PARKER PERIO PRESENTS

The goal of our e-newsletter is simple:
Take cases that seem ***impossible***
and show you how Parker Periodontics makes them ***possible***.

SURGICALLY FACILITATED ORTHODONTIC TREATMENT

THE BACK STORY

Jamie presented to our office with moderate crowding and a unilateral posterior cross bite. She works in an orthodontic practice and had long considered correcting her malocclusion. She investigated a variety of treatment options including orthognathic surgery. Jamie was referred to our office to evaluate her periodontal health and her suitability as a candidate for surgically facilitated orthodontic treatment (SFOT).

THE OBSTACLE

While she had a strong desire to improve her appearance and function. She was told that orthognathic surgery would likely be necessary to correct her cross bite.

THE WORK UP

A complete periodontal examination was performed. Gingival attachment levels, periodontal pocketing, tooth mobility, furcation involvement, and gingival recession were recorded. A CBCT scan was obtained to evaluate tooth root positioning and circumferencial bone support. It was established that corticotomies could safely be performed in the maxillary posterior sextants.

SURGICALLY FACILITATED ORTHODONTIC TREATMENT

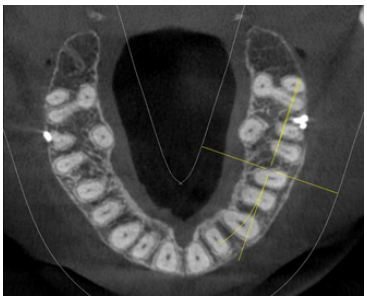
The procedure combines guided bone regeneration on the facial or buccal aspect of the affected teeth with orthodontic expansion. The treatment can create orthodontic expansion without moving the teeth beyond the alveolar plate. Orthodontic treatment is completed more efficiently. And, often times, the gingival tissue thickness is observed once supported by improved buccal alveolar bone thickness.

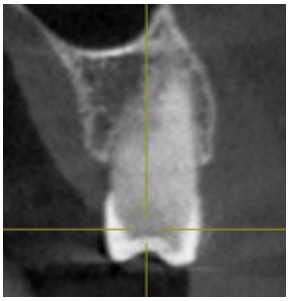
THE COORDINATED TREATMENT

Periodontal full thickness flap access was performed buccally from #6 and #11-14. Corticotomies were made throughout the treatment areas using a 1/4 round bur. Platelet derived growth factor was mixed with demineralized bone allograft and applied throughout the treatment area to a thickness of five millimeters. The bone graft was secured bilaterally utilizing pieces of one centimeter by four centimeters human dermis allografts. Titanium tacks were utilized to secure the grafted tissues in place. Primary closure was achieved. Orthodontic tooth movement was initiated one week later.

THE OUTCOME

Jamie's treatment was completed in 11 months. The unilateral cross bite was eliminated. Her malocclusion was corrected. Expansion was achieved. A broad, full buccal corridor was achieved. The periodonium investing the maxillary teeth is thicker. There is no evidence of gingival recession. A post operative CBCT scan confirmed the presence three millimeters of buccal bone lateral to the repositioned tooth roots.





We will continue to keep you up to date on the latest cases completed here at Parker Periodontics and provide you with educational, real-life examples that relate to your daily practice.

LIKE IT? LOVE IT?
WANT TO KNOW MORE ABOUT IT?
HAVE A CASE YOU'D LIKE US TO DISCUSS?

FEEL FREE TO CONTACT US AT WWW.PARKERPERIO.COM TO REVIEW MORE CASES LIKE THIS ONE!

PARKER
PERIODONTICS & IMPLANT DENTISTRY