

ORTHODONTIC CONDITIONS

These conditions can be divided into two categories: dental problems and jaw length discrepancies.

Dental conditions include missing teeth, supernumerary teeth, deformed or abnormal teeth, linguoversed (tipped toward the tongue) canine teeth, rostral crossbite (mandibular or lower incisors labial or in front of maxillary or upper incisors), caudal crossbite (mandibular premolars buccal or outside of maxillary premolars), mesioversed (tipped toward the lips) maxillary canine teeth. These conditions may be corrected in some cases. Linguoversion, mesioversion and rostral crossbite are amenable to orthodontic appliances for correction. Orthodontic movements are recommended for animals that are no longer breeding as one does not want to run a risk of transmitting this trait to the next generation. If appliances are to be used, one waits until the teeth are formed before moving them. Hence, most patients are older than 7 months. The orthodontic movement takes 6 weeks or more and may last 4 months. The patient needs to have its teeth cleaned daily and needs to avoid hard food, hard toys and any hard objects. Thus the clients need to “dog proof” the house prior to starting an orthodontic correction.

Below are some photos depicting some of the appliances used to correct the more common dental orthodontic conditions.



Hole in the palate, filled with debris, due to a mandibular canine tooth tipped toward the tongue.



Incline plane built on the palate to tip the mandibular canine teeth back to a normal position.



Incline plane in place with the mandibular canine teeth sliding down the inclines.



Right mandibular canine tooth back into normal Position, buccal to the edge of the palate.



Mesioversed right maxillary canine tooth



Orthodontic brackets and chain used to move the canine tooth in a caudal direction.



Right canine tooth has moved caudally creating space for the mandibular canine tooth.



Normal occlusion with both canine teeth in the correct positions.

Jaw length discrepancies include short mandible (class II malocclusion), short maxilla (class III malocclusion), maxillary-mandibular asymmetry in side to side direction, in ventro-dorsal (up and down) direction, in rostro-caudal (front and back) direction. None of those conditions are readily corrected. For one, they are considered to be hereditary, thus the patient should be neutered first. For two, correction would entail complex, expensive surgeries. Those patients are usually treated only to make them functional and comfortable, not perfect.

Because orthodontics require specific knowledge and equipment, it is recommended to seek the help of a veterinary dentist if one plans to undertake one of those treatments.