


Background

Malocclusion, often beginning in early childhood, is a common condition in children and may have a negative impact on oral health-related quality of life. Several risk factors predisposing to malocclusion have been described, including non-nutritive sucking habits and premature loss of primary teeth. Other causative factors include genetic traits, and tooth and skeletal discrepancies. Paediatric dentists should recognize risk factors and establish accurate diagnosis of developing malocclusions to allow prevention, timely treatment or patient referral.

IAPD Recommendations

1. Management of the developing dentition should include identification of risk factors, proper diagnosis, and timely treatment of developing malocclusions. Consensus-based statement  Global agreement 94%

2. Malocclusion may negatively affect the oral health quality of life (OHRQoL) of children. Consensus-based recommendation  Global agreement 88%

3. Evaluation of the developing dentition should include 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. Consensus-based statement  Global agreement 100%

4. Management of an oral habit must be appropriate for the child’s development, malocclusion and ability to cooperate. Consensus-based statement  Global agreement 94%

5. Space maintainers may prevent premature loss of space which may lead to malocclusion. Consensus-based statement  Global agreement 88%

6. Interceptive treatment of increased overjet may reduce the risk of trauma of the incisors and improve facial esthetics. Consensus-based recommendation  Global agreement 100%