

The aetiology of malocclusion

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Abstract

Malocclusion, Sleep Breathing Disorders, TMJ Three symptoms of the same problem. The problem is poor craniofacial development. Before you can treat these conditions you have to be able to identify the underlying problem. Most children have their mouths open most of the time. The tongue and the mandibles are one unit. They move together. When the mouth is open the tongue is low and it takes the mandible down and back with it. The maxillae and nasal passages develop together rapidly in the first weeks and months of life the maxillae are 90% fully developed by age 6. If the permanent incisors are crowded when they erupt they will be crowded when 28 permanent teeth have erupted at age 12-13. The nasal airway is not above the maxillae.

It is encircled by the maxillae. Underdeveloped maxillae result in a restricted nasal airway. "The mouth breathers' maxilla and mandibles were more retrognathic...."

Poor breathing leads to maxillae that are set back within the cranium reducing pharyngeal airway. The ideal development of the jaws and teeth is dependent on correct oral posture with the tongue resting on the palate, the lips sealed and the teeth in light contact for between four and eight hours a day. The treatment is to train the children to keep their lips together at rest, the tongue in the roof of the mouth and breathe through the nose.

When Nasion is set back from the frontal bone it indicates the maxillae have failed to grow forwards into their correct position. Myofunctional Orthodontics is diagnosis and treatment of the causes of malocclusion Malocclusion is caused by incorrect myofunctional habits which are not routinely being treated Parent and Patient education is the key to success

Biography

John Flutter qualified as a dentist at Kings College Hospital Dental School at the University of London in December 1971. He has been in general dental practice fifty years. He completed the treatment on over three thousand children in the mixed dentition by helping to establish nasal breathing and improved lip and tongue posture. He obtained Board Eligible tier status with the International Association of Orthodontics in Hawaii 1986. He is a Certified Breathing Practitioner and a Buteyko Breathing Practitioner. He has lectured on Myofunctional Influences on Facial Growth and The Dentition in seventy countries.



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