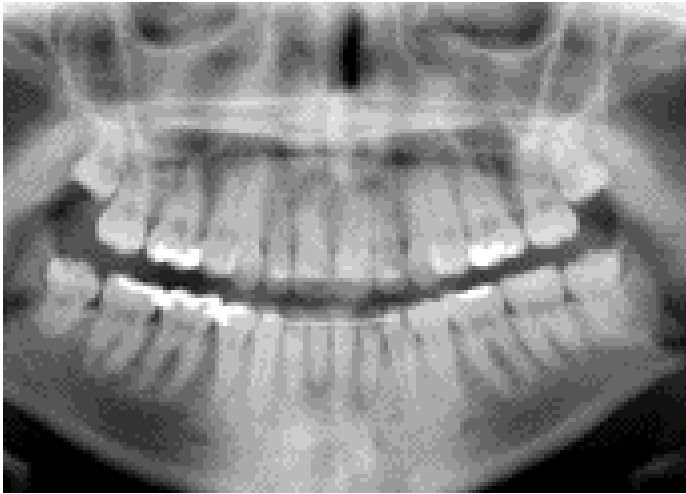
Pretreatment



Posttreatment



Posttreatment



Occlusal Cast Transverse Measurement Comparisons

Note: Minimal lateral posterior development following bicuspid extractions.

Pretreatment

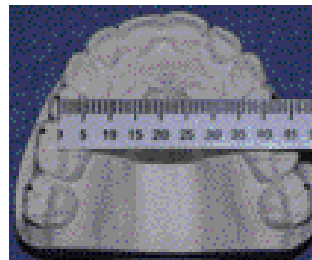
Posttreatment

Pretreatment

Posttreatment



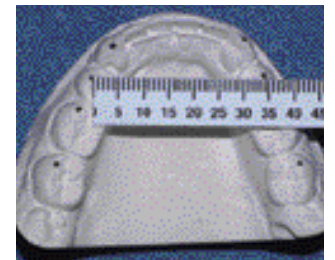
38.0 mm



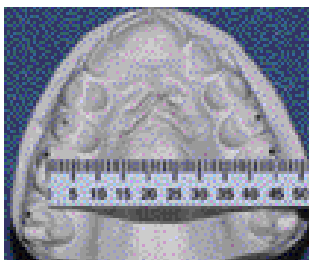
42.0 mm
4 mm change



34.0 mm



34.0 mm
No change



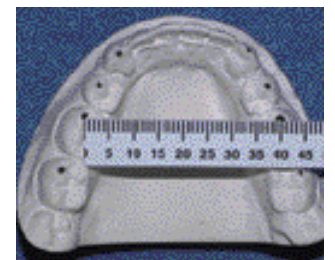
44.0 mm



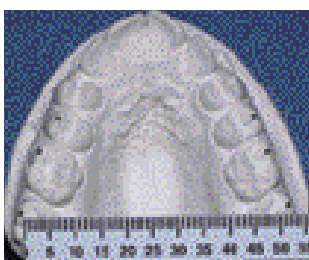
47.5 mm
3.5 mm change



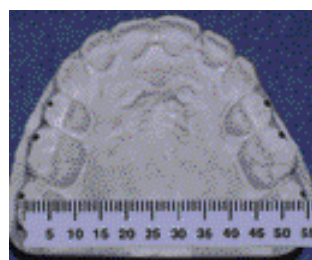
39.0 mm



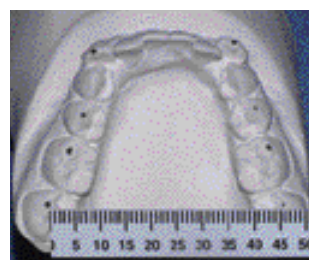
40.0 mm
1 mm change



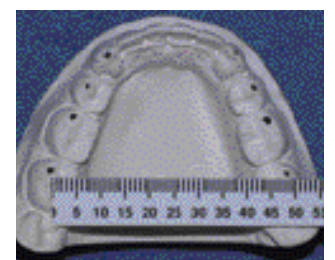
51.5 mm



54.0 mm
2.5 mm change



45.5 mm



48.0 mm
2.5 mm change

H.S.



Note healthy tissue even in extraction case.