

Cosmetic Tooth Movement for Adults (Part 5)



Molar Uprighting to Enhance Restorative Result

Dr. Rob Veis

How often have you had patients come in and ask if you could just straighten one tooth to give them a better-looking smile? It's a fact that most adults are unwilling to undergo complete orthodontic care. Yet, many of them would love you to do something to improve the way their teeth look. Fortunately, there are many minor tooth movement procedures that you can do that will give your patients the esthetic result they are looking to achieve. In this, and succeeding issues of Aurum Ceramic Continuum, we will explore some of the more common orthodontic procedures used every day to help you give your patients the beautiful smile they want.

Perhaps the most common use of orthodontics to aid in restorative work is the uprighting of a tipped molar. All of us see mesially tipped molars on a daily basis. The typical clinical picture consists of extrusion and migration of teeth, accelerated mesial drift, uneven marginal ridges, angular bony crests, altered coronal to gingival form, food impaction, caries, periodontal disease, and ultimately posterior bite collapse with loss of the occlusal vertical dimension. Why then is treatment so often ignored? Worse yet, why are we tempted to place a bridge before returning this tipped tooth to its normal occlusal position?

Leaving a molar in the tipped position can have a profound effect on your prosthetic therapy. It leads to:

- Inadequate parallelism of bridge abutment teeth
- A poor occlusal plane
- A lack of interproximal space between teeth
- Adverse root proximity
- Faulty occlusal landmarks
- Excessive tooth preparation with potential pulpal involvement
- Inadequate pontic space
- Hard and soft tissue deformities of the periodontal structures
- Teeth that are more difficult to clean
- Bruxism and clenching habits
- Occlusal trauma

In this unique clinical example, the patient has had an implant placed ideally in the lower first molar position. Unfortunately, the implant space was not properly maintained with an interim bridge or partial. In less than eight months, the second molar drifted mesially making it impossible to restore the implant.

To correct the problem, a removable appliance with an

expansion screw was used to distalize and upright the molar. In four months, the second molar was back into its normal position and the space necessary to restore the implant was regained.



Second molar is impinging upon the space necessary to restore the implant.



Buccal view of the lost space due to the second molar drifting forward.



A sagittal appliance tipped the molar back to its original position regaining the lost space.



Occlusal view of the appliance in place during treatment.



Occlusal view of the treatment completed. The implant is once again restorable.

Dr. Rob Veis taught as a Clinical Professor in Restorative Dentistry at the University of Southern California Dental School for 12 years. Today, he guest lectures at both the University of Southern California and the University of California, Los Angeles on occlusion and Appliance Therapy.

In 1990, Dr. Veis joined the teaching staff at Space Maintainers and lectures internationally on the integration of orthodontics and Appliance Therapy into the general practice. He is co-author of the textbook "Principles of Appliance Therapy for Adults and Children", as well as author of The Practice Building Bulletin (with a circulation of over 15,000 dentists). Dr. Veis has been part of both solo and group practices and currently maintains a private practice in Los Angeles, CA.