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Adult & Child Braces and Early Interceptive Treatment for Ages 6-11

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Donald M. Fox, D.D.S., M.S.

Really Straight Teeth

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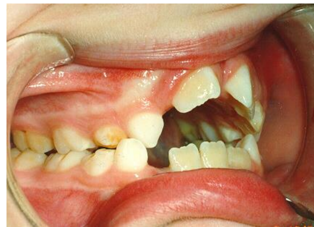
South Florida's Full Service Orthodontist

Open Bite Treatment (ages 7-8)

Donald M. Fox, D.D.S., M.S.
Diplomate of The American Board of Orthodontics

Many things cause open bites and go unrecognized by the medical and dental community and left alone usually require jaw surgery and braces in the teenage years.



Interestingly, most open bites can be handled swiftly and efficiently in the early interceptive age group:

1) What causes open bites?

2) Can open bites be prevented or kept from worsening?

3) Can an open bite be treated in the age group of 6-8 years?

I will discuss these three views individually, providing a broad overview that permits the reader to view the subject from practical and current perspectives.

#1: What causes open bites?

The subject of what causes open bites has to do mainly with the areas of genetics, airway problems and oral habits (mainly of thumb sucking and pacifier habits).
Until all of the non-genetic causes are ruled out, treatment of an open bite will only relapse since the cause has not been handled.

As part of the diagnosis done for open bites, the tonsils are viewed at the exam, extensive questions about breathing are done and the adenoids are viewed on a lateral cephalometric film. A referral to an Ear, Nose and Throat specialist is mandatory to get maximum airway passage opening. This does not mean the adenoids and tonsils have to be removed since there are other causes for nasal blockage and mouth breathing that can be eliminated.

Eliminating thumb sucking and pacifier habits prevents an open bite from worsening but it usually will not close back down on its own. Most of the reason for this is that the tongue has now come forward to make a seal for the swallowing of water and food and the tongue has now become part of the problem. Thumb sucking should be stopped by age 5 and pacifier habits by age 2 or orthodontic treatment will be needed to close the open bites caused.

Dr. Fox actually has stopped over 200 children from thumb sucking. He utilizes a customized home treatment for each individual along with the latest techniques. Less than 1% actually make it to a fixed "rake" to stop this habit. Also, he has gotten most pacifier habit children off their "binky" without a lot of upset to the child. Mothers are very pleased that these services are done.

#2: Can open bites be prevented or kept from worsening?

The second question deals with the early detection and referral of any patient who has mouth breathing problems (can't breathe through the nose), thumb or finger sucking habits or an open bite appears to be already present of any magnitude, large or small.

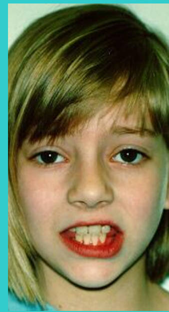
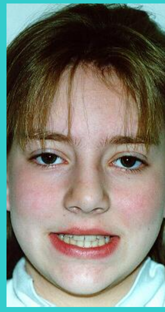
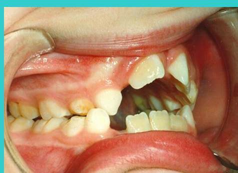
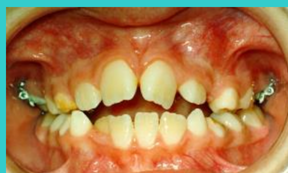
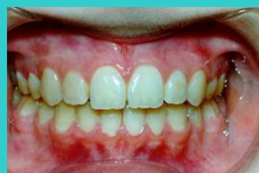
A referral for habits or breathing problems to Dr. Fox as early as age 4 can help Dr. Fox decide when to start treatment, but more importantly, a lateral head cephalometric film can detect at this age the adenoids and the pattern of facial growth that is already occurring. The head film is then copied and sent to the Ear, Nose and Throat specialist. Many mouth breathers can be expanded as early as 5-6 years old which not only corrects the narrow arches but also helps to open the nasal passages. Do not forget that the roof of the mouth is also the floor of the nose!

Many pediatricians do not diagnose the airway problems fully because they are not trained in full facial growth and development as Dr. Fox. Dr. Fox has a Masters degree in Orthodontics and Facial growth. Extensive growth and birth defect research was carried out by him at the University of Tennessee in this area with over 100,000 measurements of facial growth done to discover the effects on the newborn from taking aspirin or acetaminophen during the 13 week of pregnancy.

There are actually appliances developed to keep an open bite that is small from opening further and in most cases will cause the open bite to close. The time it should be placed is the key to successful result and it should be early before age 9.

Example of Early Treatment Open Bite Case

The below patient had a thumb suck habit that pushed her upper front teeth up and out, sucked her upper back bone and teeth down and collapsed her upper arch around the thumb. Expansion was done first which helped to close the open bite half way. Then a special appliance was placed and selected primary teeth were extracted that helped to reset the occlusal plane. This technique was learned not only in orthodontics but during prosthodontic training of resetting an occlusal plane of a full denture patient who's previous dentures were made with too much vertical dimension.

#3: Can an open bite be treated in the age group of 6-8 years?

The third historical issue dealing with early treatment deals with what we call "orthopedics." Orthopedics is skeletal correction via growth alteration. The open bite case has to be diagnosed properly to see if the upper front teeth have been pushed up and out or whether the back upper teeth and bone have actually extruded. This back extrusion will occur genetically or by non-genetic means.

To understand the back extrusion, understanding of some simple facts of facial growth must be known. The brain case expands or grows like a balloon. The upper midface and the lower jaw grow by moving down and forward, but mainly forward. So, what happens in a mouth breather is that they do not keep their mouth closed enough and the upper jaw is free to grow mainly down causing a "gummy smile" and the upper back area can come down first creating the open bite. The lower jaw now cannot close all the way up and forward.

In the thumb sucker, a different scenario occurs. The thumb pushes the upper front teeth up and out. The sucking actually sucks the upper back teeth and bone down in the back. And, the buccinator muscle during suction causes the upper arch to collapse around the thumb producing a severe narrow upper arch. Many times, the lower arch will also be affected and will be severely narrow.

Summary

To summarize, early treatment is becoming an ever-larger part of the contemporary orthodontic practice, as it will allow more patients to be treated without permanent extractions and jaw surgery. It will allow dramatic skeletal and facial improvements with minimal appliances and at an earlier age. This allows young children to mature, interact socially, and develop mentally unencumbered by disfiguring skeletal and dental malocclusions.

The hardest thing to tell a mother of a teenager who comes into the office that many of the problems her child has needed to be handled at an earlier age and now the case requires extensive braces and possible jaw surgery to close the open bite. So, if there is any doubt that a patient should have an orthodontic exam early (as recommended by the American Association of Orthodontists at age 7) it would be best to have the child seen early to provide the best future for the child dentally and economically.

About Dr. Fox and his office

Dr. Fox is one of only a few orthodontists in the entire South Florida area who are Diplomates of the American Board of Orthodontists. All of his exams are done at no charge for the local dentists to assure the patient has no hesitancy to get seen to improve their dental care.

Having computer imaging for Invisalign, Dr. Fox can show patients what their teeth will look like after treatment. This allows Dr. Fox to see what will be needed during treatment and how the movements will affect the final look and lip profile of the patient.

Important Note

The general practitioner is in an excellent position to detect, intercept and correct minor orthodontic problems early, thus making it unnecessary for the child to go through complex orthodontic treatment at a later date. Most patients who have Phase I early treatment usually only have 12-18 months of simple Phase II teenage braces. 5-10% never need Phase II. Getting the child in at age 6-7 is ideal; after age 10, we're lucky if prevention can be accomplished; and referrals that come after age 10 come too late for prevention or early treatment interception.

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DONALD M. FOX, D.D.S., M.S.
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Diplomate: American Board of Orthodontics
Member: American Association of Orthodontists
Recognized: Who's Who in America
Recipient: Harry Sicher Research Award of the American Association of Orthodontists
Member: Broward County Dental Association