LakeComoInstitute®



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# Treatment for Agenesis of Maxillary Lateral Incisors: Orthodontic and Surgical Approach

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**The implant-prosthetic rehabilitation of patients presenting agenesis in the frontal group requires a multidisciplinary approach.**

**Due to the anatomical characteristics of the sector, the implantologist often finds himself working in reduced mesio-distal spaces, not only at the coronal level, but also at the root level. The latter situation can occur following an orthodontic treatment that has opened the space in the arch by acting mainly or almost exclusively at the coronal level.**

**The possibility of implant success in cases of agenesis can therefore only be obtained by combining a careful preliminary orthodontic protocol, followed by a careful surgical protocol.**

| Surgical information for the orthodontist | What orthodontics must share with surgery: |
|---|---|
| Minimum spaces in the arch for implant insertion<br><br>Importance of the inter-root space | Orthodontic evaluation<br>- Correct transversal diameters<br>- Correct molar and canine class<br>- In "norma" overjet e overbite<br>- adequate coronal mesio-distal space<br>- - adequate mesio-distal radicular space<br><br>Evaluation of the end of growth |

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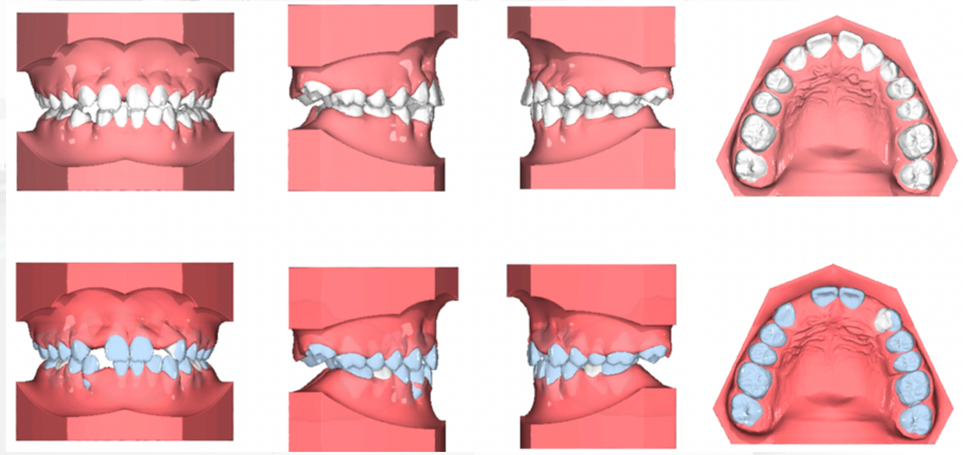
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## PRE-SURGICAL ORTHODONTIC EVALUATION

For a correct surgical-orthodontic approach, the implantologist must necessarily be able to recognize the presence of skeletal or dental alterations and, discuss with the orthodontist to evaluate the best therapeutic option for achieving correct dental parameters.

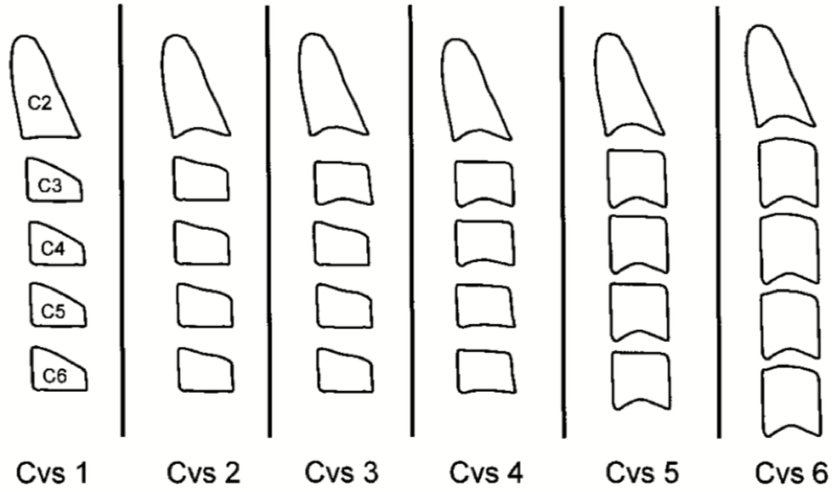
In the event that in the patient with agenesis of one or both lateral ones it is decided to undertake the path of opening the spaces and subsequent implant insertion, it is good to follow a checklist of orthodontic evaluations.



## EVALUATION OF THE END OF GROWTH

The achievement of the end of growth, which must necessarily be evaluated before thinking about moving on to the next surgical phase.

The methods proposed by the literature to assess fine growth are numerous like the radiographic analysis of Falconi and Bjork, cervical vertebrae according to Baccetti, superimposition of serial teleradiographs.



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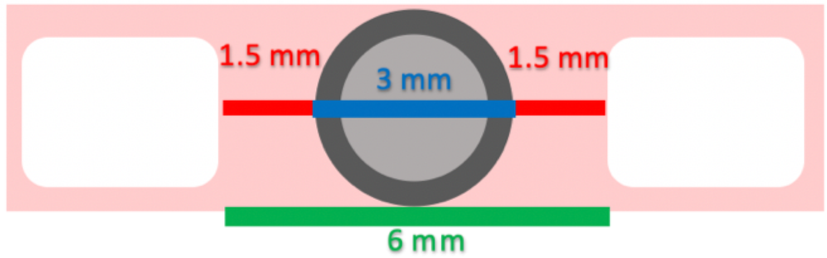
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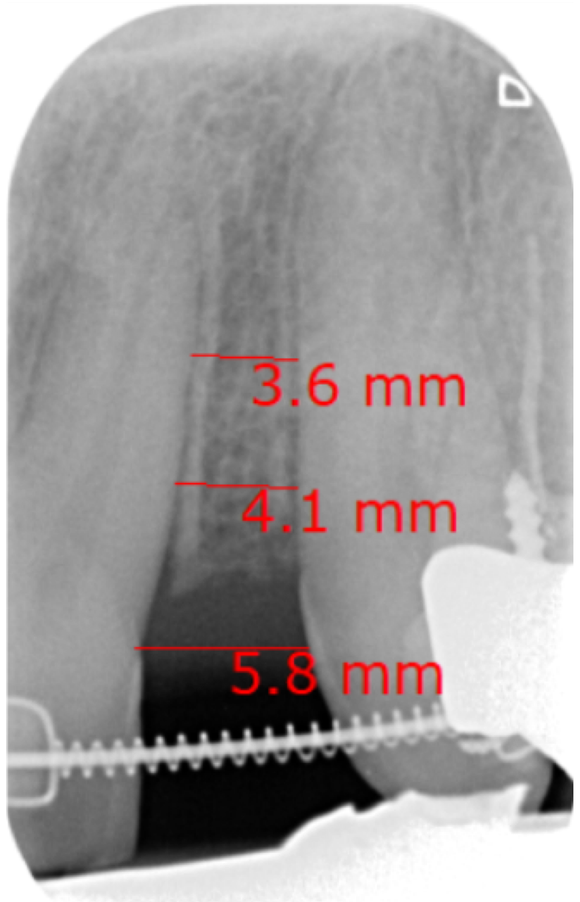


## EVALUATION OF THE MINIMUM SPACES FOR IMPLANT INSERTION

**In order to insert an implant it is necessary to have a distance from the natural teeth of at least 1.5 mm mesially and distally. If this distance is not guaranteed, there is a risk of collateral damage and clinical failure.**

**Therefore, in order to safely insert an implant with a traditional diameter, you are in an ideal situation if you have a space between the natural teeth greater than or equal to 6 mm, given by the sum of the implant diameter.**

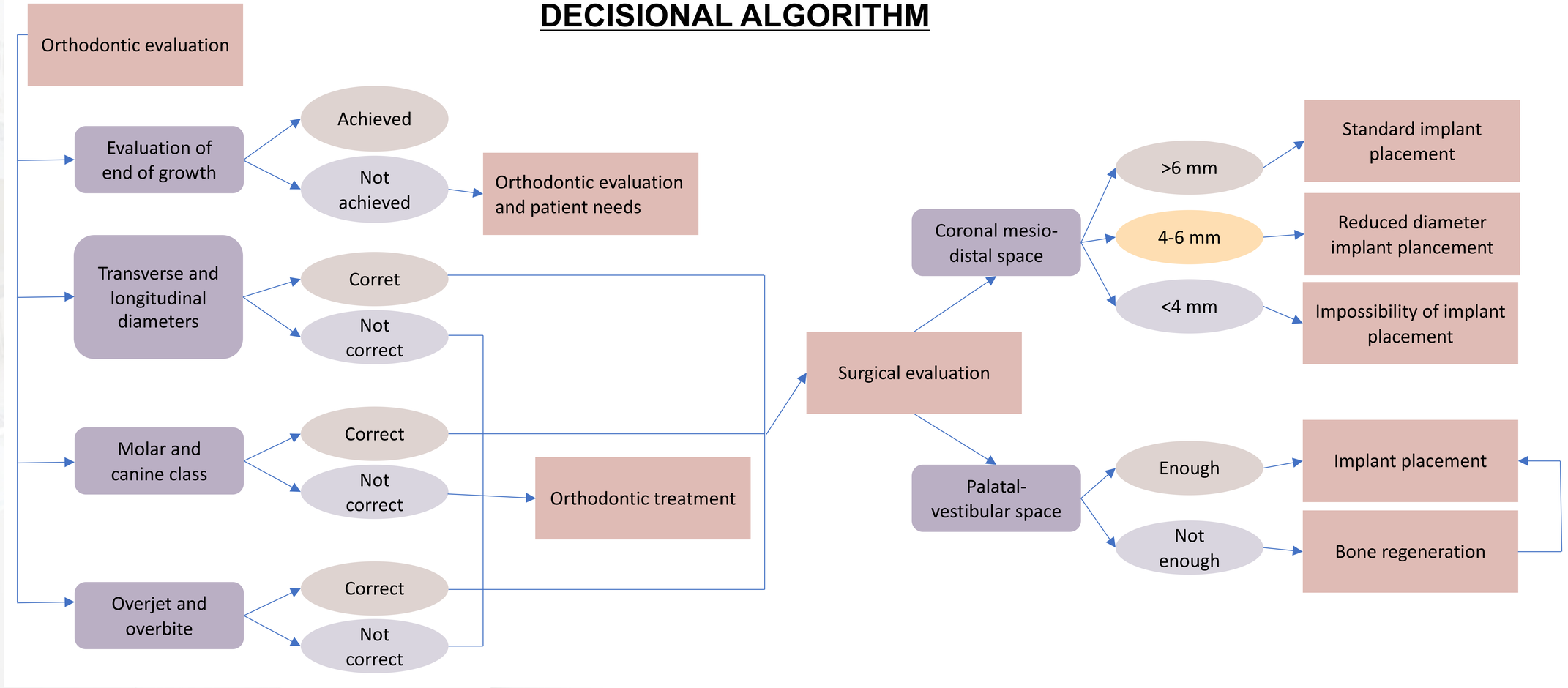


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## DECISIONAL ALGORITHM



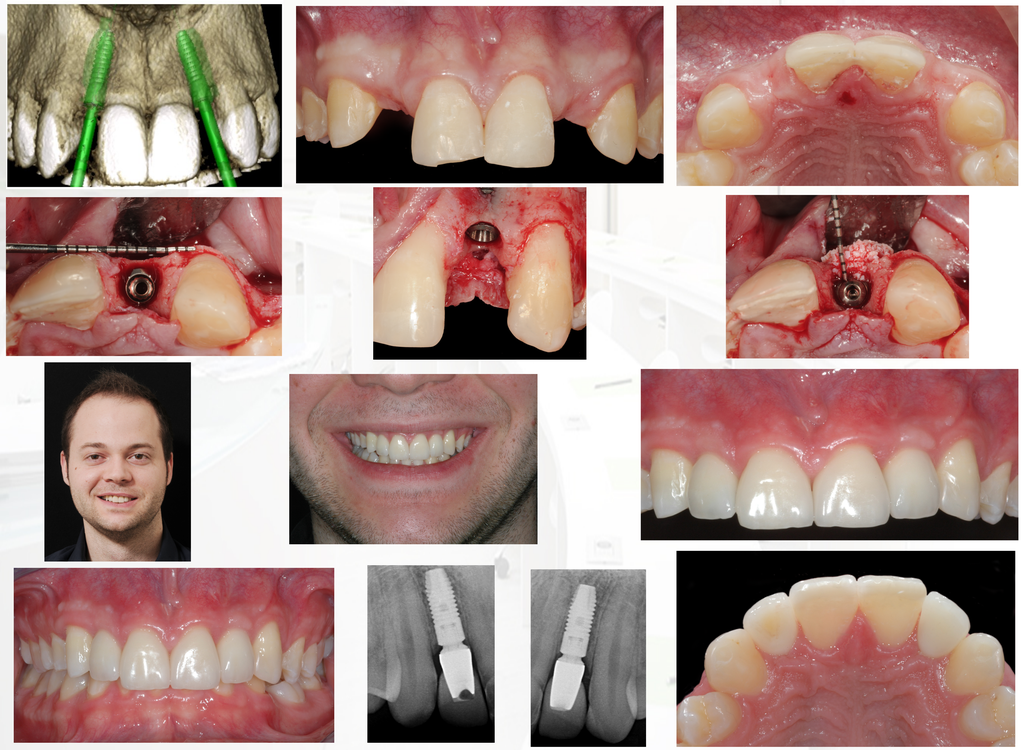
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## Conclusion

**To achieve implant success in the treatment of agenesis in the frontal sector, a close collaboration between orthodontist and surgeon is necessary.**

**It is mandatory to use the basic principles of orthodontics, because the restoration of the correct occlusal conditions is a fundamental condition for achieving an optimal degree of function and aesthetics**





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