

Orthodontic Extrusion: Case Report

Kyoung-A Kim*, Mi-Kyung Yu, Kwang-Won Lee

Department of Conservative Dentistry, School of Dentistry, Chonbuk National University, Chonju, Korea

I. Introduction

Placing the margin of the restoration in the biologic width frequently leads to the chronic gingivitis, the loss of clinical attachment, bony pocket and gingival recession. In this case, orthodontic extrusion by orthodontic force allows a biologic way of extruding the tooth with esthetic results.

Also, orthodontic extrusion is a nonsurgical technique for increasing the amount of available bone for implant site development and fixture placement.

II. Case Presentation

<Case 1>

Sex/Age: F/41

Chief Complaint: pain during mastication on right upper second premolar

Past Dental History: PFM crown and endodontic treatment (calcium hydroxide dressing)

Impression: caries and periapical abscess

Tx Plan: RCT, orthodontic extrusion, post and PFM crown

<Case 2>

Sex/Age: M/65

Chief Complaint: fracture of full veneer crown and tooth on right lower first premolar

Past Dental History: endodontic and full veneer crown

Impression: full veneer crown and tooth fracture on cervical 1/3

Tx Plan: Re-RCT, orthodontic extrusion, post and PFM crown

<Case 3>

Sex/Age: F/55

Chief Complaint: restoration on left upper lateral incisor

Past Dental History: #11-#22 fixed partial denture and endodontic treatment on #22

Present Illness: caries on #22

Tx Plan: orthodontic extrusion for implant site development, extraction and implantation

III. Conclusion

Orthodontic extrusion has been considered the easiest orthodontic tooth movement that can produce excellent results with a good prognosis and the low risk of relapse. In case of controlled orthodontic extrusion, development of attachment apparatus for implantation can occur.