

The Wharton's Duct Orifice's Normative Topographic Position in Adults

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Introduction

50 years old Caucasian patient came to our office seeking dental treatment, chief complaint is to improve the smile appearance and change the not good looking front old crowns. On examination: Extra oral smile line is average; midline canting to the mesial, intraoral exposed metal margins on tooth number 11, both number 11 and number 21 is not in the right length and width ration tooth number 12 has an old leaked composite restoration over an access cavity post endodontics treatment to the same tooth. Investigation: Peri-apical x-ray was made for both teeth number 11 and number 21 and it showed inadequate root canal treatment on tooth number 11 and tooth number 12 was root canal treated, Diagnostic cast for both upper and lower arches and diagnostic wax for teeth number 11 and number 21 has been performed. Treatment plan: Scaling and polishing of all the teeth in the upper and lower arches mockup was made out from the wax for teeth number 11 and number 21 using temporary crown and bridge material. Root canal re-treatment to tooth number 11 and tooth canal treatment to tooth number 21 replace old PFM crowns on tooth number 11 and tooth number 21 with new full ceramic crowns replace old composite restoration on number 12 follow up appointment.

Clinical Tips

- Plan your treatment and treat you plan
- communication with the patient is very important at each step of the treatment
- careful diagnosis and analysis is a more determinant of the successful treatment
- This study was designed to investigate the alteration of tooth mobility in the retention phase of orthodontic treatment using Periotest device. Fifty-seven patients who were treated with fixed orthodontic mechanics were included. For each subject, the mobility of the lower central, lateral incisors and lower canine Periotest values was measured, before fixed lingual bonded retainer application (T0), immediately after the application (T1), and ten months after the application (T2) on both sides. The study groups were composed of 3 groups with; Stainless Steel OrthoFlex-Tech (Reliance Ortodontic Products, West Thorndale Ave Itasca, USA),

dead soft 8-braided wire (Bond a Braid, Reliance Ortodontic Products, West Thorndale Ave Itasca, USA) and 0.0215-inch five-stranded retention wire (Penta-One, Masel Orthodontics, Carlsbad, Calif) applied.

- When the measurements of mobility were evaluated, right canine tooth values showed statistically significant decrease from T0 to T1 and from T1 to T2. Left central incisor values showed decrease from T0 to T1 and showed an increase at T1 to T2 time lines for all experimental groups. Additionally all of the experimental teeth values showed decrease from T0 to T1. Intragroup comparisons showed that values of mobility decrease in Penta-One and Bond a Braid groups whereas increase in Stainless Steel OrthoFlex-Tech group from T1 to T2. The change of mobility at T1 to T2 timeline was not statistically significant for study groups.

- This in vivo study showed that dental mobility in all study groups decreased immediately after the application of fixed lingual retainers and did not change in ten-month period. It is recommended to choose the retainer wire, which is easy to apply and economical.

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