

Multidimensional Cases: Thinking out of the Box!

By Chanda Kale, DDS

This is my 16th year in clinical orthodontics as a general dentist and the 10th year as a teacher in orthodontics for general dentists. I have always loved dentistry and I started to enjoy clinical dentistry as a profession only when I got compliments from my orthodontic patients and their parents. It was the “WOW” factor; it was “he is amazing” or “I can’t believe it!” Readers of this journal are in clinical orthodontics and



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you have experienced it. I know for a fact that there is nothing special about what I do. We all have done it, but our patients think we are the best. Actually they make me feel I am the best! It’s a great feeling and I don’t mind such excitement on a daily basis.

I practice “LDM”; Light Differential Orthodontic Mechanics using

Tip-Edge® appliance system. I learned using a Begg-256 Appliance, moved over to Tip-Edge® and today I finish all my cases using either a Coralex Appliance (non Rx generic Tip-Edge®) or Tip-Edge®. Most of my cases are finished with a round archwire and auxiliaries allowing me to finish individual teeth in an arch. The majority of my cases are comprehensive cases needing full treatment, however, once in a while I get a case which presents itself in such a way that dentists such as us can turn to orthodontics and find a solution. I would like to present to you couple of such cases. Being trained in LDM helps a lot.

My Case I:

Patient Profile: Adult, had extensive dentistry replacing missing teeth in UR, UL and LL and is very displeased that #30 (#46) space should be left alone. #28, 29, 31 and 32 (#44, 45, 47 and 48) have migrated towards the space and essentially there is hardly any space for a pontic.

Situation: How could I upright #31 (#47) and #32 (#48) without opening his bite and how could I open his bite when he has bridges in all other three quadrants? It indeed presented me with a dilemma.

My Treatment Plan: Just as I was putting finishing touches on rejecting treatment for him, patient abruptly gets up and is very upset. Then he reaches in his pockets and snaps something in his mouth! This was the first for me. I saw a happy ending to this and would like to share it with you. I will not bore you with my technique, just pictures. I placed an appliance in his mouth within the next 15 minutes and he got his bridge in 3 months.



My Bite Opening Appliance: I insisted that he must wear it all the time



My appliance



Orthodontic Treatment Goals Achieved



Today I would have restored with an Implant

My "WOW" Case II:

Patient Profile: Adult female who had a history of extensive periodontal, restorative crown and bridge and implant dentistry. Lower anteriors are worn out and have flared labially, possibly from having Class III tendency as well as perio. Her tongue posture hasn't helped. Her idea of esthetics is restoring her smile with better looking lower anteriors. #19, 20, 29 and 30 (#36, 35, 45, and 46) are implant restorations. #17, 18, 31 and 32 (#38, 37, 47, and 48) are missing. Upper anteriors is a fixed bridge and posteriors are implant restorations.

My Treatment Plan: I will let the pictures tell the story.

Future treatment will involve replacing her upper anterior bridge and she is retaining her orthodontic correction with an Essix retainer. Lower 6 anteriors were laminated without increasing their widths. She is a "WOW" factor.



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My appliance



My finished case. I will be redoing her upper bridge this year

My "WOW-WOW" Case III:

Patient Profile: Adult, recently divorced man going through difficulties in life. Has turned to me as his final hope. He has heard about the "WOW" factor. He simply sits down and tells me he trusts me. He knows he is in good hands. If you don't know it by now, this is a real hook and most of us fall for it. He is missing all his posterior molars, his is a collapsed Class III bite. Teeth have migrated due to

perio and #6 (#13) is missing as well. He wants it all. Make his bite better, replace posterior teeth and replace #6 (#13). Also while at it, why don't I close the spaces between his anterior teeth and correct his Class III relationship? He, of course, did not say it in all those words but nevertheless asked for it.

My Treatment Plan: worked for him. Pictures will tell the tale.



Pre Treatment Photographs



Pre Treatment Occlusals



Good old removable coming to the rescue: Opened his bite



Upper and Lower Partials fabricated with Orthodontics in mind



My initial appliance



Case in progress



Finished case

I am just having fun. Orthodontics in the hands of a GP is like a “WOW.” I can think on multiple dimensions and it feels good. Provided that cases will qualify for implant restorations, we as general practitioners have made a complete circle in preservation, esthetics and function.



Dr. Chanda Kale graduated from Nair Hospital Dental College, Bombay University in 1976. After mini-residencies in periodontics and pedodontics, he came to the USA and enrolled in New York College of Dentistry. After graduating in 1980, he soon started his own practice in Brooklyn, NY and has been there ever since.

He is a faculty member in the NYCDE (New York College of Dentistry Continuing Education Implant Department). He learned Begg/Tip-Edge® orthodontics from Dr. Richard Conlin and now teaches with him in New York and Pittsburgh.

He has developed a CD-ROM orthodontic course called, “Orthodontics in Your Practice” and developed cephalometric software called OrthoDiagnosis™. He can be contacted at ckaleds@bellatlantic.net.