

# Extraction in orthodontics

Why do we extract teeth in Orthodontics?

“To create space to align the teeth”

“To orthodontically correct a malocclusion”

“Aid dental development through removal of primary or permanent teeth”

## To Extract or Not Extract?

- ☐ Degree and site of crowding
- ☐ Type of malocclusion
- ☐ Presence and position of teeth
- ☐ Dental health of teeth

# Extraction of Primary Teeth

## Primary Incisors (As and Bs)

- ☐ Extracted if retained and affecting the eruption pathway of the upper 1s or 2s
- ☐ Traumatized teeth that are poor prognosis and have not already been avulsed
- ☐ Grossly carious teeth

## Primary Canines (Cs)

- ☐ To aid the eruption of permanent canines (provide room for buccal canines and improve position of ectopic canines)
- ☐ Interceptive treatment; (unilateral loss of upper C) causing a shift of the centreline.
- ☐ Grossly carious/traumatised teeth

## Primary Molars (Ds or Es)

- ☒ To allow eruption of the 4s or 5s
- ☒ Aid improvement of ectopic position of the developing premolars
- ☒ Utilise leeway space from primary molars to relieve crowding (will gain a few millimeters)
- ☒ Grossly carious teeth

## “Balancing Extractions”

☐ Used with Cs and Ds

☐ To stop the centreline drifting towards the side of the mouth the tooth was extracted

☐ Not necessary with As, Bs and Es as loss of these teeth do not affect the centreline

## Extraction of Permanent Teeth

## First

### Premolars (4s)

☐ Provide ample space to relieve crowding (8-9mm)

☐ When crowding is moderate to severe and can be used to aid relief anterior or posterior crowding

-Is 100% of the space will be available to align the teeth?? (mesial movement of posterior teeth) if anchorage not reinforced.

☐ Possibility of impacted canines, where crowding has caused a shortage of space (upper prenatally impacted canine)

### Indications:

1. Convex profile with severe crowding.
2. Class II div I with deep anterior bite.
3. Class I with severe crowding.
4. Class I with bimaxillary protrusion.

## Second Premolars (5s)

- ☒ Mild to moderate space required (3-8mm)
- ☒ Palatally ectopic 5s -early loss of upper Es
- ☒ Lingually ectopic 5s –early loss of lower Es
- ☒ Fixed appliances is needed to get a good contact between the first premolar and the first molar
- ☒ Around 25-50% of the extraction space will be available to align the teeth (due to mesial movement of posterior teeth) if anchorage not reinforced