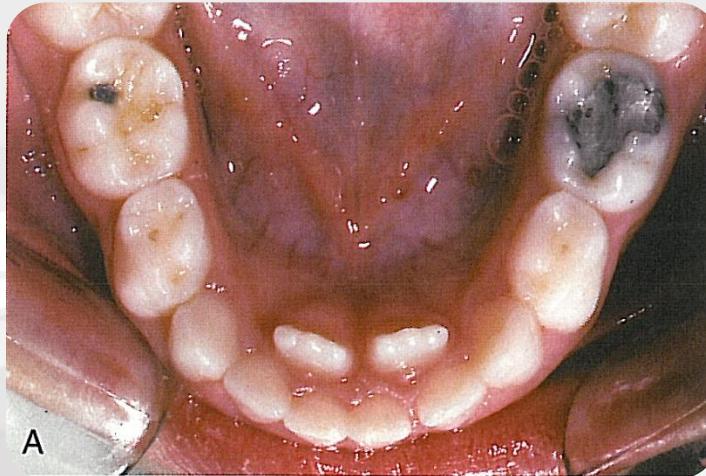


# **Ectopic eruption & Supernumerary teeth**

**Dr. A. Gachkooban - Orthodontist**

# Overretained primary teeth

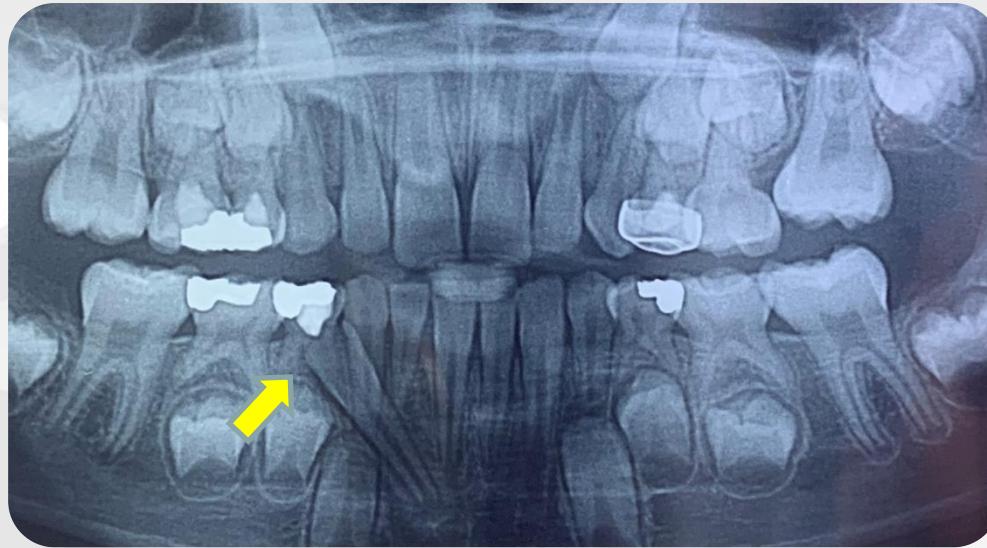
- Approximately  $\frac{3}{4}$  of permanent tooth root has formed



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# Ectopic eruption

- Space analysis
  - SM, SR , S.E or complex Tx.



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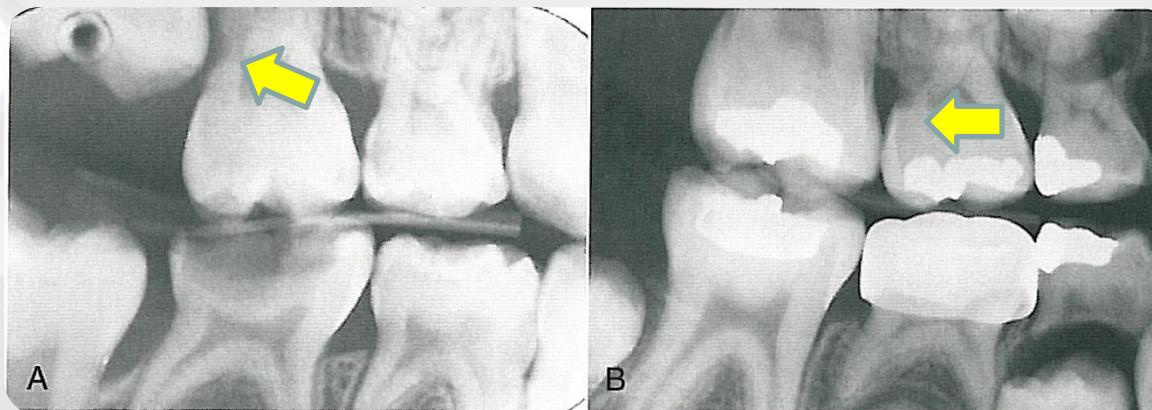
# Lateral incisor

- Space is adequate + No midline shift
  - One primary canine is lost
  - Both primary canines are lost



# Upper 1<sup>st</sup> permanent molar

- Only small amounts of E resorption (1-1.5 mm)
- Fallow 6 months



# Upper 1<sup>st</sup> permanent molar

- If a limited amount of movement is needed
  - 20 or 22 mil dead soft brass wire



# Upper 1<sup>st</sup> permanent molar

- If a limited amount of movement is needed
  - 20 or 22 mil dead soft brass wire
  - Steel spring clip separator



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# Upper 1<sup>st</sup> permanent molar

- If a limited amount of movement is needed
  - 20 or 22 mil dead soft brass wire
  - Steel spring clip separator
  - Elastomeric separator



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# Upper 1<sup>st</sup> permanent molar

- Resorption of E is severe and more distal movement is required
  - ❖ Band or bond E and 6 + looped spring



# Upper 1<sup>st</sup> permanent molar

- Extensive resorption of E
  - ❖ Ext of E (+/- Distal shoe)
    - SR or PM ext program after 6 eruption

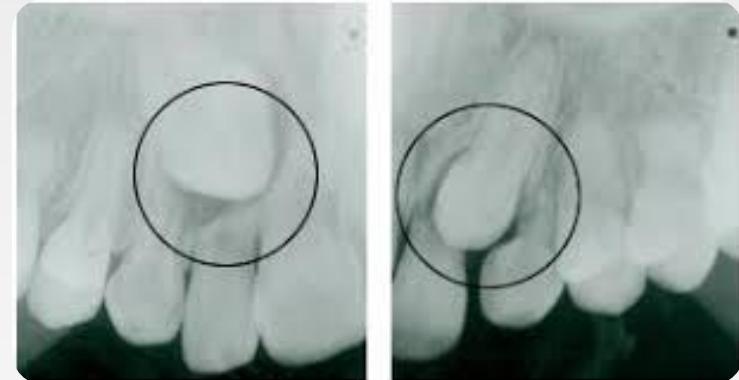


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# Upper canine

➤ Can leads to:

- Canine impaction
- Incisors root resorption



# Upper canine

## ➤ Diagnosis:

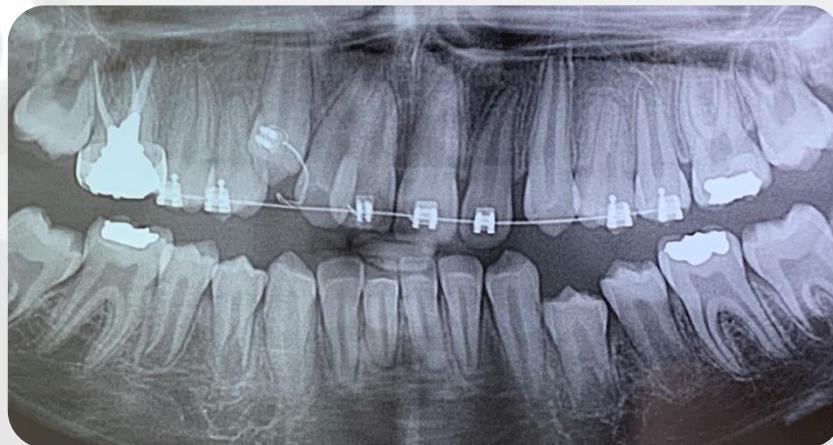
1. Panoramic
2. CBCT

# Upper canine

- No root resorption of incisors:
  - ❖ Ext of primary canines
- Ericson & Kurol study
  - ❖ Overlapping less than half of lateral root → 91%
  - ❖ Overlapping less than half of lateral root → 64%

# Upper canine

- Root resorption of incisors:
  - ❖ Surgically expose & force eruption

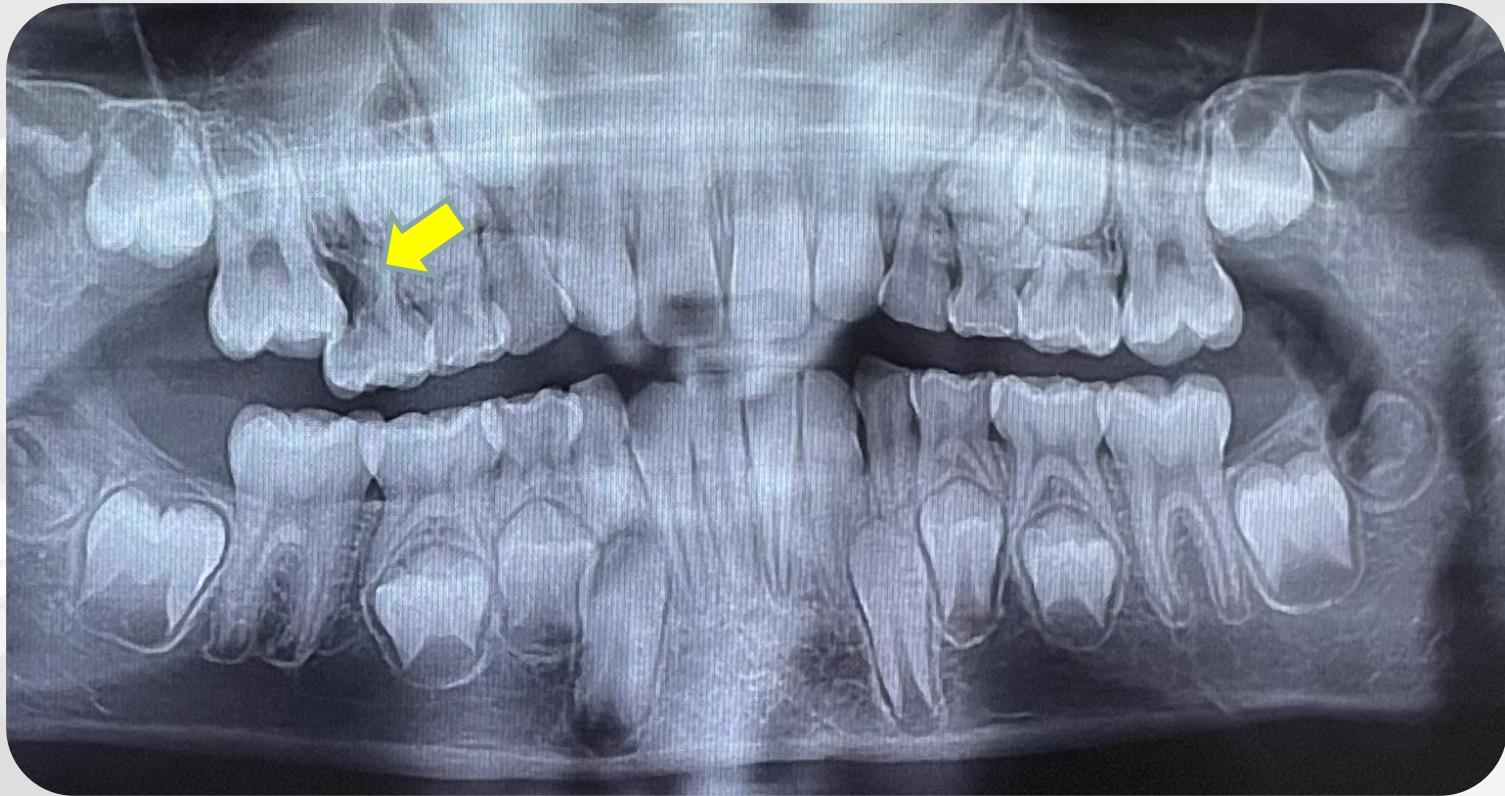


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# Supernumerary teeth

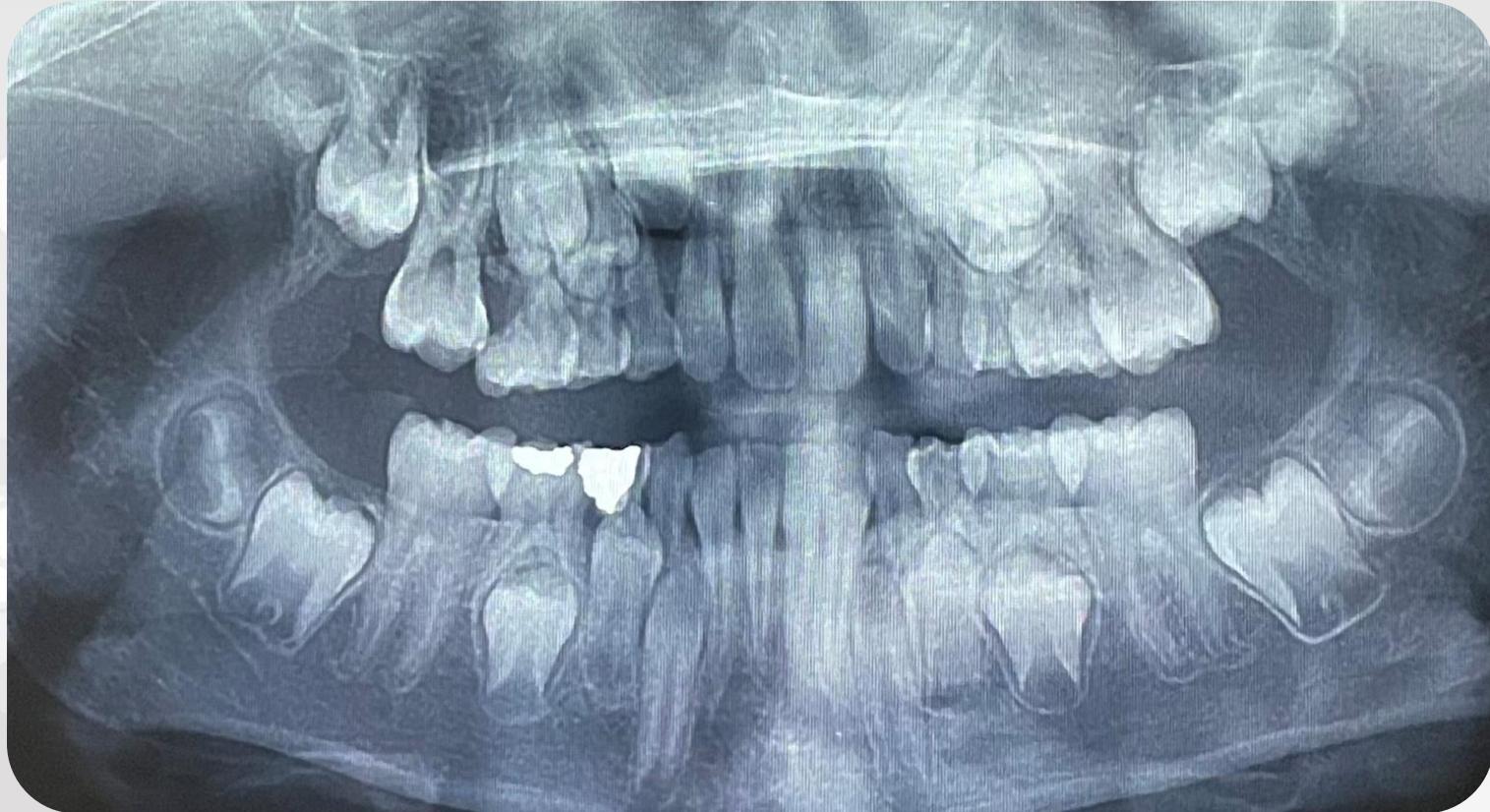
- Can disrupted the normal eruption of teeth
  - ➔ Ext as soon as possible
- The most common location
  - ➔ Anterior of maxilla
- The more number& more abnormal shape& higher position
  - ➔ The harder situation

# Max 1<sup>st</sup> molar ectopic eruption



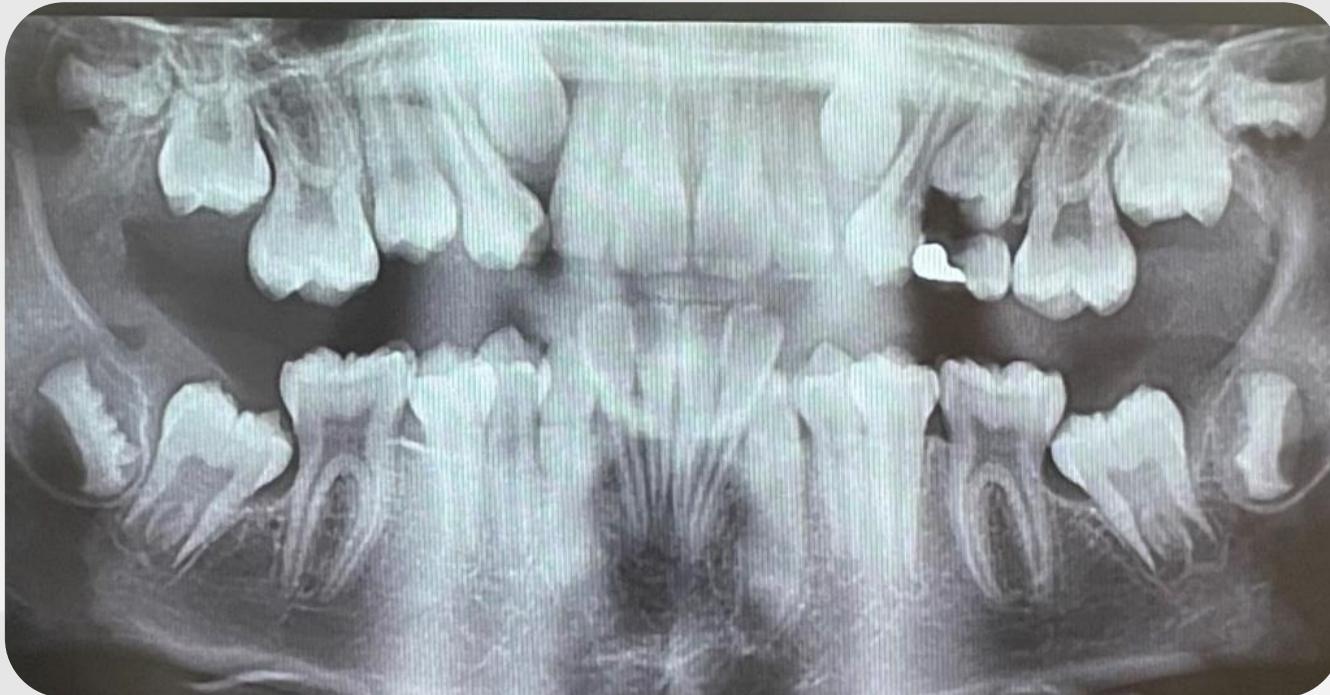
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# 1.5 months later



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# Bilateral Man 2<sup>nd</sup> molar ectopic eruption



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# After ext



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# 2 months later



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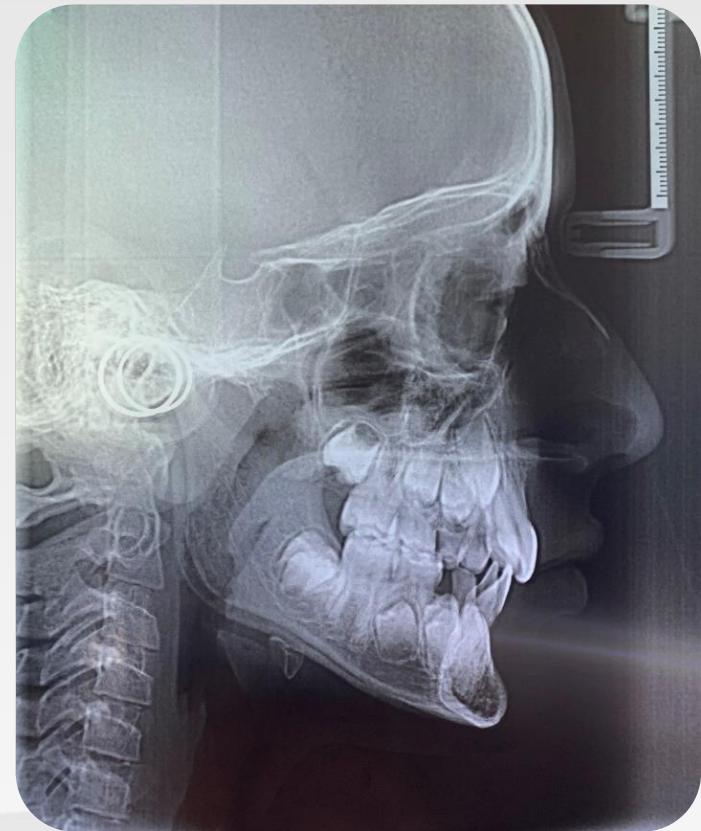
# Man lateral ectopic eruption & 2<sup>nd</sup> premolar missing



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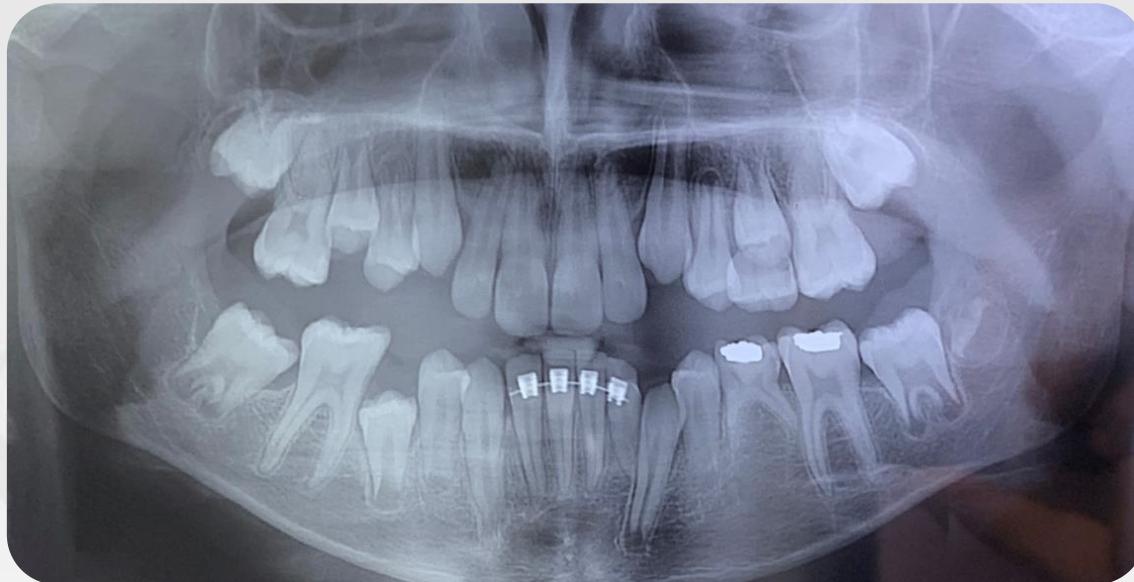
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# 5 months removable app



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# 6 months partial fixed Tx



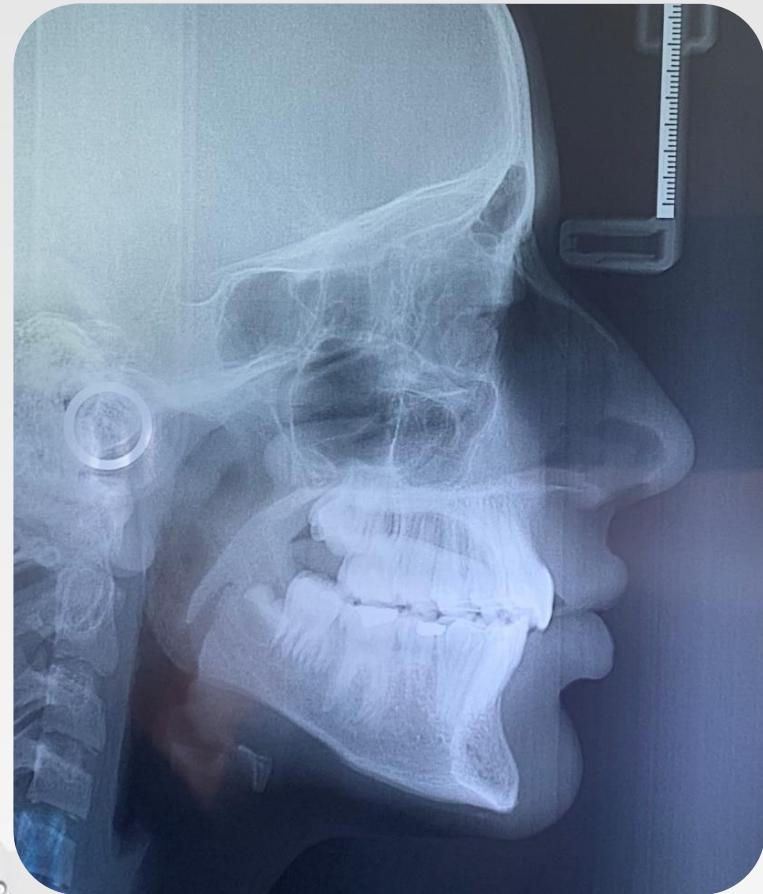
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# 1 year fallow



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# 5 month fixed Tx

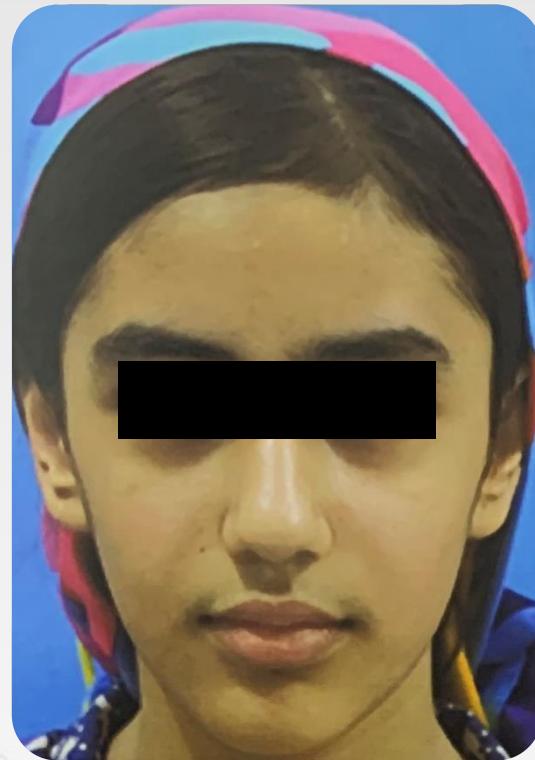


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# Final result



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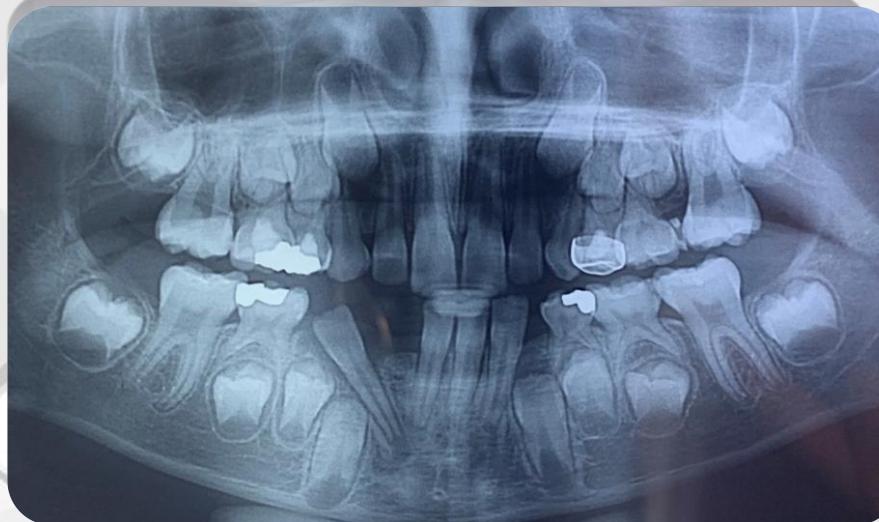
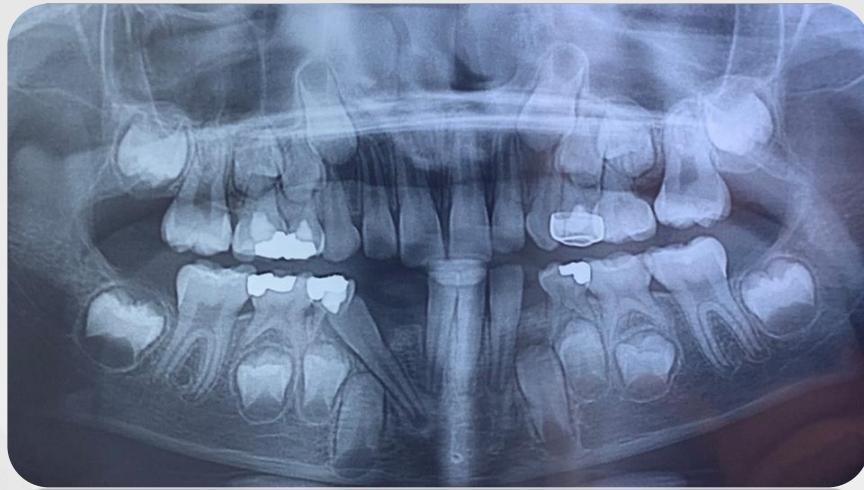
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# Man lateral ectopic eruption



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# Removable Tx



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# 10 months later



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# Fixed Tx

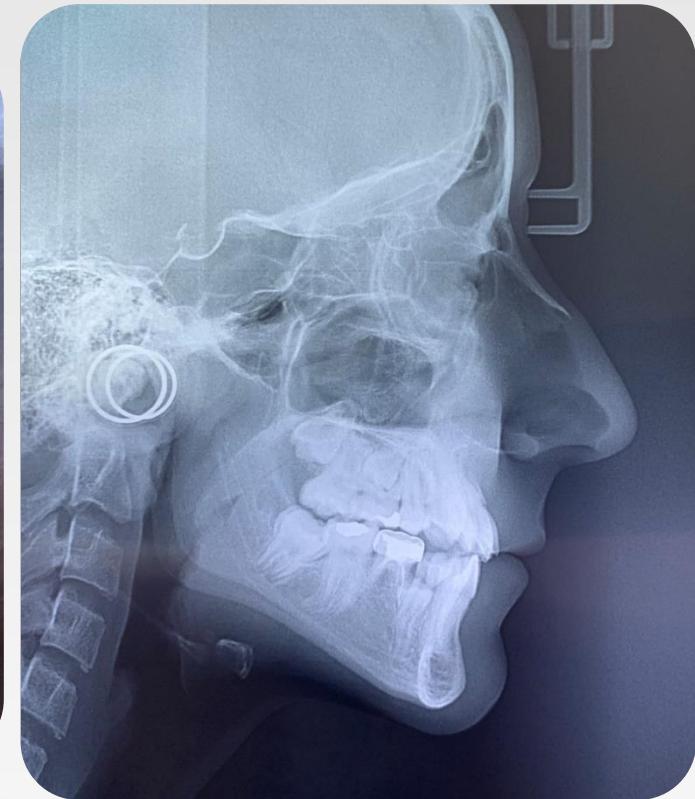
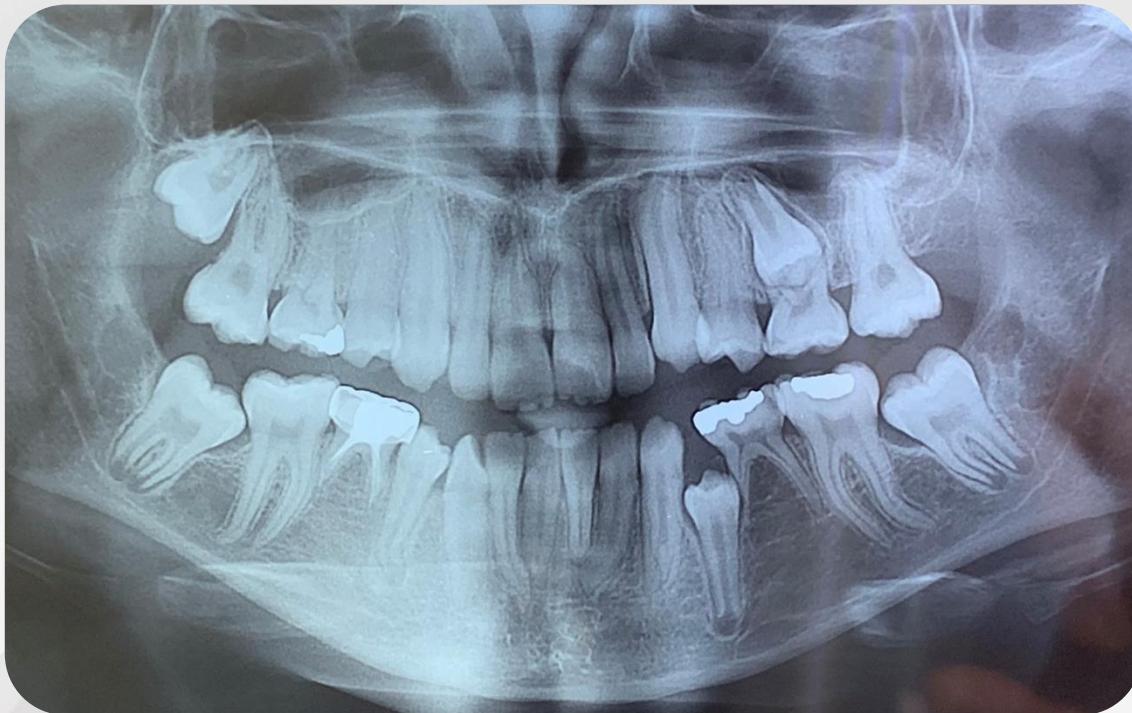


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# Bilateral 2<sup>nd</sup> molar ectopic eruption

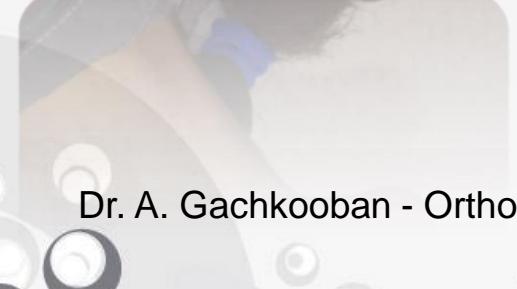


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# 6 months later



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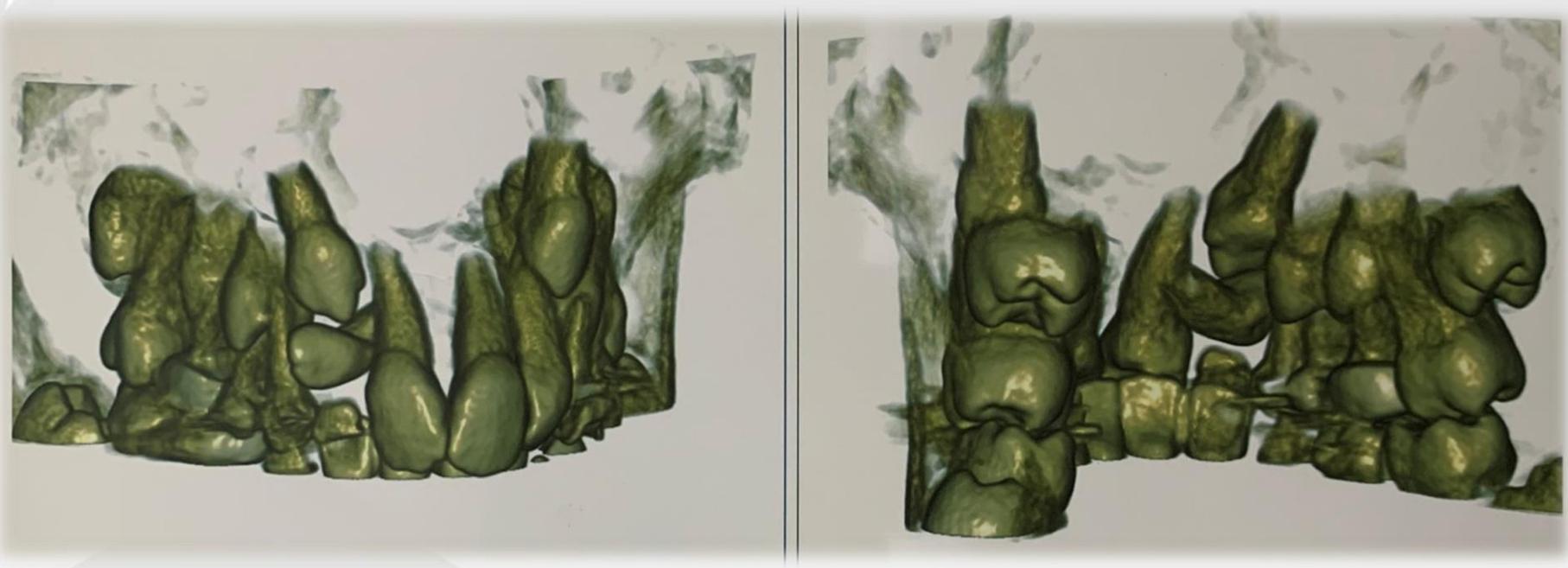
# Skeletal CLII & lateral ectopic eruption



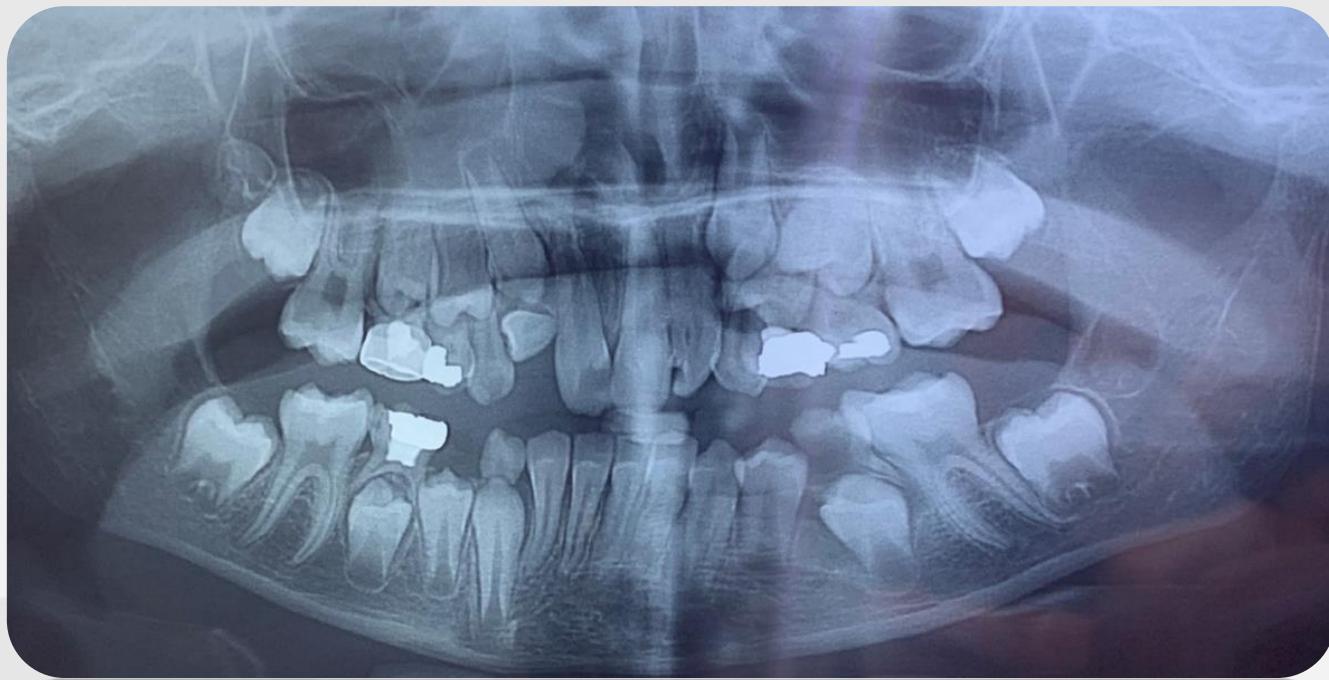
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# Functional therapy + Elastic



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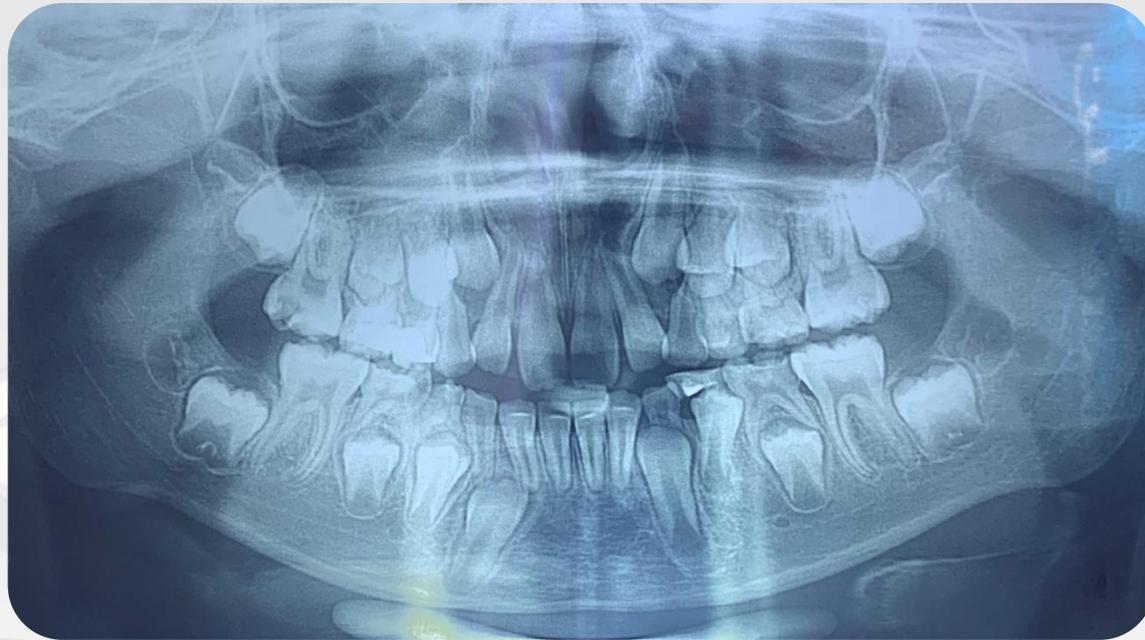
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# Ready for fixed Tx



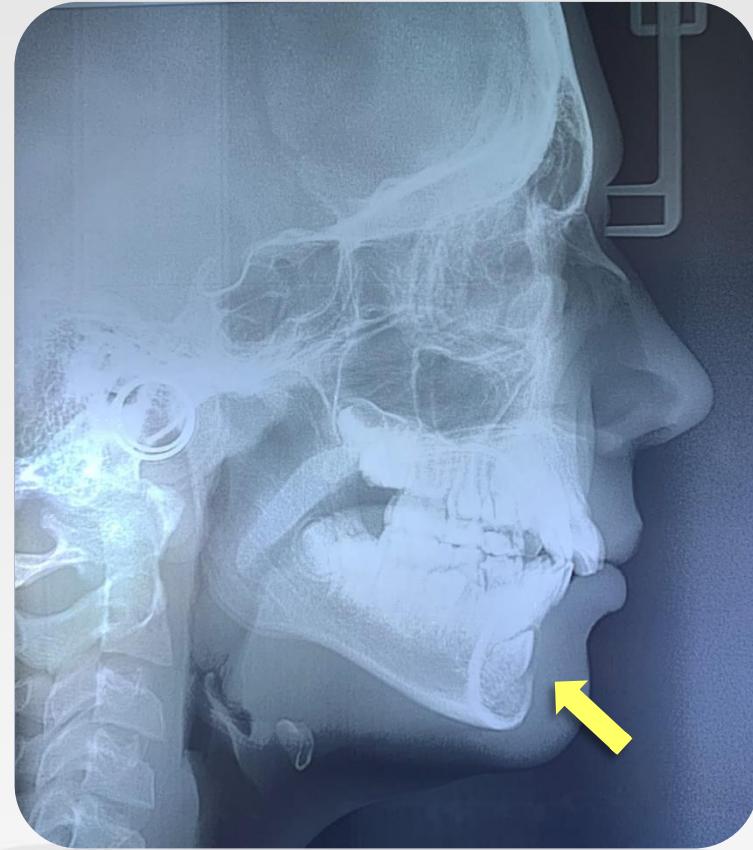
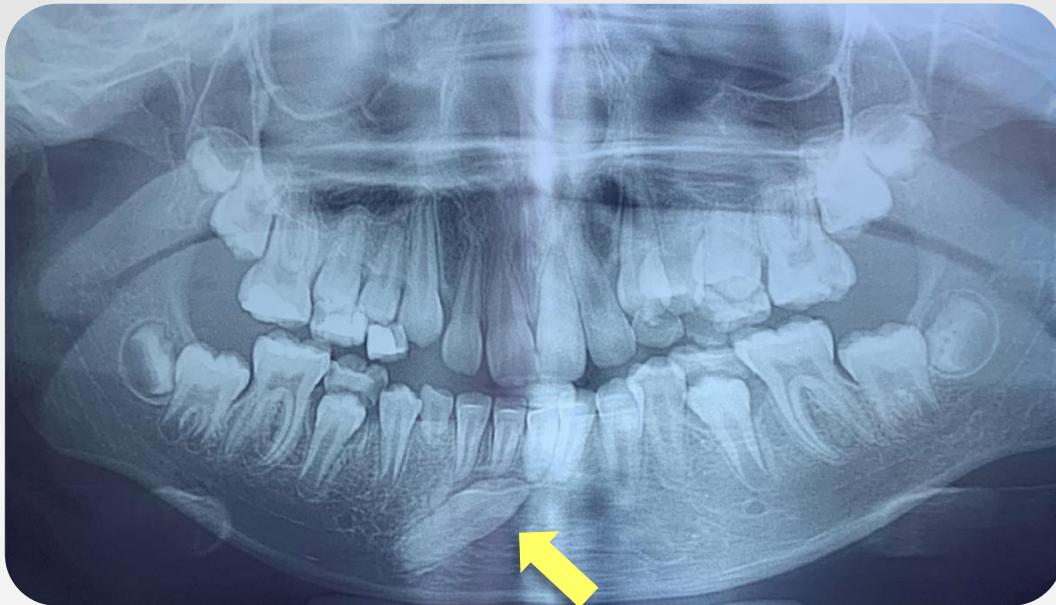
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# Man canine ectopic eruption



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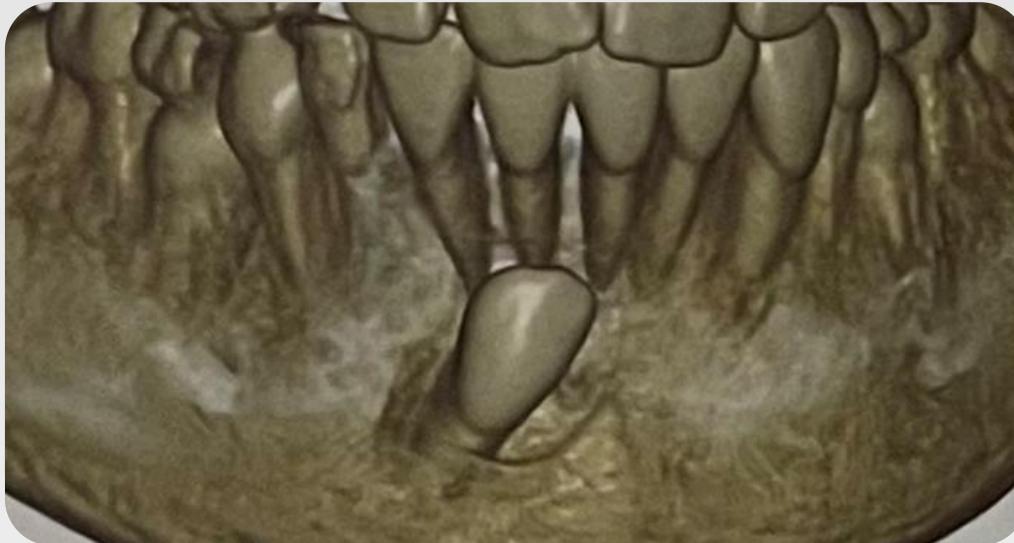
# After 18 months



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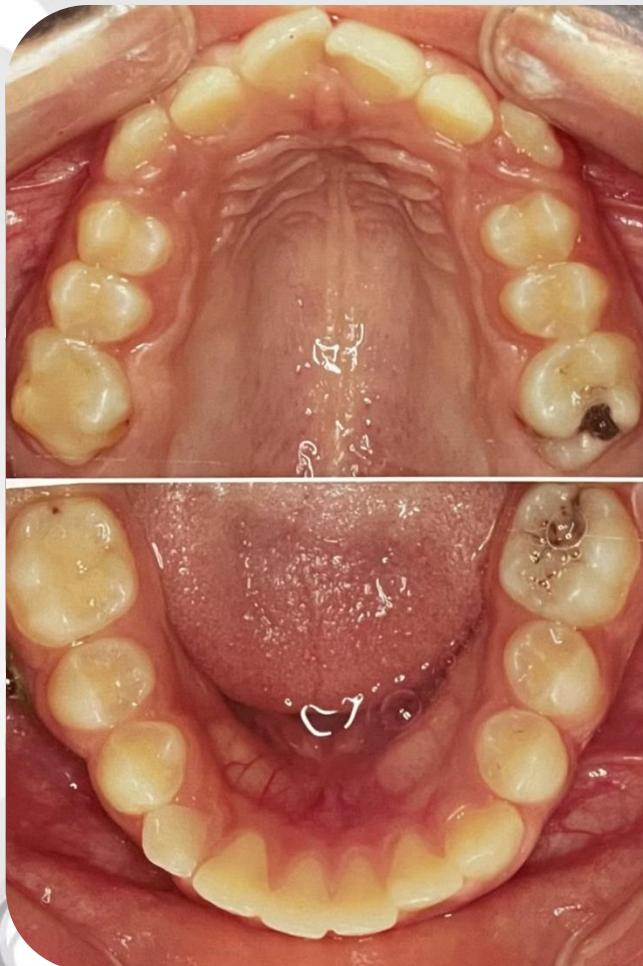


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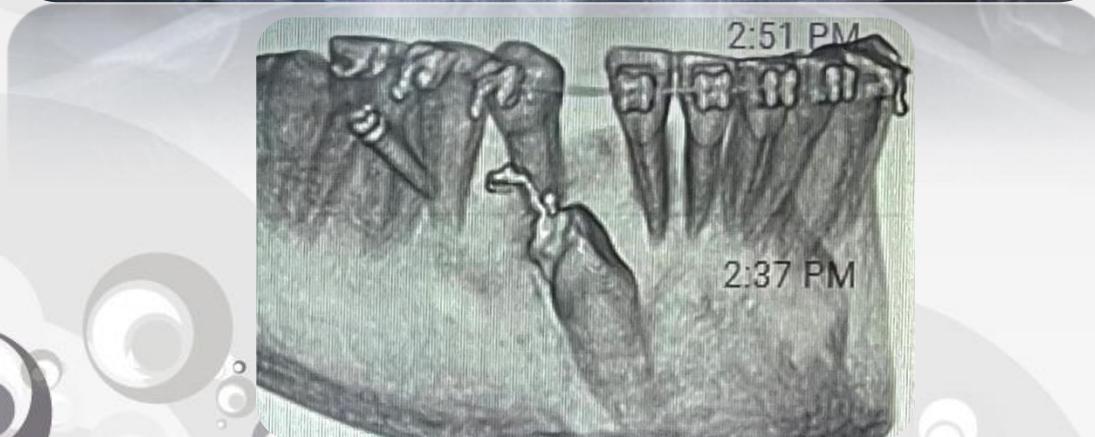
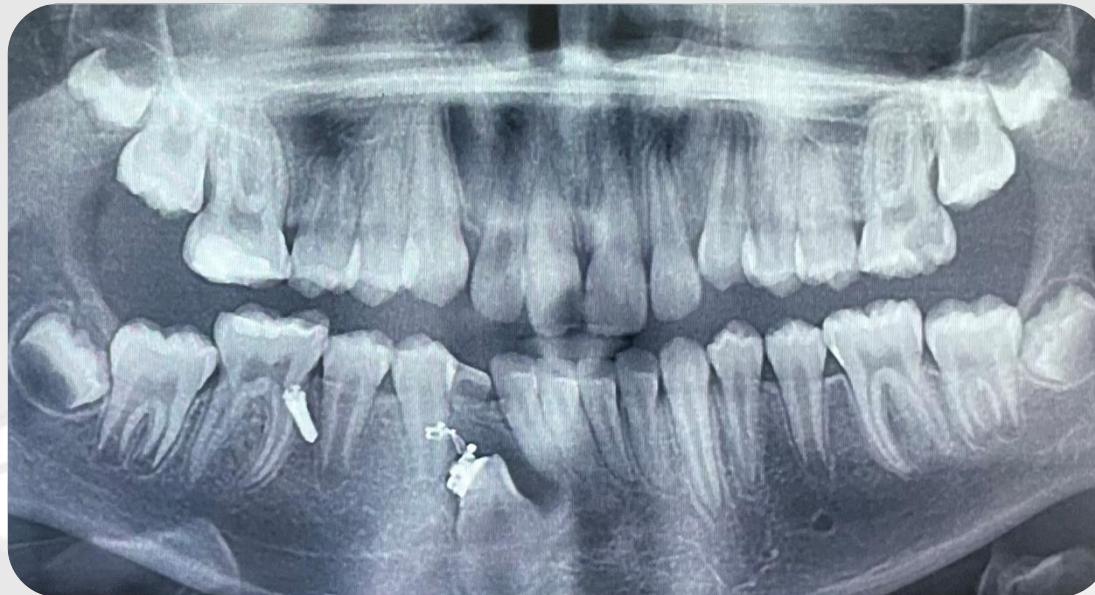
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# Treatment



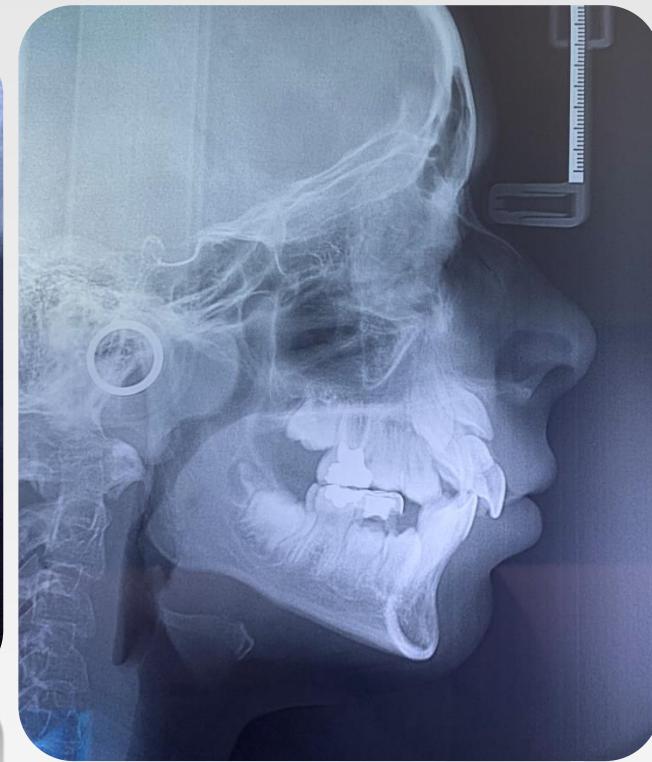
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# 6 months later



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# Skeletal CLII& supernumerary& impacted teeth



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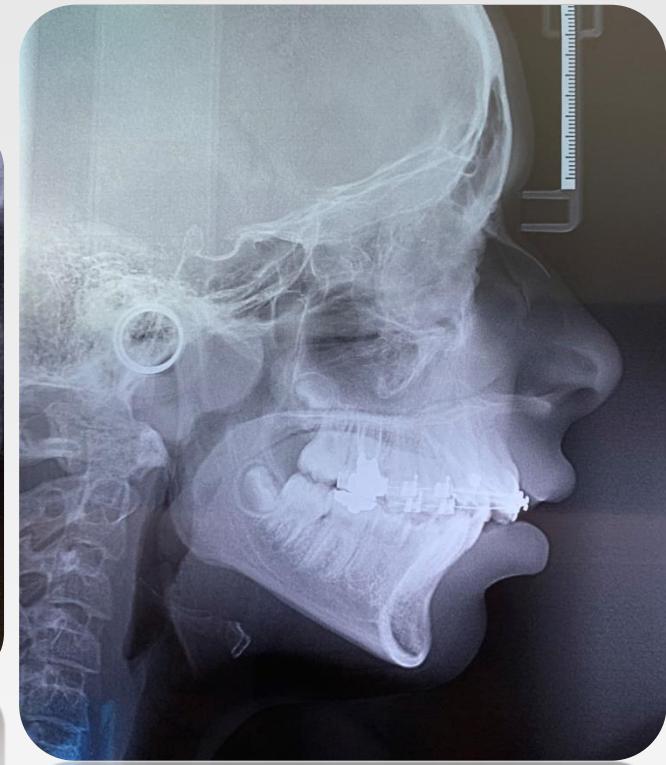
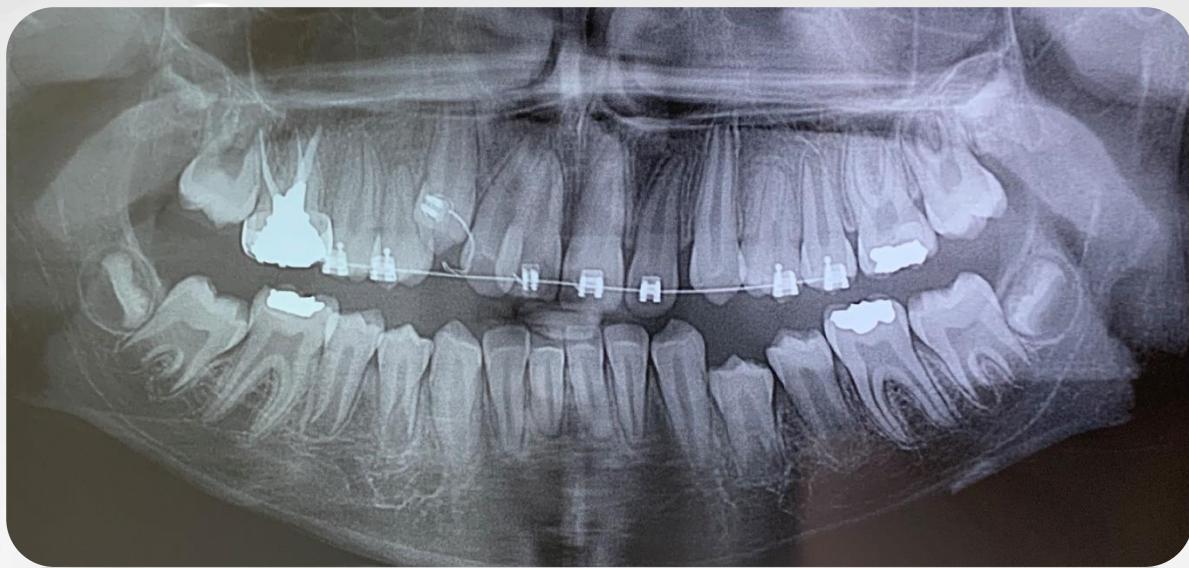


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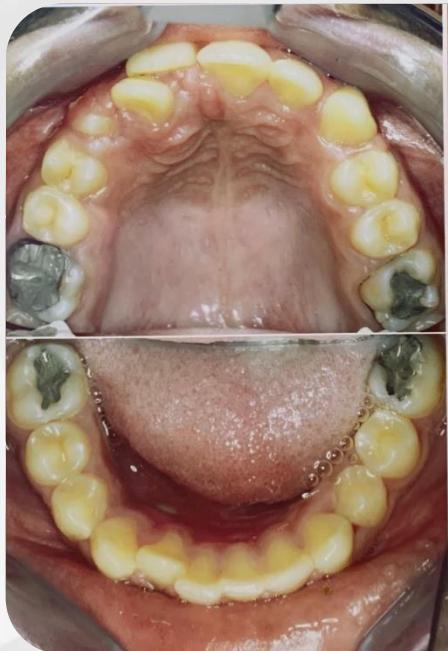
# Forced eruption



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# Functional therapy



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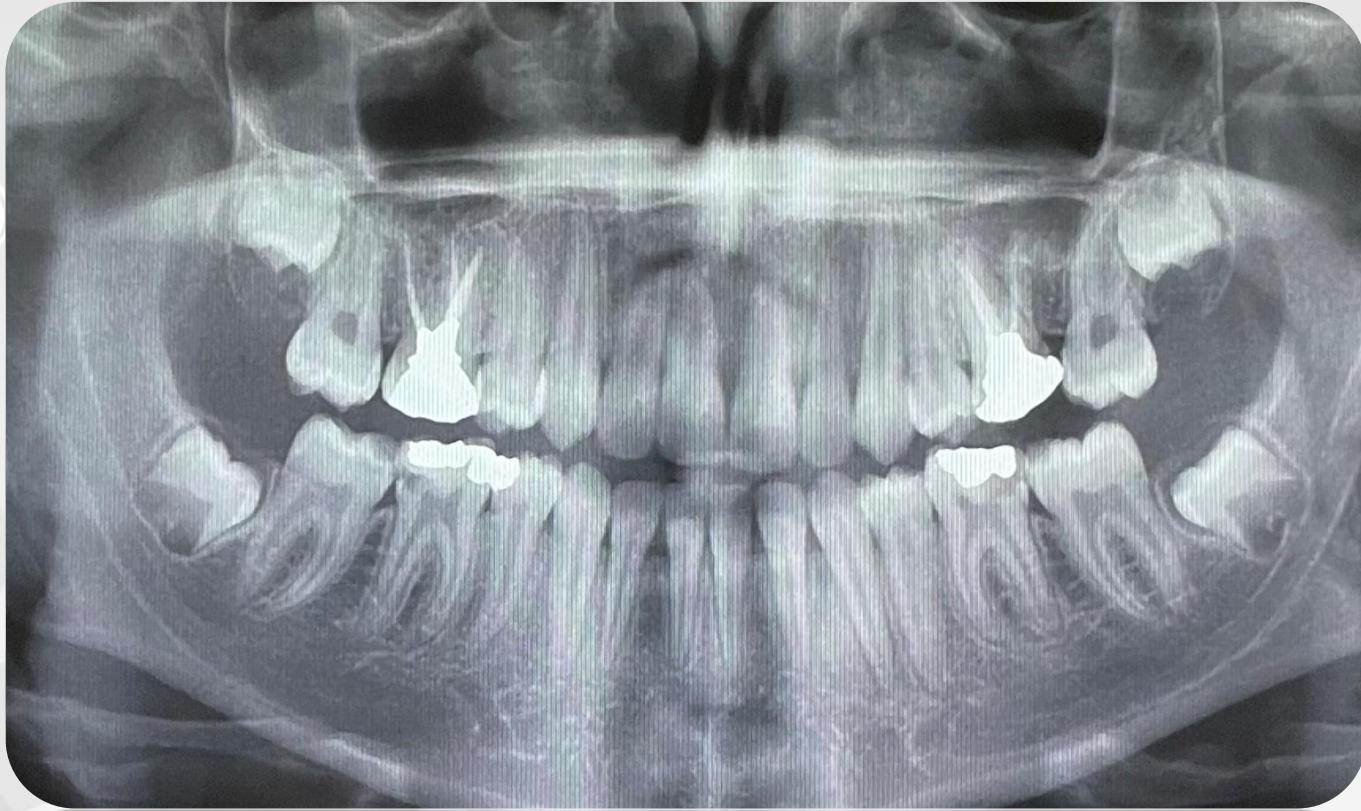


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# Fixed Tx



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# Man canine ectopic eruption



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# Partial fixed Tx



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# 8 months later



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چا لری چا پست

در دنیا جای کافی برای همه هست  
پس بجای اینکه  
جای کسی را بگیری  
سعی کن  
جای خودت را پیدا کنی.

