

# Age-appropriate tooth alignment management

## Foundational Articles and Consensus Recommendations

### References

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### Background

Occlusion is an integral part of the maxillofacial complex, and its development is essential for establishing a normal and harmonious arrangement of teeth in the arches. Occlusal development is a long process starting from the 6th week of intrauterine life and concluding around the age of 18 years. Untreated malocclusions may result in several problems, including dental caries, periodontal disease, bone

loss, temporomandibular disorders, undesirable craniofacial growth changes, and adversely affecting the facial appearance of a child.

The benefits of improving a child's appearance at an early age should not be undervalued. The goals of early orthodontic intervention are not only to reduce the time and complexity of comprehensive

fixed appliance therapy, but also to reduce the long-term negative consequences of malpositioned teeth on the dentition and supporting structures. “Visual treatment objectives” estimate growth and anticipate the effect of treatment and therefore may assist in

treatment planning. Early intervention of skeletal and dental malocclusions during the primary and mixed dentition enables control over the growth changes, occlusal development, improves function, aesthetics, and psychological well-being of children.

## IAPD Consensus Recommendations

**1.** Early diagnosis and intervention of malocclusions can address developing skeletal, dentoalveolar, and muscular imbalances, and can play a critical role in leveraging growth patterns and reducing the need for complex treatments in adolescent patients.

**(Consensus-based statement; Global agreement: 98%)**

**2.** Visual treatment objectives guide treatment planning and help optimize occlusion and facial form, and are especially important before the cessation of facial growth. **(Consensus-based statement; Global agreement: 93%)**

**3.** Management of various malocclusions, including arch length discrepancies, cross bites, and minor

malocclusions in the primary and early mixed dentition period, can be achieved with simple appliances or eruption guidance methods, such as space maintainers, space regainers and extraction of primary canines.

**(Consensus-based statement; Global agreement: 95%)**

**4.** Early management is beneficial for Class II and Class III malocclusions to reduce incisal trauma and predisposing factors for temporomandibular disorders.

**(Consensus-based statement; Global agreement: 98%)**

**5.** Referral to an orthodontic specialist should be considered for complex cases. **(Consensus-based statement; Global agreement: 100%)**