Congenitally Missing Maxillary Lateral Incisors: Implant or Substitution

Debate
Controversy
Point/Counter Point

What’s the problem?

I. Why are these cases a challenging problem?
II. How do treatment variables play a role?
III. Searching for a solution? Will a survey help?
IV. IDT survey responses!
V. The solution to the problem.........
In Musichs study of 200 retx adult patients 22% had issues with maxillary laterals.


Jackie Hinter @ AAO library services

Diagnosis/Checklist
Ortho stages to prepare for implant
Stabilization/growth
Surgeon assess
Grafts/Implants
Restoration

$6000-$8000
$300-$3000/Tooth

$400-$800
$1500-$2600/tooth
$4000-$5000/tooth

For the replacement of 2 CAMLIs: Total could run up to $30,000 or minus the orthodontics, about $12,000 per tooth.
Management of Congenitally Absent Lateral Incisors

Using our numeric scale rate the following choices that best suits the variable described:

<table>
<thead>
<tr>
<th>Variable</th>
<th>Substitution</th>
<th>Neutral</th>
<th>Replace/Restore</th>
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Checklist for CAMLI pts.

Patient's Name: Sarah Mc
Age: __8.1___ Skel. Age: __9.0_

**Male**

- **Family history**: Yes ___ ? No ___
- **Absence**:
  - Unilateral______
  - Bilateral ____
  - Neutral___
- **Initial AP diagnosis: C III**
  - Substitution___
  - Replace ___
  - Neutral___
- **Vertical pattern**
  - Substitution____
  - Replace ___
  - Neutral___
- **Size of 1s/3s favors**
  - Substitution___
  - Replace ___
  - Neutral___
- **Crowding/protrusion**
  - Substitution____
  - Replace ___
  - Neutral___
- **Lip Support favors**
  - Substitution___
  - Replace ___
  - Neutral___
- **Smile line favors**
  - Substitution___
  - Replace ___
  - Neutral___
- **Esthetic awareness of pt.**
  - Substitution____
  - Replace ___
  - Neutral___
- **Compliance favors**
  - Substitution___
  - Replace ___
  - Neutral___
- **Restorative status of # 8,9**
  - Substitution____
  - Replace ___
  - Neutral___
- **Bone Grafting needed**
  - Substitution____
  - Replace ___
  - Neutral___
- **Palatally impacted canines**
  - Substitution____
  - Replace ___
  - Neutral___
- **Hx of Bruxism/TMJ**
  - Substitution____
  - Replace ___
  - Neutral___
- **Smoking habit**
  - Substitution____
  - Replace ___
  - Neutral___
- **Financial issues favor**
  - Substitution____
  - Replace ___
  - Neutral___

**Dental Team favors**
- Substitution____
- Replace _____
- Neutral___

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Options for Temporary Replacement of Missing Teeth
While waiting for growth completion

Patients Name: ___________________________ Date: __________________________

Patients Age: ___________________________ Estimated Date of Implant: ___________

To achieve the best result when using implant dental restorations, it is advisable to wait until significant facial growth is complete before placing the implant. In girls this is typically age 16 to 18 and, in boys, age 19 to 22. We will continue to monitor growth and to use comparative x-rays to confirm growth completion.

During the growing process (waiting period) there are several options (see below) to consider for maintaining the implant space without giving the appearance of missing teeth. It is important to understand that keeping appointments and wearing the retainers is extremely important during this time.

Please note: Interaction between the interdisciplinary dental team will help finalize treatment needs. On occasion a short period of additional braces may be needed to refine root position or space issues for esthetic crown placement.

A. Standard Removable Retainers

One of the following options is included in the orthodontic treatment fees. One retainer will be made after braces are removed and there will be replacement fees for lost or broken retainers. These retainers are removable and must be worn full time except when eating or drinking. They are fragile and must be cleaned and handled with proper care to avoid replacement costs.

- Biocryl Retainer with Pontic
- Hawley Retainer with Pontics

**Replacement Fee:**
- Biocryl Retainer: $200 (1 pontic)
- Hawley Retainer: $275 (1 pontic)
- $50 each additional pontic
A. Optional Fixed Retainers

The following retainers are fixed and available at an additional cost. Placement of these appliances generally requires a 30 to 40 minute appointment. A lab fee will be charged for repair or replacement.

A removable retainer may also be prescribed to fit over bonded teeth (pontics).

- Bonded lingual wire with teeth (pontics) attached.
- Banded appliance with teeth (pontics) attached.

Placement Fee: $200 (1 pontic)  
$50 additional pontic

Placement Fee: $450 (includes pontics)

Replacement/Repair Fee for either option above: Current Office/Lab Fees

B. Long Term Fixed Retainers from General Dentist

Other options can be discussed with your general dentist. These options may include a bonded bridge or temporary mini implant with a crown.

- Mini Implant
- Crown placed on implant

Fee Range of $1800-$3000

With all these options it is very important to understand that these are all temporary appliances which are placed to maintain space until implants can be completed. These are not as strong as natural teeth. There are still foods to avoid with these appliances and they cannot be used to bite into things. If breakage occurs, we may recommend seeing your general dentist for a more permanent option (at an additional expense) until you are ready for the implant phase of treatment.
Northway Orthodontics  
Disclaimer pertaining to Canine/Cuspid Substitution

Diagnosis:

Special Challenges:

Due to the circumstances of your condition, we have recommend the option this is called *Canine Substitution*. Specifically, this means that:

We like this approach because we believe that it is the most natural; there will be crowns or veneers placed on your own teeth, but the roots will be vital and natural – not implants. The cost is generally less:

The treatment will be essentially complete when we remove the braces. There will be no waiting before the implants can be placed (until growth cessation – age 19).

As with any corrective procedure, there will be a form of “scar.”

**Canine Protected Occlusion:** the root mechanism of a first premolar is not typically as long as the canine, and as such it might not be sufficient to sustain the force that a canine would. This might be a problem if you have “grinding issues” with your bite (clenching, grinding, bruxism). We (your family dentist and our office) will monitor your bite and suggest that, in certain cases, special precautions be made to increase your occlusal protection: you might need a splint or additional anatomy might need to be added to adjacent teeth to share some of the force.

We still believe this to be a superior method of treating your condition.

Patient signature: _______________________  Parent/guardian:____________________ 
Print names:  
Date:   _________________________