Early Interceptive Treatment of Impacted Teeth Utilizing CBCT and the Frontal Analysis.
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The Fundamental Objectives of Early Intervention:
- Normalization of Skeletal Dysplasias and Asymmetries
- Developing jaw size to encourage the proper eruption of the permanent teeth
- Improvement of Occlusal Function
- Intervention and termination of recalcitrant habits (i.e. thumb and finger sucking)
- Utilization of future Growth
- Recognition of excessive growth, i.e. the mandible

Advantages of Early Orthodontic Intervention:
- Reduces tooth extractions
- Reduces the incidence of the impaction of teeth (e.g. Canines)
- Reduces the possibility of Orthognathic surgery
- Reduces the incidence of Temporomandibular Disorders
- Children at age 7 are more cooperative and eager
- The dentofacial skeleton is more receptive to maxillary expansion
- Growth in some females is completed surprisingly early (age 10)

Keys to Early Intervention with Dental Impactions:
- Clinical Exam
- Radiographic Imaging
- Lateral and Frontal Cephalometric Analyses
- Growth Analysis
- Maxillary Expansion should be always considered - hence the need for the Frontal analysis
- Diligent monitoring of all erupting teeth
- Phase I treatment is not complete until the impacted teeth have erupted or are erupting normally
- Radiographic Imaging at the end of Phase I treatment
- Referral to an Oral Surgeon as necessary - the earlier is better
Benefits of the Frontal Analysis:
- Detect Skeletal Asymmetries
- Evaluation of the Maxillary and Mandibular Skeletal widths
- Evaluation of Dental Arch widths
- Evaluation of Nasal widths
- Turbinate enlargement evaluation
- Angulation and Position of Impacted teeth
- Dental midlines compared to Skeletal midlines
- Occlusal cants
- Pathology

References: