

Emergency Treatment in orthodontic clinic (Fifth year dental students)

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Orthodontic emergency

A problem arising from an orthodontic appliance, where an unscheduled appointment is required to resolve the issue



Removable orthodontic appliances

➤ Mouth watering



- Reassure patient and advise that it will resolve as mouth adapts to strange plastic object
- Warn patient at time of fitting

➤ Problems with speech



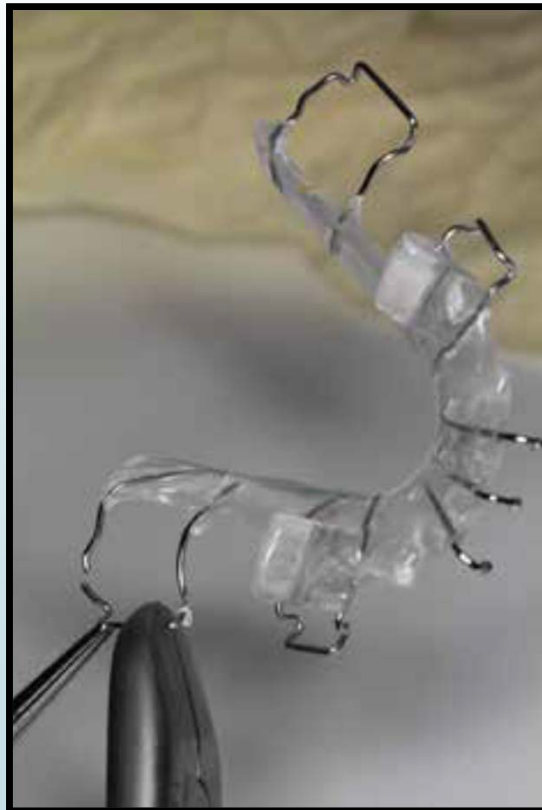
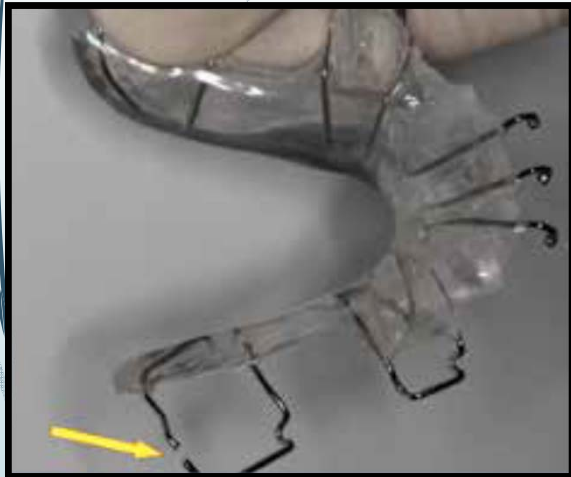
➤ Appliance loose



- Adding additional clasps and/or a labial bow
- Adjust clasps
- Remake appliance with improved design

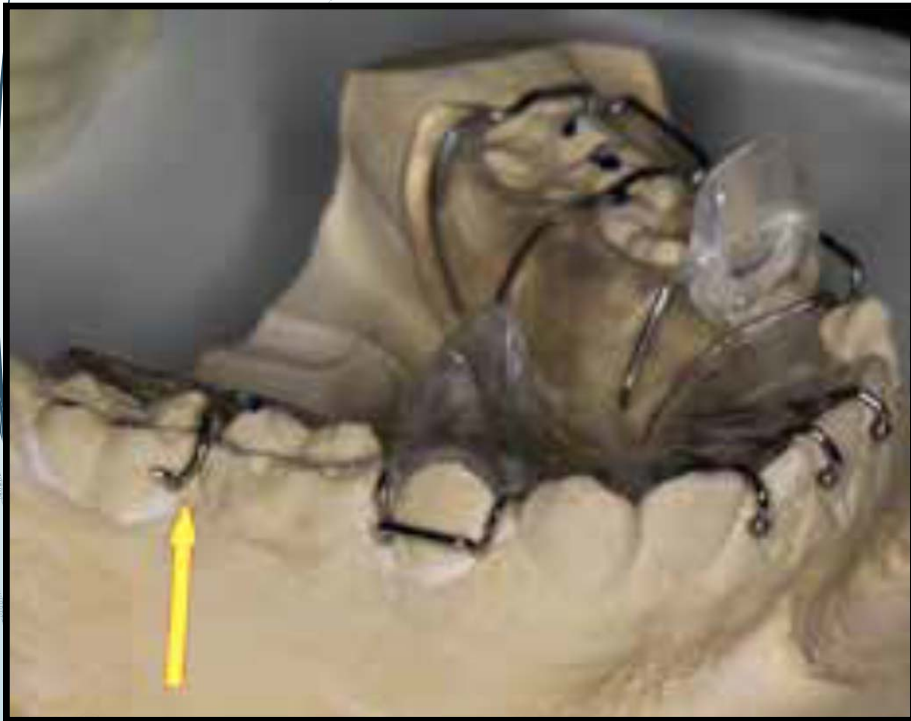


➤ Fractured retentive components



Removal of the fractured clasp.

➤ Fractured retentive components



- leaving the arrowheads engaging the undercut for retention

➤ Fractured Active components



- Removing sharp ends or loose wires
- Replace the active components



➤ Fractured expansion screw

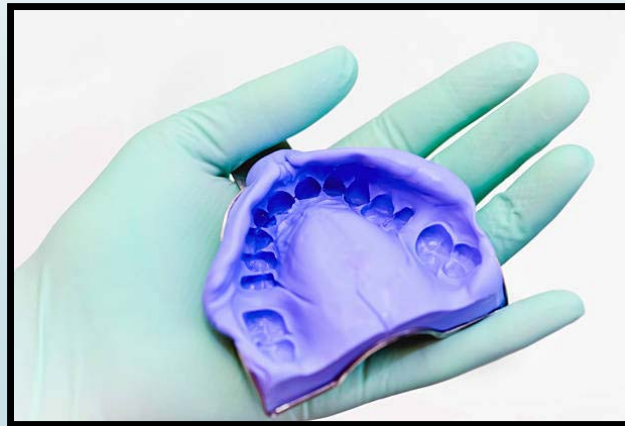
- ✓ Left the appliance out of the mouth for a day or two
- ✓ Turn the screw back, in quarter turn increments, until the patient can comfortably, fully insert the appliance



➤ Acrylic fractured (including baseplat, buccal capping)



❖ Take new impression



❖ Smooth fractured edge



❖ Possible inhalation or ingestion of an orthodontic component



- ✓ If still visible in the mouth or oropharynx, an attempt should be made to remove it.
- ✓ If is not possible then the patient should be encouraged to cough up the foreign body.
- ✓ If the airway appears compromised then an ambulance should be called, and appropriate radiographic examination.



Redness on roof of mouth (Candida)



- ✓ OHI and dietary advice
- ✓ Antifungal



➤ Sore cracks at side of mouth (Angular cheilitis)

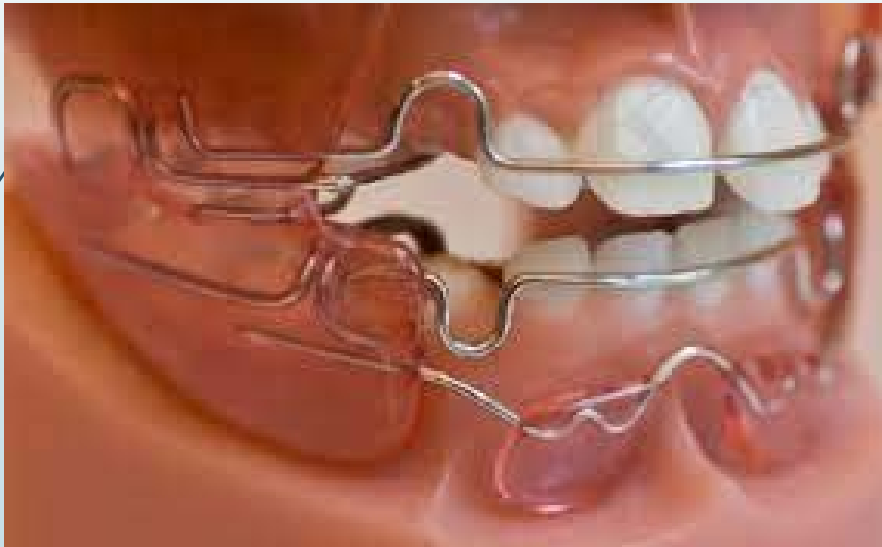


- ✓ OHI and dietary advice
- ✓ Antifungal



Functional appliance

a. Removable functional appliance



Appliance comes out at night



❑ Appliance not retentive due to poor design



- ❖ Adding additional clasps and/or a labial bow
- ❖ If not feasible then re-make appliance with improved design



Ulceration in the lingual sulcus caused by the lower lingual flanges

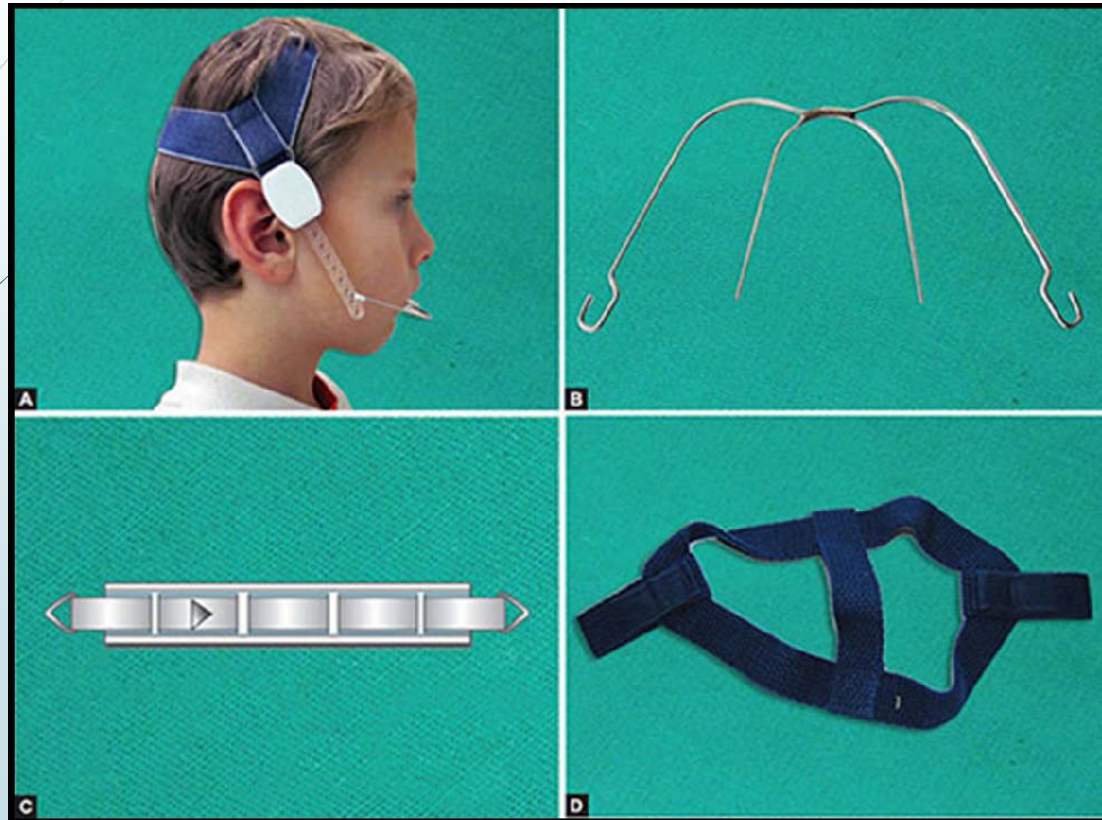


✓ **Appropriate trimming of the acrylic, just in the area of the inflamed mucosa or ulcer**



Extra oral appliances

Headgear



□ Chin cup



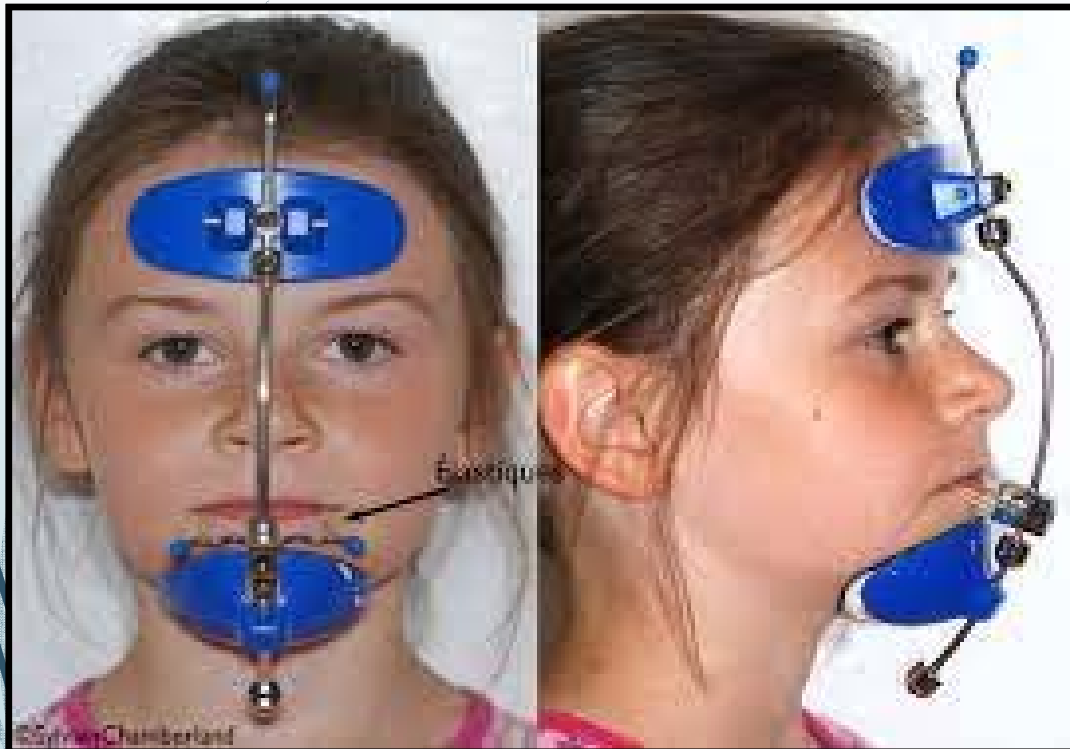


❑ Nickel allergy and Contact dermatitis-type IV



✓ Confirmation of the nickel allergy by a dermatologist and using nickel-free appliances or a plastic shield.

❑ Pain due to heavy force levels



➤ Removable Retainers



➤ Hawley retainers



Distortion of the labial bow



- ✓ Carefully readapted to the upper labial segment teeth
- ✓ Very minor distortion will need the appliance to be sent back to the laboratory, or to the treating orthodontist for attention
- ✓ If the damage is more extensive, or the appliance is lost, a new retainer will need to be made



occasionally, trauma on insertion, particularly around the gingival margins. It is a very simple matter for the general dental practitioner, or even the patient, to trim the prominent flange back with a pair of sharp scissors then smooth the cut ends with an emery board



Mouth ulcers



THANK YOU

