


1. Management of the developing dentition includes recognition, identification of risk factors, proper diagnosis, and timely treatment of developing malocclusions. The aim is to gain short-term and long-term benefits and contribute to proper dentofacial development and stable, acceptable (functional, esthetic) occlusion in the permanent dentition.

2. Malocclusion may negatively affect oral health quality of life (OHRQoL) of children. Underprivileged children may be susceptible to environmental and behavioral etiologic factors related to malocclusion.

3. Evaluation of the developing dentition includes identification of: unerupted teeth, anomalies of tooth number, size and shape, anterior and posterior crossbites, tooth positions (ectopic), presence of habits along with their dental and skeletal sequelae, abnormal dental relation, developing skeletal discrepancies, periodontal health, and airway problems. Clinical exploration (including palpation), functional analysis and radiographic screening may be necessary for comprehensive diagnosis. Treatment objectives may vary at each dentition stage.

4. Optimal breast-feeding has been reported to reduce risk for nonnutritive sucking habits. Management of an oral habit must be appropriate for the child’s development, malocclusion, comprehension, and ability to cooperate.

5. Premature loss of primary teeth may lead to malocclusion. Space maintainers may be used preventively, based on individualized planning for each case.

6. Increased overjet is associated with increased risk for trauma of the incisors. Interceptive treatment includes retrusion of maxillary incisors and has been reported to decrease risk for trauma, and improve facial esthetics.


IAPD Consensus Recommendations

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