

Mixed Dentition period

(Around 6 years- 13 years) The mixed dentition period can be divided into:

1. First transitional period.
- 2- Inter-transitional period.
- 3- Second transitional period.

Inter-Transitional Period

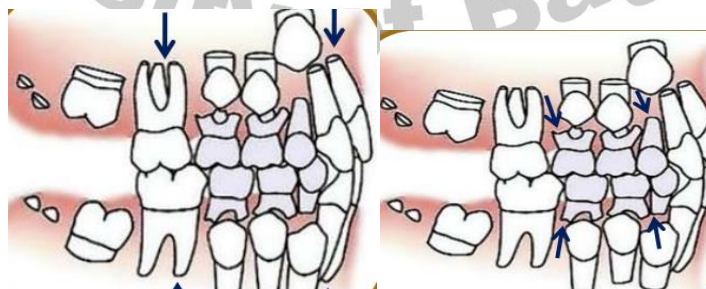
This is a stable phase where little changes take place in the dentition. The teeth present are the permanent incisors and first molar along with the deciduous canines and molars. Some of the features of this stage are:

1. Any asymmetry in emergence and corresponding differences in height levels or crown lengths between the right and left side teeth are made up.
2. Occlusal and interproximal wear of deciduous teeth causes occlusal morphology to approach that of a plane.
3. Ugly duckling stage.
4. Root formation of emerged incisors, canines and molars continues, along with concomitant increase in alveolar process height.
5. Resorption of roots of deciduous molars.

it is a silent period extend from 8.5 years of age to 10 years of age ,this period is called (Lull period) In this period ,the teeth present are

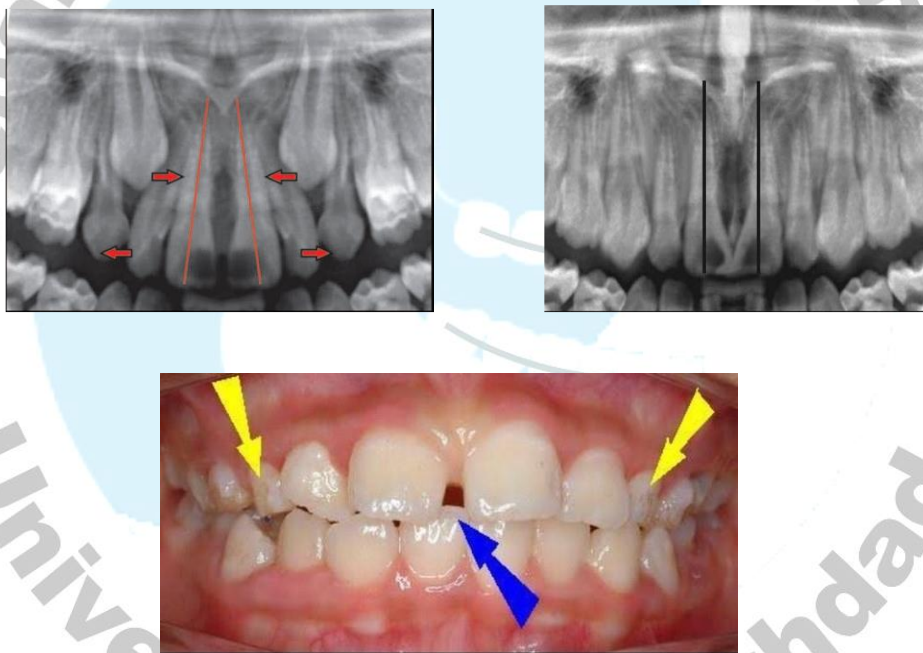
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This phase prepares for the second transitional phase



Ugly Duckling Stage (Broadbent's phenomenon):

Around the age of 8 - 9 years, a midline diastema is commonly seen in the upper arch, which is usually misinterpreted by the parents as a malocclusion. Its typical features are: Flaring of the lateral incisors. Maxillary midline diastema, crowns of canines on young jaws impinge on developing lateral incisor roots, thus driving the roots medially and causing the crowns to flare laterally, the roots of the central incisors are also forced together, thus causing maxillary midline diastema. With the eruption of the canines, the impingement from the roots shift incisally thus driving the incisor crowns medially, resulting in closure of the diastema as well as the correction of the flared lateral incisors.



Second Transitional Period

This period is marked by the eruption of the four permanent second molar, establishment of proper occlusion, replacement of deciduous canines and molars by permolars and permanent cuspid respectively.

The following events take place:

1. **Exfoliation of primary molars and canines** At around 10 years of age, the first deciduous tooth in the posterior region, usually the mandibular canine sheds and marks the beginning of the second transitional period.

Usually no crowding is seen before emergence except maybe between the maxillary first premolar and canine.

2. Eruption of permanent canines and premolars These teeth erupt after a pause of 1-2 years following incisor eruption. The first posterior teeth to erupt are the mandibular canine and first premolar (9-10 years) followed by maxillary premolars and canine around 11-12 years. Most common eruption sequence is 4-5-3 in the maxilla and 3-4-5 in the mandible. Favorable occlusion in this region is largely dependent on:

- Favorable eruption sequence.
- Satisfactory tooth size- available space ratio.
- Attainment of normal molar relation with minimum diminution of space available for bicuspid.

3. Eruption of permanent second molars: the eruption of second permanent molars(upper&lower) at the age of 12 years old, it takes along path of eruption, but less than the path of eruption of canine,so ,they subjected to less amount of crowding, the malocclusion of second molars is very rare,and their impaction very rare,but sometimes the lower second molars may be impacted, Before emergence second molars are oriented in a mesial and lingual direction. These teeth are formed palatally and are guided into occlusion by the Cone Funnel mechanism (the upper palatal cusp/cone slides into the lower occlusal fossa/funnel). The arch length is reduced prior to second molar eruption by the mesial eruptive forces. Therefore, crowding if present is accentuated

Mixed dentition problems

1-Premature loss of deciduous teeth

The major effect of early loss of a primary tooth, whether due to caries, premature exfoliation, or planned extraction, is localization of preexisting crowding. In an uncrowded mouth this will not occur.

However, where some crowding exists and a primary tooth is extracted, the adjacent teeth will drift or tilt around into the space provided. The extent to which this occurs depends upon the degree of crowding, the patient's age, and the site.

2-Retained deciduous teeth

A difference of more than 6 months between the shedding of contralateral teeth should be regarded with suspicion. Provided that the permanent successor is present, retained primary teeth should be extracted, particularly if they are causing deflection of the permanent

tooth.

3 Infra-occluded (submerged) primary molars

term for describing the process where a tooth fails to achieve or maintain its occlusal relationship with adjacent or opposing teeth.

4 Impacted first permanent molars

5 Dilaceration

Dilaceration is a distortion or bend in the root of a tooth. It usually affects the upper central and/or lateral incisor

6 Supernumerary teeth

7 Habits

8 First permanent molars of poor long-term prognosis

9 Median diastema

The Permanent Dentition

Permanent teeth or adult teeth are the second set of teeth formed in mammals. In humans, there are thirty-two permanent teeth, consisting of six maxillary and six mandibular molars, four maxillary and four mandibular premolars, two maxillary and two mandibular canines, four maxillary and four mandibular incisors.

The first permanent tooth usually appears in the mouth at around six years of age, and the mouth will then be in a transition time with both primary (or deciduous dentition) teeth and permanent teeth during the mixed dentition period until the last primary tooth is lost or shed.

The first of the permanent teeth to erupt are the permanent first molars, right behind the last 'milk' molars of the primary dentition. These first permanent molars are important for the correct development of a permanent dentition. Up to the age of thirteen years, twenty-eight of the thirty-two permanent teeth will appear.

The full permanent dentition is completed much later during the permanent dentition period. The four last permanent teeth, the third molars, usually appear between the ages of 17 and 25 years; they are considered wisdom teeth.

Calcification of permanent begins at birth with the calcification of the cusps of the first permanent molar and extends as late as the 25th year of life. Complete calcification of incisor crowns take place by 4 – 5 years and of the other permanent teeth by 6 – 8 years except for third molars,

at approximately 13 years of age all permanent teeth except third molars are fully erupted,

The permanent incisors develop lingual to the deciduous incisors and move labially as they erupt. The premolars develop below the diverging roots of the deciduous molars.

The third molars erupt at 17-25 years of age, Their path of eruption is nearly similar to the path of eruption of the second molars. the upper molars developed at the posteroinferior position of the maxillary tuberosity, so, these teeth are subjected to a high amount of crowding in comparison with the first or second molars due to the lack of space available for them. the lower third molars may be subjected to impaction due to lack of space, these teeth may be absent or congenitally missing.

Features of the permanent dentition:

- Coinciding midline.
- Class I molar relationship of the permanent first molar.
- Vertical overbite of about one-third the clinical crown height of the mandibular central incisors

The sequence of Permanent teeth emergence:

There is wide variability in the sequence of arrival of teeth in the mouth.

Maxilla 6-1-2-4-3-5-7 or 6-1-2-4-5-3-7 (most common)

Mandible 6-1-2-4-5-3-7 or 6-1-2-3-4-5-7 (most common)

Dental age 6: First stage of eruption

- Eruption of mandibular central incisor and permanent first molar
- Mandibular molar eruption precedes maxillary molar.

Dental age 7

- Eruption of maxillary central and mandibular lateral incisor.
- Root formation of maxillary lateral incisor well advanced.
- Crown completion of canines and premolars.

Dental age 8

- Eruption of maxillary lateral incisor.
- Delay of 2-3 years before any further teeth erupt.

Dental age 9

- One-third root formation of mandibular canine and first premolar is complete.

- Root development of mandibular second premolar begins.

Dental age 10

- One-half root formation of mandibular canine and first premolar is complete.
- Significant root development of maxillary and mandibular second premolar as well as maxillary canine.
- Root completion of mandibular incisors and near completion of maxillary laterals.
- According to Moyers, mandibular canine erupts between 9 and 10 years.

Dental age 11

- Eruption of mandibular canine, mandibular first premolar and maxillary first premolar.
- Maxillary first premolar erupts ahead of canine and second premolar.

Dental age 12

- Remaining succedaneous teeth erupt.
- Second permanent molars nearing eruption
- Early beginnings of third molar

Dental age 13,14,15

- Completion of roots of permanent teeth
 - Third molars apparent on the radiograph
- Change in eruption sequence is a reliable sign of disturbance in normal development of the dentition

	Calsification(months)	Eruption(years)
Maxillary teeth		
Central incisor	3-4	7-8
Lateral incisor	10-12	8-9
canine	4-5	11-12
First premolar	18-21	10-11
Second premolar	24-27	10-12
First molar	Around birth	5-6
Second molar	30-36	12-13
Third molar	84-108	17-25
Mandibular teeth		
Central incisor	3-4	6-7
Lateral incisor	3-4	7-8
canine	4-5	9-10
First premolar	21-24	10-12
Second premolar	27-30	11-12
First molar	Around birth	5-6
Second molar	30-36	12-13
Third molar	96-120	17-25

Root development complete 2–3 years after eruption

Abnormalities of eruption and exfolation

1-Eruption cyst

An eruption cyst is caused by an accumulation of fluid or blood in the follicular space overlying the crown of an erupting tooth. They usually rupture spontaneously, but very occasionally marsupialization may be necessary.



2-Failure of/delayed eruption

There is a wide individual variation in eruption times, Where there is a generalized tardiness in tooth eruption in an otherwise fit child, a period of observation is indicated. However, the following may be indicators of some abnormality and therefore warrant further investigation:

1-A disruption in the normal sequence of eruption.

2-An asymmetry in eruption pattern between contralateral teeth. If a tooth on one side of the arch has erupted and 6 months later there is still no sign of its equivalent on the other side, radiographic examination is indicated. Localized failure of eruption is usually due to mechanical obstruction – this is advantageous as if the obstruction is removed then the affected tooth/teeth has the potential to erupt. More rarely, there is an abnormality of the eruption mechanism, which results in primary failure of eruption (the tooth does not erupt into the mouth) or arrest of eruption (the tooth erupts, but then fails to keep up with eruption/ development).

This problem usually affects molar teeth and unfortunately for the individuals concerned, commonly affects more than one molar tooth in a quadrant. Extraction of the affected teeth is often necessary.

FACTORS DETERMINING TOOTH POSITION DURING ERUPTION

Tooth passes through four distinct stages of development:

1. *Pre-eruptive* Initially position of tooth germ is dependent on heredity.
2. *Intra-alveolar* Tooth position is affected by-
 - Presence or absence of adjacent teeth
 - Rate of resorption of primary teeth
 - Early loss of primary teeth
 - Localized pathologic conditions.
3. *Intraoral stage* Tooth can be moved by lip, cheek, tongue muscles or external objects and drift into spaces.
4. *Occlusal stage* Muscles of mastication exert influence through interdigitation of cusps. The periodontal ligament disseminates the strong forces of chewing to the alveolar bone

DISTURBANCES DURING ERUPTION OF TEETH

1. Concrescence Cemental union of two teeth.
2. Retarded eruption Due to endocrine disturbances, vitamin deficiencies, local causes
3. Ankylosed teeth Teeth fail to erupt to the occlusal level as they are fused to the bone.

Causes of delayed eruption**Generalized causes**

- Hereditary gingival fibromatosis
- Down syndrome
- Cleidocranial dysostosis
- Cleft lip and palate
- Rickets

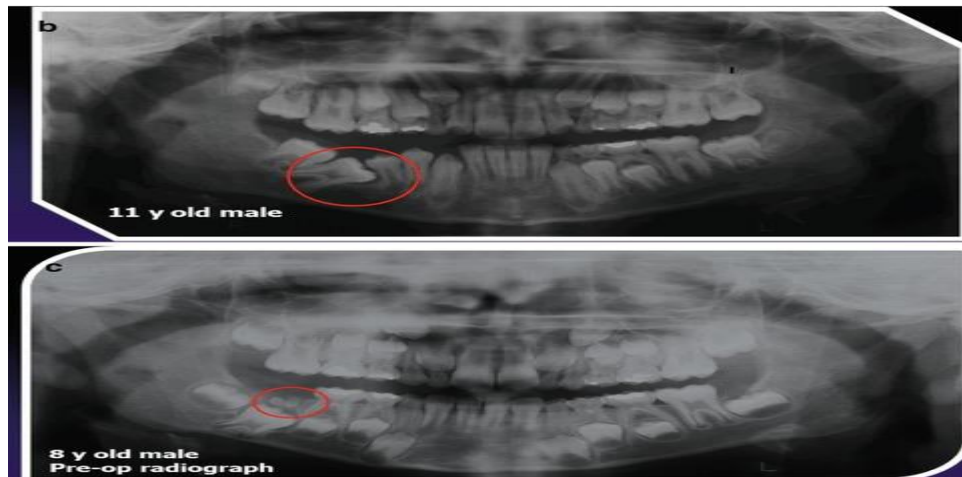
Localized causes

- Congenital absence
- Crowding
- Delayed exfoliation of primary predecessor
- Supernumerary tooth
- Dilaceration
- Abnormal position of crypt
- Primary failure of eruption



Supernumerary tooth

dilaceration



Primary failure of eruption

What to refer and when

****Deciduous dentition**

- Cleft lip and/or palate (if patient not under the care of a cleft team)
- Other craniofacial anomalies

****Mixed dentition**

- Severe Class III skeletal problems which would benefit from orthopaedic treatment
- Delayed eruption of the permanent incisors
- Impaction or failure of eruption First permanent molars of poor long-term prognosis where forced extraction is being considered
- Marked mandibular displacement on closure and/or anterior crossbites
- Ectopic maxillary canines
- Patients with medical problems where monitoring of the occlusion would be beneficial
- Pathology e.g. cysts on of the first permanent molars