



Impaktirani očnjaci

Impacted Canines

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Apstrakt

Impaktiran zub je zub koji nije iznikao, a čije nicanje je onemogućeno zbog: genetike, nedostatka prostora, prevremenog gubitka mlečnog prethodnika, promena u koštanom tkivu, nepravilnog položaja zuba, trauma ili različitih oboljenja u dečijem uzrastu. Najčešći impaktirani zubi su gornji i donji umnjaci i gornji očnjaci. Teorija vođenja: kako počinje erupcija stalnih centralnih sekutića, tako se korenovi mlečnih istoimenih zuba resorbuju. Stalni centralni sekutići migriraju kroz alveolarnu kost okluzalno i labijalno, iz tog razloga izbijaju labijalnije od mlečnog prethodnika. Pri ovom pomeranju, krunica neizniklog stalnog lateralnog sekutića smešta se distalno od korena centralnih sekutića, tako da u tom periodu nastaje mnogo više prostora.

Lateralni sekutići izbijaju okluzalno i labijalno, a njihovu putanju prate i stalni očnjaci. U ovoj fazi se javlja fiziološka diastema, nazvana „ružno pače“. Decenijama je kao primarni uzrok palatinalnog položaja gornjeg stalnog očnjaka istican dug i tortuozan put erupcije koji počinje blizu poda orbite. Smatralo se da ovaj zub mora mnogo više da „putuje“ pre izbijanja, nego ostali zubi, te se zato i „izgubi na putu“. Utvrđena je neobično velika prevalencija hipodoncije lateralnog sekutića kod pacijenata sa palatinalno impaktiranim očnjacima. U tim uslovima stalni očnjak nema distalnu stranu korena lateralnog sekutića, koji ga vodi na pravo mesto u zubnom nizu. U nedostatku lateralnog sekutića, očnjak nastavlja svoj put usmeren mezijalno i palatinalno, umesto okluzalno.

U opštoj populaciji, 93% lateralnih sekutića su normalnog oblika, a u populaciji sa impaktiranim očnjakom 52%. Veća učestalost impaktiranog gornjeg očnjaka u ženskoj populaciji može se objasniti činjenicom da je frekvencija manjih, klinastih lateralnih sekutića, kao i njihove hipodoncije, dva puta učestalija, nego u muškoj populaciji. Sudbina impaktiranog očnjaka većinom zavisi od sposobnosti i spretnosti ortodonta i oralnog hirurga da procene procenat uspešnosti izvlačenja očnjaka, primenom laganih sila u pravom smeru, nakon hirurškog eksponiranja zuba. Na osnovu iskustva dokazano je da se profesionalnom saradnjom oralnog hirurga i ortodonta postiču najbolji rezultati, jer udruživanjem njihovih znanja, veština i iskustva, pažljivo se planira i sprovodi biološki i funkcionalno najpotpunija terapija.

Abstract

An impacted tooth is a tooth that has not erupted, and whose eruption is prevented due to: genetics, lack of space, premature loss of the deciduous precursor, changes in the bone tissue, improper position of the tooth, trauma, or various diseases in childhood. The most commonly impacted teeth are upper and lower wisdom teeth and upper canines. Guiding theory: As the eruption of the permanent central incisors begins, the roots of the deciduous teeth of the same name are resorbed. The permanent central incisors migrate through the alveolar bone in the occlusal and labial way, for this reason, they erupt more labially than the deciduous predecessor. During this movement, the crown of the unerupted permanent lateral incisor is placed distally from the root of the central incisors, so that in that period many more teeth are formed.

Lateral incisors erupt in the occlusal and labial way, and permanent canines follow their path. In this phase, a physiological diastema occurs, called the “ugly duckling”. For decades, the primary cause of the palatal position of the upper permanent canine has been the long and tortuous path of eruption that begins near the floor of the orbit. It was believed that this tooth had to “move” much more before erupting than the other teeth, and that’s why it got “lost on the way”. An unusually high prevalence of hypodontia of the lateral incisor was found in patients with palatally impacted canines. In these conditions, the permanent canine does not have the distal side of the root of the lateral incisor, which guides it to the right place in the tooth row. In the absence of a lateral incisor, the canine continues its path directed in a mesial and palatal, instead of occlusal way.

In the general population, 93% of lateral incisors are of normal shape, and in the population with an impacted canine, 52%. The higher frequency of an impacted upper canine in the female population can be explained by the fact that the frequency of smaller, wedge-shaped lateral incisors, as well as their hypodontia, is twice as frequent as in the male population. The fate of an impacted canine mostly depends on the skill of the orthodontist and the oral surgeon, to estimate the success rate of canine extraction, by applying light forces in the right direction after surgical exposure of the teeth. Based on experience, it has been proven that the best results are achieved through the professional cooperation of the oral surgeon and the orthodontist, because by combining their knowledge, skills, and experience, careful planning and carrying out biologically and functionally the most complete therapy.

