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Opinion

Orthodontic Approach: Do you Treat Diseases or Symptoms?

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Orthodontics has gone through several changes throughout its history in relation to diagnosis. The way we do it, makes us have the elaboration of an efficient planning or not. We saw the use of the Belvedere's Apollo as a reference for a perfect face for the orthodontic objective at a given time, numerical values for the lower incisor inclinations that needed to be achieved for the treatment to have balance and stability, as well as treatment protocols based on Angle's dental malocclusion.

All these ways of establishing a diagnosis can lead the orthodontist to make a mistake in his planning or cause the treatment to be not optimized, in other words, longer than it would need to be corrected. I usually say that when we give a diagnosis in orthodontics, we are saying what is the patient's skeletal-facial alteration and its dental manifestations, seeking the balance of this alteration, that is, what the patient's disease is and how the organism is able to adapt to it.

If we look at it this way, we will be able to identify what is beneficial for our patient, without going beyond the biological limits established genetically. There are many cases in which the patient's organism has already carried out all the beneficial changes that we could make to his face, remaining only to adjust the occlusion without causing facial changes.

This conversation I had with my students, explaining to them the risk they run when accepting that a software show the patient how their smile will look even before the professional has performed the diagnosis and planning. Imagine that a particular patient has a upper arch with accentuated palatal inclinations and crowding, the software resolves crowding and atresia by proclining the teeth. However, it is still not possible for the program to know whether it is beneficial to perform posterior buccal movements to widen the patient's smile and eliminate the present crowding, but that's probably how it'll correct and show you how beautiful it will look after the treatment.

Patients with excessive vertical maxillary growth, for example, would be greatly harmed with this type of correction, since they have non-protrusive movements as a therapeutic goal, with reduction of their dental inclinations and angulations both in the anterior and posterior region, in order to achieve greater facial balance and better smile esthetics. Unfortunately, at the end of the treatment, they would probably have less lip sealing, worse facial and smile aesthetics. Many of these patients, when come to us for retreatment, also have buccal occlusion and the presence of gingival recessions due to the lower arch not being able to follow the movement of the upper arch.

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