Intruding anterior teeth in adults - simple, quick, easy and cost effective treatment for gdps to explore.

**Indications**

1. To reverse teeth to more optimal position (for example which have migrated due to historical periodontal disease - must not be undertaken with active periodontal disease).
2. Correction of occlusal plane to achieve the desired occlusal scheme.
3. Improve aesthetics.
4. Reestablish lost papillae (eliminate black triangles).
5. Alternative to extraction (some of these patients were referred for extraction and implants).

**Brief technique outline:** (may need some training or consultation with an orthodontist if you have no experience)

1. Select appropriate anchorage (usually canines to premolars which can be changed if you lose anchorage during rx).
2. Use appropriate bracket to hold elastics (brackets specified for a tooth and orthodontic elastics can be ordered from The Dental Directory).
3. Brackets can be cemented with any flowable composite or resin cement.
4. Use a blob of composite on the tooth being retroclined/intruded more incisal to equate with the desired movement. This will hold the elastic and create the required active force to intrude tooth.
5. Elastics (length which determines force. Ranges from ----mm to be changed by the patient every day).

**How long does it take?**

Approximately 3 to 5 months.

**What about retention?**

Recommend permanent fixed retention 3-3 using multiflex wire. Also nightly use of Hawleys retainer (long term for several years if possible).

Case studies illustrated below have been done in the last 3-15 years.

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**MW Treatment stages**

**SS Treatment stages**

**DK Treatment stages**