Volume 3, Issue 2 (Re-released)

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

Inside this Issue

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

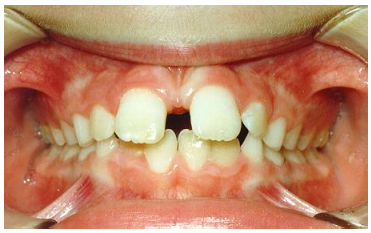
Straight Teeth

South Florida's Full Service Orthodontist

Frenulum Treatment

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

.



Interestingly, the frenulum should be clipped or removed before the anterior diastema is closed. The frenulum can be a problem as early as 6 years old or for the 50-year-old adult female who now wants her gap closed.

The following areas will be discussed:

1) What problems an upper frenulum can cause?

2) Can frenulums be treated early during the ages 6-11?

3) What are the most important facts about upper frenulums?

#1: What problems an upper frenulum can cause?

The subject of what harm an upper frenulum can cause has to do mainly with periodontal structures and eruption of teeth. The frenulum can be best thought of as a rubber band that runs down and between the central incisors, through the cortical plates and over to the roof of the mouth where one gets a pizza burn. It can actually replace a lot of bone that should be between the central incisors. If left untreated the bone in that area could be weak or at a lower level than normal. So, the best time to treat a maxillary frenulum is early during orthodontic treatment. This allows the teeth to come together slowly bringing vital bone to the area.

Another problem an upper frenulum can cause is impaction of the central incisors. As one of the central incisors begins to erupt it can get caught on the frenulum and you will then find only one of the two central incisors erupting.

An upper frenulum has been known to have an auxiliary or a second frenulum branching off the main frenulum that over time pulls on the gum line of one the centrals. Left untreated, this will cause gum recession. The treatment for this is called a "frenulum release".

Upper frenulums have also caused a loss of the papilla between the central incisors. It is very tricky to do an upper frenectomy in many cases. Improper technique can cause the loss of the papilla there and lead to a triangle air space under the contact at those teeth permanently.

The biggest problem a frenulum causes is the cosmetic one. The frenulum spreads the teeth apart over time. The theory of how this occurs is from the upper lip during smiling, talking and chewing pulls on the frenulum. The frenulum in turn stretches the tissues between the central incisors. Patients, most of the time, do not know their problem is the frenulum. They usually

state as their chief concern that "I do not like that gap between my two front teeth."

The easiest way to diagnose an upper frenulum other than noticing it exists is to lift the upper lip up. Tell the patient it may pinch when you do this. Pull the upper lip side to side. Notice whether the frenulum moves any of the tissue in the papilla area. If it does, it's a problem. Even if does not and it seems to run between there it still needs checked out. If a diastema exists between the centrals, the frenulum is possibly part of the problem.

#2: Can frenulums be treated during the ages 6-11?

The answer to this is "yes". The best time to treat them is between ages 6-11.

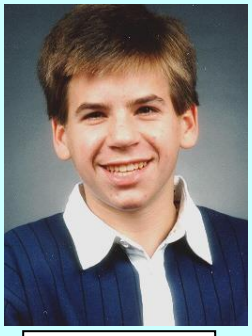
The younger child seems to tolerate the procedure better and heals better than most adults. The tissue heals so well in children that it is hard to tell it was ever done later on.

The key is that the child's gums and bones are growing and adapt very well to the diastema being closed and the frenulum removed. They also do better with orthodontic treatment than most teenagers and adults.

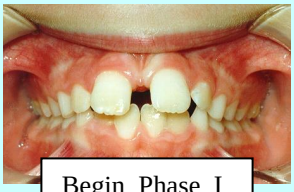
Example of an Early Treatment Frenulum & Diastema

The below patient had a severely strong maxillary frenulum that caused a huge diastema between the upper central incisors. The incisors were moved together orthodontically very slowly to bring good bone with the teeth (along with expansion of both arches). The frenectomy was done removing it from within the bone. Then, a fixed lingual bonded retainer wire was placed. His mother was so pleased that she brought in a school photo to us (below) which makes you feel good!

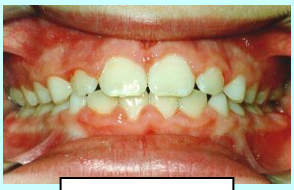
Begin Phase I



End Phase I



Begin Phase I



End Phase I

The best treatment at this age group is having the frenectomy done before the diastema is closed orthodontically. The reason for this is that the tissue will not bunch up before the diastema is closed with braces. It is harder to do the frenectomy if the gums are all swollen and the papilla is puffy. So, again the frenectomy must be perfectly timed during orthodontic treatment.

#3: What are the most important facts about upper frenulums?

One interesting phenomenon has been noticed in patients. There seems to be a high incidence of strong upper frenulums and having a strong lower lingual frenulum (tongue-tied). When I see one I usually check for the other.

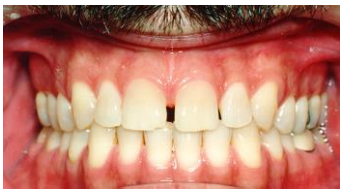
Another fact is that the frenulum is not just clipped. If not removed from between the incisors, the incisors will, after the braces are removed, space back apart. The upper diastema is not easily closed with a retainer. Braces are usually placed back on the teeth to close a diastema that reopens.

I have re-treated patients who had treatment elsewhere and the upper frenulum was never diagnosed. The patient arrives in the office and their chief complaint is that their diastema has reopened. They are so disheartened to hear that braces need to be placed back on.

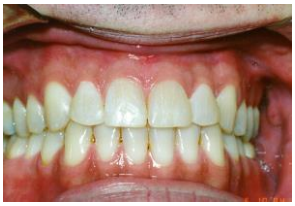
Our office has computer photography that allows us to show the patient what their smile will look like with the diastema closed. This usually motivates them to have braces and the frenectomy.

Many adult patients may not elect to have full braces but they will elect to

have partial upper clear braces to close a diastema and have the frenectomy done!



BEFORE ADULT



AFTER ADULT

He was not only happy with his result but he shaved off his moustache!

Oh, by the way, the word frenulum comes from Latin “attachment”. When patients come in for their first visit I always kid with them and ask them if they know what the frenulum is for? They usually state they do not know. I tell them that when the wind blows real hard it keeps their upper lip from flapping around like a piece of baloney.

About Dr. Fox

Dr. Fox has completed over 20,000 finished cases in the 27 years of being in private practice. The biggest comments he gets about his work is that in most cases, the treatment time was less than stated it was going to take and the result usually is the same planned for without many surprises. The occlusion in almost all cases has canine rise with no interferences unless a tooth size discrepancy exists or the patient needed jaw surgery and they elected to not have it.

The biggest thing Dr. Fox feels about his work is that it is unbelievable that each day he goes to work he still feels good about what he does for people. Great work is still being offered in the field of dentistry even though dental management organizations and socialized dentistry seems to keep knocking on our doors.

Visit us at:
www.reallystraightwhiteteeth.com
where there are links to the American Association of Orthodontists and the new Invisalign™ invisible braces treatment.

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.

REALLY STRAIGHT TEETH **is published for the dental community as an educational service. For further information on any of these services, contact:**

DONALD M. FOX, D.D.S., M.S.
Adult & Child Braces and
Early Interceptive Treatment
For Ages 6-11

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