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Aids to improve long—term stability of orthodontic treatment results

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The risk of post-treatment mal-alignment of the canine/premolar segment is negligible in patients treated according to the philosophy that lateral expansion should be avoided unless called for to correct transverse discrepancies. However, a high proportion of orthodontic patients develop some degree of mandibular incisor mal-alignment post-retention, regardless of maintenance of the pre-treatment archform and positioning of the mandibular incisors according to established norms, and regardless of excellent occlusal result at time of appliance

removal. Despite that, some clinically useful guidelines have been established to enhance the potential for stability. A desire to align the maxillary incisors is a major motivation for patients to seek orthodontic treatment. Information on stability of post—orthodontic alignment of irregular and spaced maxillary incisors as well as to which extent relapse can be explained by presence of similar deviations prior to start of treatment may therefore be considered of great clinical significance. Of particular interest may be whether an abnormal frenum and presence of an interdental osseous cleft are risk factors for median diastema reopening, and whether or not rotated and mal—aligned maxillary incisors should be overcorrected during appliance therapy to minimize the risk of relapse. I will in my presentation make a detailed analysis of issues related to long—term maintenance of mandibular and maxillary incisor alignment, and conclude with clinical recommendations regarding case diagnosis, treatment planning, finishing and retention.