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.
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.

<table>
<thead>
<tr>
<th>Pretreatment</th>
<th>Pretreatment</th>
<th>Posttreatment</th>
<th>Posttreatment</th>
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<tbody>
<tr>
<td>38.0 mm</td>
<td>42.0 mm</td>
<td>34.0 mm</td>
<td>34.0 mm</td>
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<tr>
<td>4 mm change</td>
<td>4 mm change</td>
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<tr>
<td>44.0 mm</td>
<td>47.5 mm</td>
<td>39.0 mm</td>
<td>40.0 mm</td>
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<td>3.5 mm change</td>
<td>1 mm change</td>
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<td>51.5 mm</td>
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<td>45.5 mm</td>
<td>48.0 mm</td>
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<tr>
<td>2.5 mm change</td>
<td>2.5 mm change</td>
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H.S.

Note healthy tissue even in extraction case.