### **Aetiology of Malocclusion- Contributing Factors**

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#### **Overview**

- Systems of Classification
  - Heritability
  - McCoy and Shepard
  - Moyers
  - Salzman
  - Graber
- Graber-General factors
- Graber-Local factors

## Systems of Classification

#### Heritability

- Inherited (predetermined)(genetic)
- Acquired (environmental)

#### McCoy and Shepard(1956)

- Direct (determining)
- Indirect (predisposing)

#### **Moyers (1972)**

- Heredity
- Developmental Defects
- Trauma
- Physical agents
- Habits
- Diseases
- Malnutrition

#### Salzman

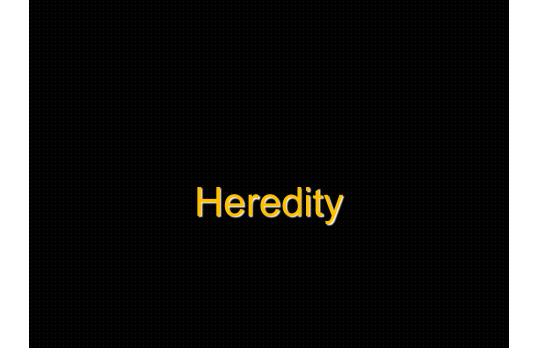
- Prenatal
- Postnatal

#### **Graber**

- General (extrinsic) factors
- Local (intrinsic) factors

#### **Graber-General factors**

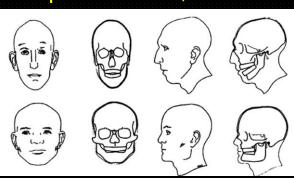
- Heredity
- Congenital defects
- Environment
- Predisposing metabolic climate & disease
- Diet
- Abnormal pressure habits
- Posture
- Trauma



- For each individual there is a basic pattern or blueprint for dentofacial development which may be masked but not really changed (unless by surgery)
- Racial and familial characteristics
- They affect
  - Neuromuscular system
  - Dentition
  - Skeletal structures
  - Soft tissues (other than the neuromusculature).

#### **Facial Typing**

- Brachycephalic-short, broad
- Dolicocephalic-narrow, tapering, long
- Mesocephalic-round, oval



#### **Facial Typing-profile**

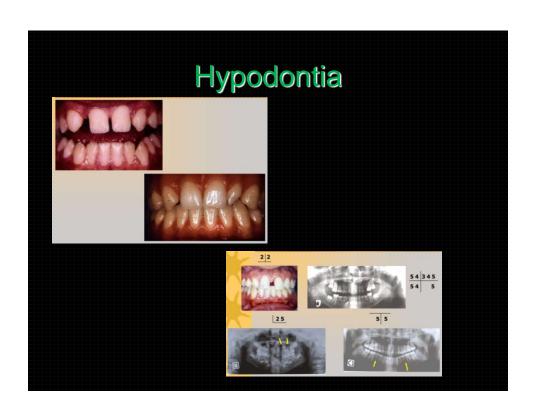
- Convex-Class II (protrusive maxilla or retrusive mandible) or Class 1 bimaxillary
- Concave-Class III (protrusive mandible or retrusive maxilla)
- Flat-Class I (dental bases in harmony)

#### **Features Affected by Heredity**

- Tooth size
- Variations in tooth shape
- Hypodontia
- Supernumerary teeth
- Size and position of the jaws
- Arch length and width
- Height of the palatal vault

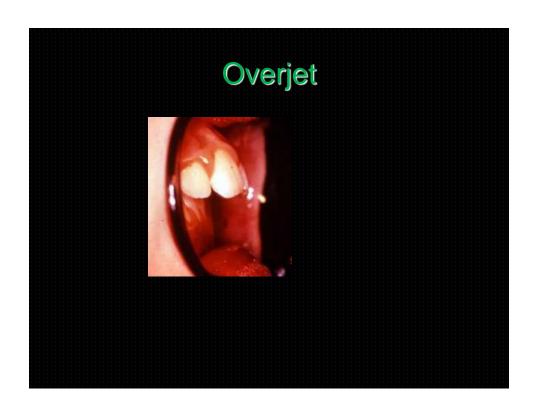
#### **Features Affected by Heredity**

- Crowding or spacing
- Overbite and overjet
- Position and configuration of muscles
- Tongue size and shape
- Character of the oral mucosa
- Congenital deformities
- Facial asymmetry

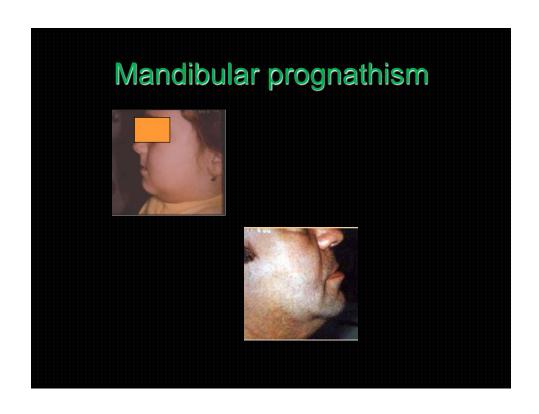












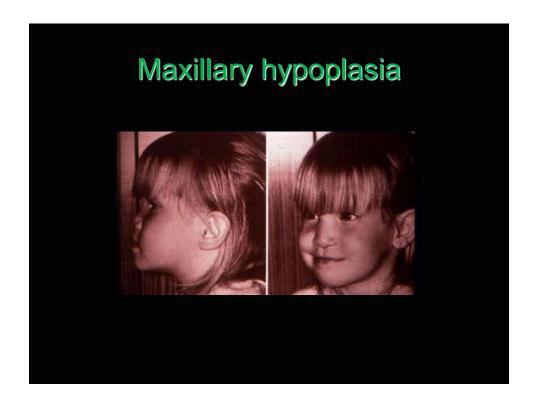
### Mandibular prognathism Habsburg family (1515)

Maximilian I

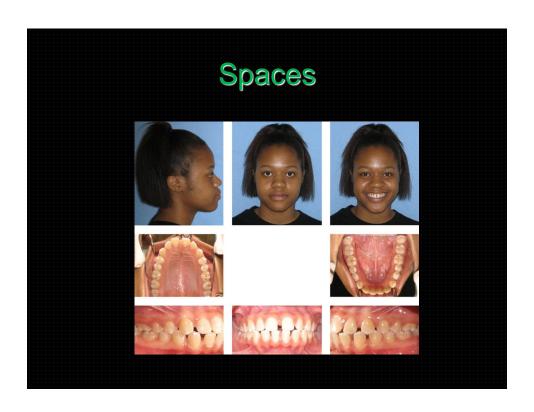


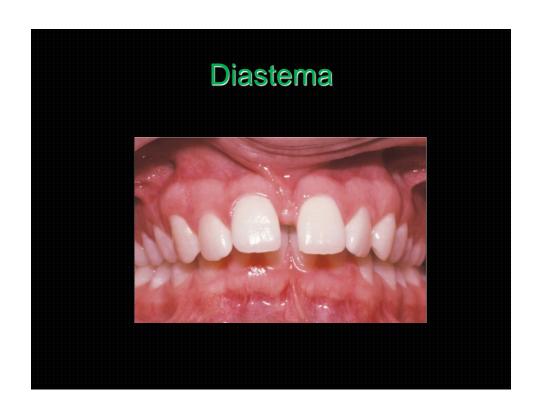
Charles V



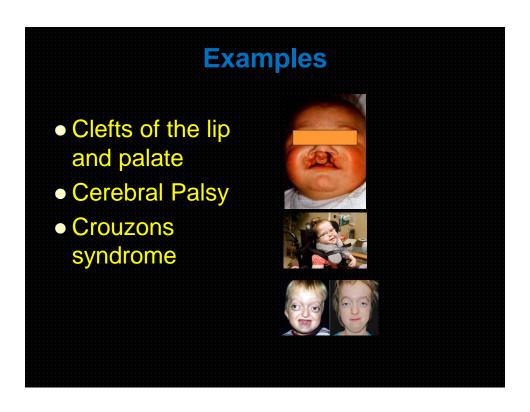


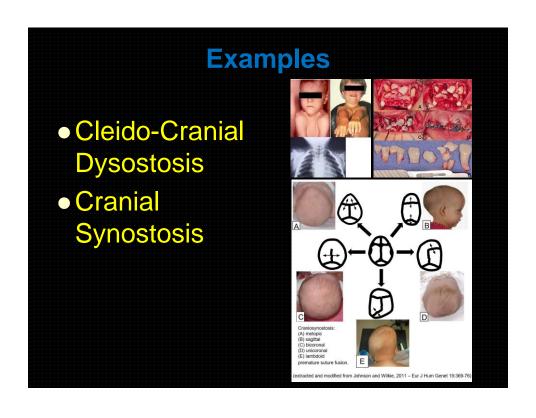












#### **Environmental Factors**

#### **Prenatal**

- Trauma
- Maternal diet
- Maternal metabolism & diseases
- Fetal posture
- Maternal consumption of alcohol & drugs

#### **Postnatal**

- Birth injuries
- TMJ injuries
- Accidents, fractures
- Avulsion or displacement of teeth



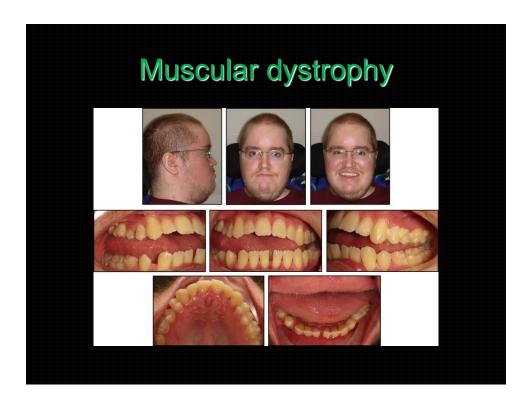




- Acute febrile disease- e.g. measles, mumpes, chicken-pox,etc.
- Diseases of muscle dysfunction-e.g. muscular dystrophy, cerebral palsy, polio.
- Endocrine disorders-e.g. pituitary, thyroid, parathyroid.

#### Acute febrile diseases

- Acute febrile diseases may affect the dentition and its surrounding hard and soft tissue.
- If severity and duration is not prolonged the child is able to recoup and catch up growth is possible



#### **Endocrine diseases**

- Diabetes mellitus, is a group of metabolic diseases in which there are high blood sugar levels over a prolonged period.
- Thyroid disorders is the condition that occurs due to excessive or insufficient production of thyroid hormone by the thyroid gland.
- Cushing's syndrome is a collection of signs and symptoms due to prolonged exposure to cortisol.
- Addison's disease is a rare, chronic endocrine system disorder in which the adrenal glands do not produce sufficient steroid hormones.

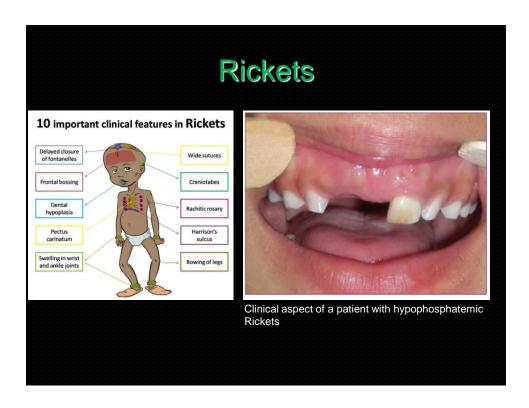
### Oral manifestations of **Endocrine** disorders

Microdontia, Retarded tooth eruption
Macroglossia, Retarded tooth eruption
Spaced teeth, Mandibular prognathism,
Macroglossia, Megadontia
Bone rarefaction, Brown tumours
Mucosal hyperpigmentation
Periodontal disease, Xerostomia, Candidiasis,
Sialosis, Lichen planus
Gingivitis, Epulis

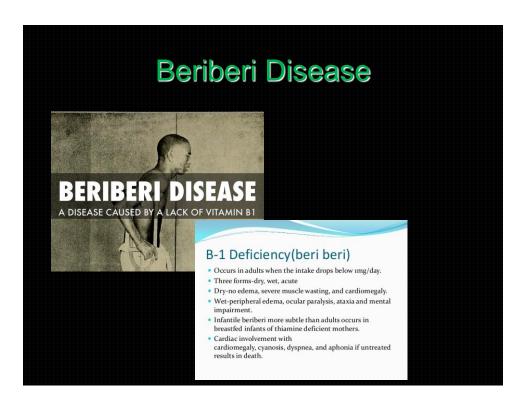


- Poor diet may cause deficiency diseases such as Rickets, beriberi, scurvy etc.
- These may cause severe malocclusion due to interference with craniofacial growth and development in addition Periodontal problems associated with significant bone loss

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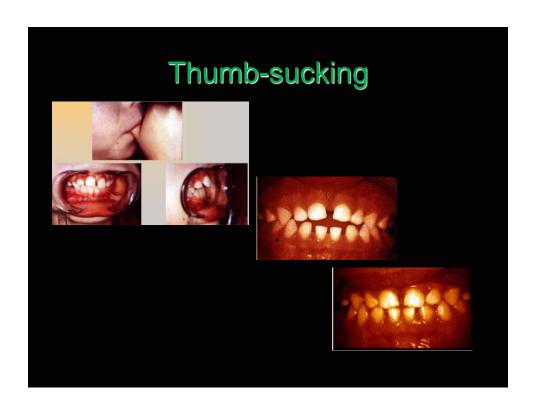
#### Causes of Rickets **CAUSES OF RICKETS VITAMIN D DISORDERS CALCIUM DEFICIENCY** Nutritional Vitamin D Low intake deficiency Diet Congenital Vitamin D Premature Infant deficiency Malabsorption Secondary Vitamin D **Primary Disease** deficiency Dietary inhibitors of calcium Malabsorption absorption Increased degradation **PHOSPHORUS DEFICIENCY** Decreased Liver 25-hydroxylase Inadequate intake Vitamin D dependent ricket Premature infants Type 1 Aluminium containing antacids Vitamin D dependent ricket Type 2 · Chronic Renal Failure



# Cause Deficiency of Vitamin C (ascorbic acid) for at least 3 months Signs Muscle weakness Joint & muscle aches A rash on the legs Bleeding of the gingiva

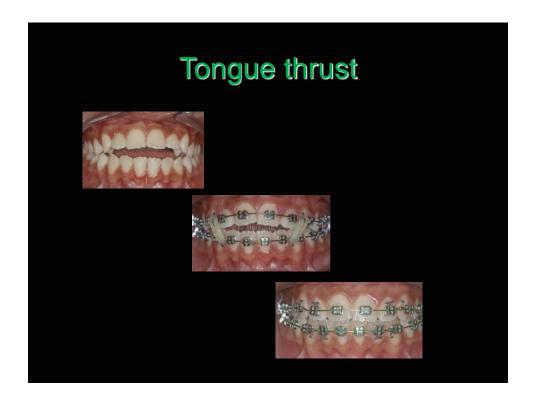
# Habits

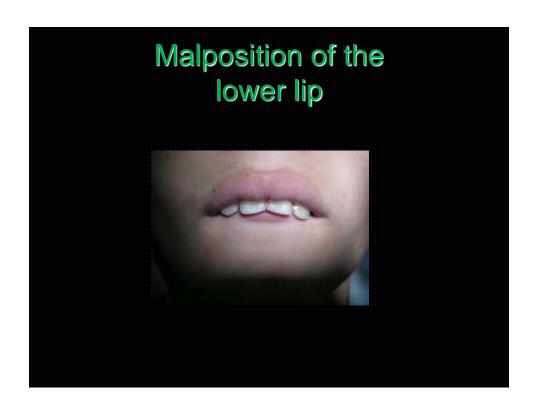
- Thumb or finger sucking
- Foreign objects
- Tongue thrusting
- Lip or cheek biting
- Mentalis muscle strain
- Mouth breathing

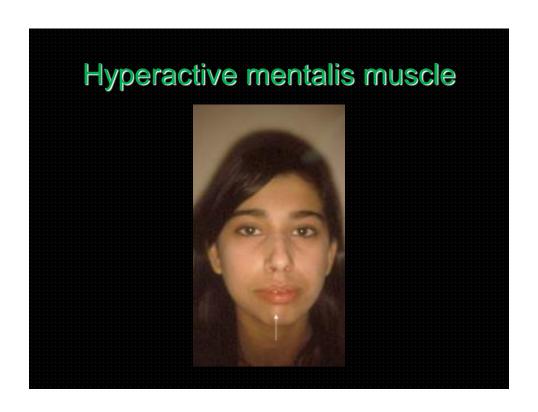


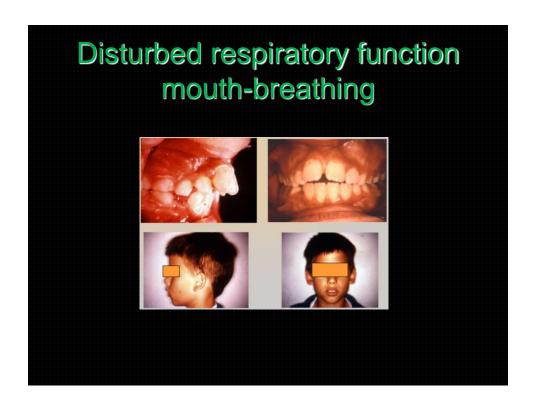


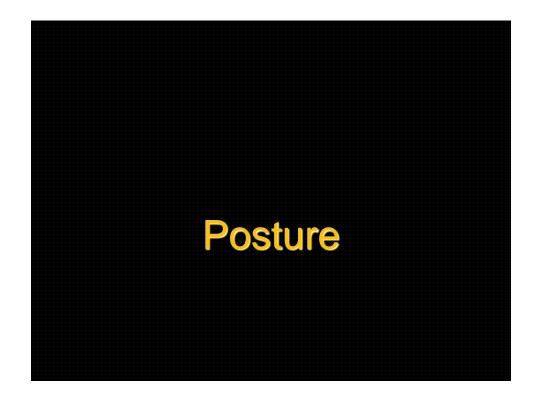












- Not an important factor
- May be a contributing factor
- Seldom considered a primary cause
- They may be associated with other abnormal pressure or muscle imbalances increasing the risk of malocclusion

#### **Graber-Local factors**

- Congenital absence of teeth
- Supernumerary teeth
- Anomalies of tooth size
- Anomalies of tooth shape
- Abnormal labial frenum
- Premature loss of deciduous teeth
- Retained primary teeth

#### **Graber-Local factors**

- Abnormal resorption of deciduous teeth
- Delayed eruption of permanent teeth
- Abnormal eruptive path
- Ankylosis of deciduous teeth
- Proximal caries
- Improperly contoured restorations

# Premature extraction of primary teeth







