

## Resin inlay with molar uprighting

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### I. Introduction

The orthodontic treatment of impacted teeth has been the subject of many clinical articles. Most of these articles dealt with the problem of bringing impacted anterior teeth into occlusion, particularly canines. but, A more complex problem has been the uprighting and subsequent eruption of the mesioangular impacted lower second or third molar. In the normal growth and development of the lower jaw, the molar tooth buds distal to the first permanent mandibular molar have a mesial inclination. This inclination is usually self-correcting as the anterior border of the mandibular ramus resorbs. Added to this, the mesial drift of the first permanent molar creates approximately 2.7 mm of space per side for angular adjustment and eruption. Unfortunately, this correction does not always happen.

### II. Case presentation

1. Sex/age : F/18
2. Chief Complaint : Discomfort at cold stimuli
3. Past Dental History : N/S
4. Present Illness : #37 Class 1 Am. filling state. Per(+), Mob(-), bite(-), EPT(+)  
#36 Class 1 Am. Filling state. Per(-), Mob(-), Bite(-), EPT(+)
5. Impression : Dental Caries.
6. Tx. plan : 1) Orthodontic Tx. (tooth uprighting)  
2) Periodontic Tx.  
3) Caries Tx.

### III. Conclusion

Currently, the installation of dental implant after tooth extraction is widely generalized up to the point where there are cases in which preservable teeth are being extracted. Due to its importance for food mastication and function, preserving the molar teeth is highly significant. The molar uprighting procedure is an efficient method in the treatment of impacted tooth.

