Periodontal - Orthodontic Interrelationship - A Review

LIBRARY DISSERTATION

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Orthodontics has changed drastically as a clinical discipline during the last few years and the speciality has expanded the scope of services to include treatment for many more adult patients. Treatment of adult patient has developed new interdisciplinary exchange and involvement particularly in the areas of orthodontics and periodontics. Objective of orthodontic treatment has been extended far beyond traditional anatomical "normal" occlusion. Efforts are now directed towards establishing a functional therapeutic occlusion in centric relation¹⁹.

There is no consistent relationship between malocclusion and periodontal disease but certain characteristics of malocclusion can promote a pathologic environment and hinder periodontal therapy. One of the dramatic means available to improve the local environmental factors is through orthodontic tooth movement¹⁰.

Tooth movement can be used to modify the site specificity of the disease process and to enhance the potential for long-term maintenance. Periodontally susceptable patients who have experienced shifting, migration, extrusion, flaring and lost teeth can benefit from tooth movement¹⁵.

Periodontal orthodontics may use simplified techniques (minor tooth movement) or full orthodontic therapy. When full orthodontic therapy is employed it adheres to the teaching of modern day orthodontics. When the distance through which the teeth are to be moved are small, and the objective of treatment is limited to secure a functional and aesthetic occlusion but not necessarily an ideal one, minimal orthodontic measures are employed¹⁷.

Orthodontic movement can be justified as a part of periodontal therapy if it is helpful in reducing the plaque retention, improve gingival and osseous forms and improve aesthetics¹⁰.

A close collaboration between the orthodontist and periodontist is highly desirable to establish an effective periodontal maintenance program and ensure minimal tissue