

TREATMENT OF IMPACTED DILACERATED MAXILLARY **CENTRAL INCISOR : A CLINICAL CASE REPORT**



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Introduction

Treatment Result

The impacted maxilla central incisor is an important esthetic and functional concern for the patient (Deshpande 2012). Dilaceration is characterized by an angulation in the crown and root of the tooth and it is one of causes of permanent central incisor eruption failure (Celli D, et.all. 2015)







Case Report

14 years of age, female referred to orthodontic department with chief of complaint unconfident with unpresented front tooth and crowding. Extra Oral examination showed leptoprosop, convex profile, facial symetry. Medical history is noncontributory and no temporomandibular joint symptoms.

Diagnosis:

Malocclusion Class II with increase overjet (5mm) and overbite (4.5mm), crowding, dilacerated and impacted 11, impacted teeth 13,23, high attach maxilla frenum, diastema, lower median line shifted and peg shaped upper lateral incisor.

CT DENTA SCAN



Anterior view



Saggital view showing **Posterior view**



Coronal view















Before

Before



















Before

After 18 months treatment

Central right incisor successfully positioned into proper alignment.

Aim of Treatment

Present the correction of horizontally impacted and dilacerated central right incisor through orthodontically and surgically approach.

Treatment Procedures

- Fixed appliance with Standard edgewise technique
- Levelling alignment. 2.
- Space opening with an open coil spring between 12-21. 3.
- Open window surgery for 11 and 23.
- Ekstraction 24. 5.
- Attachment of gold chain on 11 and 23. 6.
- After 5 months treatment, 13 exposed.
- Odontectomy 13 and Frenectomy maxilla labial frenum. 8.
- Mock up 12 and 22 with direct composite veneer. 9.

RADIOGRAPHIC FINDINGS





After





Treatment Progress





Panoramic before treatment disclosing the impacted 13,11,23

Panoramic after treatment

Discussion and Conclusions

The successful positioning of the dilacerated impacted tooth depends on the degree of dilaceratios, position of the tooth and the amount of root formation. The slow orthodontic traction resulted in good periodontal and periapical health of the tooth (Deshpande 2012).

The present case showed good achievement after multidisciplinary approach. The patient satisfied with the result and have better functional, and esthetical.