

The Disadvantages and Potential Risks of Orthodontic Treatment

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DESCRIPTION

The field of dentistry known as orthodontics focuses on the diagnosis, prevention, and treatment of occlusal anomalies as well as facial development, the development of the dentition, and occlusion.

Prevalence of obstruction

The prevalence of malocclusion has been the subject of numerous surveys, the size and composition of the group being studied (such as age and racial characteristics) will determine a specific occlusal feature or dental anomaly. The assessment criteria and the examiners methods (for instance, whether radiographs were used). In United Kingdom, it is estimated that approximately 45% of adolescents have a clear need for orthodontic treatment. Orthodontic treatment is becoming an increasingly important adjunct to restorative procedures now that a greater percentage of people are keeping their teeth for longer periods of time, as an additional many adults who did not receive treatment as adolescents are now seeking treatment as a result of the increasing acceptance of orthodontic appliances.

The malocclusion is not a disease but rather it is an end of the spectrum of normal variation. Ethically, if there is no demon, no treatment should be started. It is possible to provide the patient with a worthwhile benefit. Furthermore, the potential advertisement should be considered in light of potential side effects and risks, including treatment failure to achieve its goals. Risk benefit analysis is the term used to evaluate these factors, as it is in all dental and medical fields. The patient's perceived benefits and risks of appliance therapy, as well as the likelihood of successfully achieving treatment goals, will influence the decision to begin treatment.

Malady and caries have not been found to be significantly linked in any dental health research. Whereas caries experience is correlated with diet and fluoride toothpaste use. However, clinical experience indicates that poor diet in susceptible children increases the risk.

There is only a tenuous connection between malocclusion and periodontal disease. As research has demonstrated that individual

motivation influences effective tooth brushing more than tooth alignment. Definitely, good brushers are motivated to brush around teeth that are irregular. In contrast, the person who brushes less frequently clearly has poorer plaque control. Nevertheless, that would make sense in the middle of this range. Brushing effectively would be hindered by irregular teeth. Periodontal support may also be hindered by some occlusal anomalies. One or more teeth may be forced buccally or lingually out of their investing bone as a result of crowding, resulting in less support for the periodontal system. Malocclusion in which the lower incisors in a crossbite are pushed labially, causing gingival recession, this may also occur. Overbite trauma can also increase the loss of periodontal support, making them another reason to get orthodontic treatment.

Trauma to the upper incisors any pediatrician will attest to the link between increased over jet and trauma to the upper incisors. A review revealed that people with an over jet of more than 3 mm ran the risk of injury more than twice as high. Despite the fact that traumatic injuries are more prevalent in boys, over jet is a greater contributory factor in girls than in boys. Patients with defective lips are more likely to be at risk, according to other studies.

Masticatory function Patients who have Anterior Open Bites (AOB) and significantly increased or reverse over jets frequently report having trouble eating, especially when carving food. Typically, patients with AOB complain that they cannot eat cucumber or lettuce sandwiches. Eating issues may also occur in patients with severe hypodontia.

Risks associated with orthodontic treatment

- Root resorption is now common knowledge that tooth movement causes some root resorption. In general, one millimeter of root length will be lost during a conventional two-year fixed appliance treatment (this loss is not clinically significant). However, this means that there is a lot of individual variation because some patients seem to be more prone to root resorption and show it more clearly. In these instances, evidence would point to a genetic cause.

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- Loss of periodontal support following the placement of fixed appliances, gingival inflammation typically rises as a result of reduced cleansing access. After the appliance is removed, this usually goes away or gets better. However, during a two-year orthodontic treatment course, some apical migration of the periodontal attachment and alveolar bony support is common. This is minimal in the majority of patients; however, if oral hygiene is poor, particularly in a person who is at risk for periodontal disease, Loss may be more pronounced. Gingival inflammation may also be linked to appliances that can be taken out, particularly of the tissues in the mouth. When there is poor oral hygiene present.
- Demineralization caries or demineralization occurs when a high sugar diet is associated with the formation of a cariogenic plaque, because it is more difficult to clean around the parts of a fixed appliance, plaque can build up there more quickly.
- Damage to soft tissue traumatic ulceration can be treated with both fixed and removable appliances. Despite the fact that it is more frequently associated with the former as an uncomfortable appliance that can be removed.
- Pulpal injury excessive apical movement can reduce blood supply to the pulp and even result in pulpal death. It appears that teeth that have been through a previous trauma are especially susceptible, probably due to the fact that the pulpal tissues are already damaged.