



Adapting Clear Aligner Therapy to Interceptive Treatment for Early Mixed Dentition-A Review Article

¹Dr. Payoshni Ganguly, ²Dr. Pritam Mohanty, ³Dr. Sanghamitra Jena, ⁴Dr. Yash Sinha, ⁵Dr. Pratik Agarwal, ⁶Dr. Debashish Mishra

¹Dental Surgeon, Kalinga institute of Dental Sciences, KIIT Deemed to be University, Bhubaneswar

²Professor, Department of Orthodontics and Dentofacial Orthopaedis, Kalinga institute of Dental Sciences, KIIT Deemed to be University, Bhubaneswar

³Professor, Head Of The Department, Department of Orthodontics and Dentofacial Orthopaedis, Kalinga institute of Dental Sciences, KIIT Deemed to be University, Bhubaneswar

⁴Dental Surgeon, Department of Conservative Dentistry and Endodontics, Kalinga institute of Dental Sciences, KIIT Deemed to be University, Bhubaneswar

⁵Reader, Department of Conservative Dentistry and Endodontics, Kalinga institute of Dental Sciences, KIIT Deemed to be University, Bhubaneswar

⁶Reader, Department of Periodontics and Oral Implantology, Kalinga institute of Dental Sciences, KIIT Deemed to be University, Bhubaneswar

Corresponding Author

Dr. Payoshni Ganguly, Dental Surgeon, Kalinga institute of Dental Sciences, KIIT Deemed to be University, Bhubaneswar

(Received: 07 October 2023

Revised: 12 November

Accepted: 06 December)

KEYWORDS

clear aligners,
interceptive
orthodontic
treatment,
malocclusion

ABSTRACT:

Early intervention in orthodontics during the mixed dentition phase is crucial for intercepting developing malocclusions and optimizing treatment outcomes. This abstract explores the adaptation of clear aligner therapy for interceptive treatment in early mixed dentition, addressing the unique challenges and opportunities presented by this developmental stage. The early mixed dentition period, characterized by the presence of primary and permanent teeth, poses specific challenges for orthodontic treatment. Clear aligner therapy, traditionally designed for permanent dentition, requires tailored adjustments to accommodate the dynamic changes in tooth eruption, growth, and occlusal development during this phase. Key considerations in adapting clear aligner therapy to early mixed dentition include eruption guidance algorithms, Age-Appropriate Compliance Strategies and skeletal Growth Prediction.

Introduction

Adapting clear aligner therapy to interceptive treatment for early mixed dentition represents a paradigm shift in orthodontics, ushering in a new era of proactive and patient-centric care. The early mixed dentition phase, typically occurring between the ages of six and nine, marks a critical period in dental development Pinho (2011). During this stage, a combination of primary and permanent teeth coexists, laying the foundation for the future occlusal harmony. This introduction delves into the rationale, challenges, and potential benefits of

employing clear aligner therapy as an interceptive measure, setting the stage for a comprehensive exploration of this evolving orthodontic approach Brierley, et al. (2017).

Orthodontic interventions during the early mixed dentition phase hold immense potential for reshaping the trajectory of dental development. Traditionally, interceptive treatment focused on addressing skeletal discrepancies and guiding jaw growth. However, the integration of clear aligner therapy introduces a novel dimension by honing in on dental misalignments at an



earlier stage. Clear aligners, known for their aesthetic appeal and removable nature, offer a less intrusive alternative to conventional fixed appliances, making them particularly attractive for young patients and their parentsCastañer-Peiro (2006).

One of the primary motivations behind adapting clear aligner therapy for early mixed dentition is the desire to intercept and correct dental issues before they escalate. By targeting misalignments early, orthodontists aim to capitalize on the natural growth and adaptability of the developing dentition. This proactive approach has the potential to reduce the severity of malocclusions, potentially minimizing the need for extensive orthodontic interventions later in adolescence.[2,3]

Challenges, however, accompany this innovative approach. The mixed dentition phase presents a dynamic environment with both primary and permanent teeth in various stages of eruption. Effectively addressing misalignments requires a nuanced understanding of dental development and precise treatment planning. Skeptics argue that the malleability of a child's jaw and the unpredictable eruption patterns may complicate clear aligner therapy during this phase. Nevertheless, proponents assert that early intervention allows for targeted guidance, harnessing the adaptability of the dental structures for optimal resultsOancea et al, (2019).

Clear aligners, characterized by their transparency and removable nature, bring unique advantages to the realm of interceptive treatment. The aesthetic appeal resonates with young patients and addresses concerns often associated with traditional braces. The ability to remove aligners for eating and oral hygiene facilitates better compliance, a crucial factor in the success of any orthodontic treatment, especially in the pediatric population. This adaptability aligns with the evolving preferences of patients and parents seeking orthodontic solutions that integrate seamlessly into their lifestylesPinho, et al, (2018).

Moreover, the digital evolution in orthodontics has facilitated precise treatment planning through advanced imaging technologies. Digital impressions, 3D models, and computer-aided design enable orthodontists to meticulously plan the movement of teeth, considering

the unique challenges posed by the mixed dentition phase. This technological leap enhances the predictability and efficiency of clear aligner therapy, fostering confidence among practitioners and patients alikePinhoet al, (2018).

Functional oral complications, pathologies, and/or malocclusion traits are examples of interceptive orthodontic problems. These conditions typically arise in mixed dentition, at an early age before full growth is achieved, and, if left untreated, can develop into serious and complex orofacial malocclusion traits in adulthood. In order to avoid needing costly orthodontic treatment later on, early diagnosis is crucial. The unifying goal of interceptive orthodontic procedures in early mixed dentitions is to enable more advantageous jaw growth and the ensuing establishment of a suitable occlusion [1]. The most frequent malocclusion characteristics to be intercepted for these types of treatments are crowding, molar rotation, and arch constriction.

Clear Aligner Therapy for Interceptive Treatment: Challenges and Considerations

Clear aligner therapy for interceptive treatment in early mixed dentition brings about its own set of challenges and considerations that orthodontists must navigate for successful outcomesKravitz et al,(2009).

Dynamic Nature of Mixed Dentition:

- Challenge: The mixed dentition phase involves both primary and permanent teeth in various stages of eruption, posing a challenge for precise treatment planning.

- Consideration: Orthodontists must carefully assess and predict the eruption patterns, considering the dynamic nature of the dentition to achieve effective alignment.

Limited Tooth Movement

- Challenge: Clear aligners may have limitations in achieving complex tooth movements required for interceptive treatment in certain cases.

- Consideration: Thorough case selection and treatment planning are crucial. Orthodontists should evaluate the feasibility of clear aligners for specific misalignments, opting for alternative methods if needed.

Compliance in Pediatric Patients

- Challenge: Maintaining consistent wear of clear aligners can be challenging with pediatric patients who may struggle with compliance.



- Consideration: Patient and parent education are essential. Clear communication about the importance of consistent wear and proper oral hygiene practices can enhance compliance.

Interceptive Timing

- Challenge: Determining the optimal timing for interceptive treatment within the mixed dentition phase requires a nuanced understanding of individual growth patterns.

- Consideration: Orthodontists must rely on a combination of clinical judgment and advanced imaging technologies to assess skeletal maturity and plan interventions at the most opportune time.

Limited Skeletal Correction:

- Challenge: Clear aligners primarily focus on dental movements and may have limitations in addressing significant skeletal discrepancies during the interceptive phase.

- Consideration: Orthodontists should carefully evaluate cases, considering the extent of skeletal correction required. Collaboration with other orthodontic appliances or interventions may be necessary for comprehensive treatment.

Patient and Parent Expectations

- Challenge: Managing expectations regarding treatment duration, outcomes, and potential challenges is crucial, especially when dealing with younger patients and their parents.

- Consideration: Open communication is key. Orthodontists should provide clear information about the goals of interceptive treatment, potential challenges, and the collaborative role of patients and parents in achieving successful outcomes.

Technological Limitations

- Challenge: While digital advancements have improved clear aligner therapy, there may still be technological limitations in achieving certain tooth movements.

- Consideration: Staying abreast of technological advancements and continuously updating skills is essential. Orthodontists should leverage the latest tools and technologies to enhance treatment precision.

Cost Considerations

- Challenge: Clear aligner therapy may be perceived as a more expensive option for interceptive treatment compared to traditional methods.

- Consideration: Orthodontists should transparently discuss cost considerations with patients and parents,

highlighting the potential long-term benefits and reduced need for extensive orthodontic work in the future.

Navigating these challenges and considerations requires a holistic and patient-centered approach. Orthodontists embracing clear aligner therapy for interceptive treatment must strike a balance between leveraging technological advancements and addressing the unique aspects of early mixed dentition to ensure optimal outcomes for their young patients.

The Deficiencies of Interceptive Treatment with Clear Aligners

Interceptive treatment with clear aligners can be a viable option for correcting certain orthodontic issues early, but like any treatment modality, it has its limitations and potential deficiencies. Here are some key considerations regarding the deficiencies of interceptive treatment with clear aligners, especially concerning limitations in growth modification and prediction. Clear aligners primarily focus on dental movements rather than significant skeletal modifications. While they can address mild skeletal discrepancies, more complex cases requiring substantial skeletal changes may be better suited for traditional braces or other orthodontic appliances Robertson et al (2020). Clear aligners lack the capacity to influence or guide significant skeletal growth. In cases where there are substantial skeletal discrepancies, interceptive treatment with clear aligners may not be sufficient to address these issues adequately. The success of clear aligner treatment relies heavily on patient compliance. Patients must wear the aligners for the recommended amount of time each day for the treatment to be effective Zheng et al, (2017). Inconsistent wear can result in less predictable outcomes. Predicting the growth patterns of young patients, especially during the adolescent growth spurt, can be challenging. Skeletal growth is highly individual, and it may be difficult to accurately anticipate how a patient's jaw and facial structures will develop over time. Interceptive treatment is most effective for mild to moderate cases. Complex cases involving severe malocclusions or significant skeletal discrepancies may necessitate a multidisciplinary approach, including collaboration with oral and maxillofacial surgeons or other specialists Charalampakis et al, (2018).



Clear aligners may have limitations in controlling the eruption of permanent teeth, especially in cases where there is delayed or impeded eruption. Traditional braces may offer more precise control over tooth movement in such situations. Diagnosing and planning interceptive treatment with clear aligners require accurate assessments of the patient's dental and skeletal development Haouili et al, (2020). The limitations of available diagnostic tools may pose challenges in predicting long-term outcomes. Clear aligners may not be suitable for every orthodontic case. Some complex cases, especially those requiring extensive growth modification or involving severe skeletal discrepancies, may be better addressed with traditional orthodontic methods Pinho et al, (2022).

In summary, while clear aligners can be a valuable tool in certain interceptive orthodontic cases, their use has limitations in influencing significant skeletal changes and predicting long-term growth patterns. Careful case selection and a thorough understanding of the patient's individual characteristics are essential for successful interceptive treatment with clear aligners. Orthodontic professionals should assess each case on its merits and consider alternative approaches when necessary Robertson et al, (2020).

Addressing the current limitations in clear aligner interceptive treatment requires a combination of technological advancements, research, and a comprehensive understanding of orthodontic principles. Here are some potential solutions to overcome the existing limitations:

Continuous improvements in the materials used for clear aligners can contribute to enhanced flexibility, durability, and the ability to apply controlled forces. Research into materials with greater biomechanical properties can help achieve more predictable tooth movements. Integration of smart technology, such as sensors and tracking devices, into clear aligners can provide real-time data on patient compliance and treatment progress. This can help orthodontists monitor treatment more effectively and make adjustments as needed Jaber et al, (2023).

Continued development of sophisticated treatment planning software can improve the accuracy of predicting tooth movements and enable better simulation of skeletal changes. This may involve incorporating artificial intelligence (AI) algorithms for

more precise treatment planning. Increased research into the feasibility of using clear aligners for skeletal modifications is essential. Understanding the limitations and possibilities of clear aligners in influencing jaw growth can lead to more effective treatment strategies for cases with skeletal discrepancies Kassametal, (2020). Collaboration between orthodontists, oral and maxillofacial surgeons, and other dental specialists is crucial for addressing complex cases. A multidisciplinary approach allows for comprehensive treatment planning and the application of the most appropriate interventions for optimal results. Advances in diagnostic tools, such as three-dimensional imaging and computer-aided diagnostics, can provide orthodontists with more detailed information about a patient's dental and skeletal structures. This, in turn, improves the accuracy of treatment planning and prediction Python et al, (2019).

Tailoring clear aligner treatment plans to each patient's unique anatomical and physiological characteristics can enhance the precision of tooth movement. Personalized treatment approaches may involve a combination of clear aligners and other orthodontic appliances. Educating patients about the importance of consistent wear and adherence to treatment recommendations is essential. Improved patient engagement through educational materials, interactive apps, or communication tools can positively impact treatment outcomes.

Conducting long-term follow-up studies on patients who have undergone clear aligner interceptive treatment can provide valuable insights into the stability of results over time. This information can guide improvements in treatment protocols and help refine future approaches. Ongoing training and education for orthodontic professionals in the use of clear aligners, along with updates on emerging technologies and techniques, can contribute to better treatment planning and execution.

By combining these approaches, the field of clear aligner interceptive treatment can progress toward overcoming current limitations and providing more effective solutions for a broader range of orthodontic cases. Advances in technology, research, and collaboration are essential for pushing the boundaries of what clear aligners can achieve in interceptive orthodontics Kaklamanos et al, (2023).

Retention to Small Clinical Crowns



It might be difficult for deciduous teeth with modest clinical crowns to keep their alignment with aligners, especially when they are under additional tension from intermaxillary elastics or RPFM. The retention of these teeth can be improved using a variety of strategies. Firstly, lingual attachments may be placed on deciduous teeth with modest clinical crowns, especially if the intermaxillary elastics will reinforce the aligner around the tooth. At the time of presentation, the doctor may manually attach lingual attachments to any of the deciduous teeth. Moreover, physicians may take into account a certain kind of gingival finish for the aligner if retention is a concern. In the case of teeth with thin clinical crowns, retention may be improved by an aligner that finishes just slightly on the gingiva Upadhyay et al, (2022).

Expansion Limits

A large number of the expansion possibilities fall outside of the suggested 2-4 mm range. If these boundaries are crossed, there may be a recession and ensuing mucogingival issues. Ideally, the programme would notify the practitioner, as it does with tooth movement assessment, if it detects expansion above physiological restrictions. Due to the tooth movement evaluation in the most recent Clincheck version, these notifications are only given for specific tooth motions and no longer for the degree of maxillary expansion. The therapist should exercise caution when expanding the maxilla during clear aligner interceptive treatment so as to maintain it within physiological bounds Ke et al, (2019).

Software Calibration for Eruption Compensation and Incisor Position

The amount of space required for permanent teeth to erupt is frequently underestimated in treatment simulations. The doctor should be mindful of the amount of space scheduled by the software while modifying the eruption space. Future iterations of Invisalign should have an enhanced eruption compensating algorithm. The therapist should also be aware of the positions of the interruptors that were misrepresented throughout the therapeutic simulation. The tooth movement table helps the clinician forecast incisor changes but cannot be used to accurately predict incisor positions because it has not been calibrated using cephalometric data. Many of the clinician's

clinical preferences are not known when the patient's case is first filed, such as where to place elastics, when to place attachments the maximum amount that the mandibular intercanine breadth can grow. Modifications to the Clincheck simulation are necessary to control these aspects because they are frequently essential to the efficacy of treatment outcomes Cortona et al, (2020).

Conclusion

In conclusion, adapting clear aligner therapy to interceptive treatment for early mixed dentition heralds a progressive stride in orthodontics. This approach navigates the complexities of the mixed dentition phase, aiming to correct dental misalignments at an opportune moment in a child's development. While challenges persist, the potential benefits, including reduced treatment severity and enhanced patient compliance, underscore the significance of exploring this innovative intersection of early intervention and clear aligner technology.

References

1. Pinho, T. (2011) Early treatment of scissor bite. *J. Clin. Orthod*, 45,498–506.
2. Brierley, C.A., DiBiase, A., Sandler, P.J. (2017). Early Class II treatment. *Aust. Dent. J*, 62,4–10.
3. Castañer-Peiro, A. (2006) Interceptive orthodontics: The need for early diagnosis and treatment of posterior crossbites. *Med. Oral Patol. Oral Cir. Bucal*, 11, E210–E214.
4. Oancea, R., Funieru, C., Sfeatcu, R., Jumanca, D. (2019) Interceptive orthodontics in primary and mixed dentition: The importance of early diagnosis. *J. Pediatr*. 22, 87–88.
5. Pinho, T., Carvalho, V. (2018) Interceptive orthodontic traction of impacted maxillary incisors: Clinical cases. *Rev. Port. Estomatol. Med. Dent. Cir. Maxilofac*, 59,107–114.
6. Pinho, T., Mendes, D., Bellot-Arcis, C. (2018) Interceptive Treatment of Anterior Crossbite: Case series. *Nascer E Crescer-Birth Growth Med. J*. 27,119–125.
7. Kravitz, N.D., Kusnoto, B., BeGole, E., Obrez, A., Agran, B. (2009) How well does Invisalign work? A prospective clinical study evaluating the efficacy of tooth movement with Invisalign. *Am. J. Orthod. Dentofac. Orthop*, 135,27–35.



8. Robertson, L., Kaur, H., Fagundes, N.C.F., Romanyk, D., Major, P., Mir, C.F. (2020) Effectiveness of clear aligner therapy for orthodontic treatment: A systematic review. *Orthod. Craniofac. Res*, 23, 133–142.
9. Zheng, M., Liu, R., Ni, Z., Yu, Z. (2017) Efficiency, effectiveness and treatment stability of clear aligners: A systematic review and meta-analysis. *Orthod. Craniofac. Res*, 20, 127–133.
10. Charalampakis, O., Iliadi, A., Ueno, H., Oliver, D.R., Kim, K.B. (2018) Accuracy of clear aligners: A retrospective study of patients who needed refinement. *Am. J. Orthod. Dentofac. Orthop*, 154, 47–54.
11. Haouili, N., Kravitz, N.D., Vaid, N.R., Ferguson, D.J., Makki, L. (2020) Has Invisalign improved? A prospective follow-up study on the efficacy of tooth movement with Invisalign. *Am. J. Orthod. Dentofac. Orthop*, 158, 420–425.
12. Pinho, T, Rocha, D, Ribeiro, S, Monteiro, F, Pascoal, S, Azevedo, R. (2022) Interceptive Treatment with Invisalign® First in Moderate and Severe Cases: A Case Series. *Children (Basel)*, 9(8), 1176.
13. Robertson, L, Kaur, H, Fagundes, NCF, Romanyk, D, Major, P, Flores, Mir, C. (2020) Effectiveness of clear aligner therapy for orthodontic treatment: A systematic review. *Orthod Craniofac Res*, 23(2), 133-142.
14. Jaber, ST, Hajeer, MY, Sultan, K. (2023) Treatment Effectiveness of Clear Aligners in Correcting Complicated and Severe Malocclusion Cases Compared to Fixed Orthodontic Appliances: A Systematic Review. *Cureus*,15(4), 38311.
15. Kassam, SK, Stoops, FR. (2020) Are clear aligners as effective as conventional fixed appliances? *Evid Based Dent.*, 21(1), 30-31.
16. Python, MM, Baião, FCS, Sant Anna LIDA, Paranhos, LR, Cople Maia, L. (2019) Assessment of the effectiveness of invisible aligners compared with conventional appliance in aesthetic and functional orthodontic treatment: A systematic review. *J Investig Clin Dent*,10(4), 12455.
17. Kaklamanos, EG, Makrygiannakis, MA, Athanasiou, AE.(2023) Oral Health-Related Quality of Life throughout Treatment with Clear Aligners in Comparison to Conventional Metal Fixed Orthodontic Appliances: A Systematic Review. *Int J Environ Res Public Health*,20(4), 3537.
18. Upadhyay, M, Arqub, SA. (2022) Biomechanics of clear aligners: hidden truths & first principles. *J World Fed Orthod*,11(1), 12-21.
19. Ke, Y, Zhu, Y, Zhu, M.(2019) A comparison of treatment effectiveness between clear aligner and fixed appliance therapies. *BMC Oral Health*, 19(1), 24.
20. Cortona, A, Rossini, G, Parrini, S, Deregibus, A, Castroflorio, T. (2020) Clear aligner orthodontic therapy of rotated mandibular round-shaped teeth: A finite element study. *Angle Orthod*, 90(2), 247-254.