

Title: Osteogenesis Imperfecta – Challenge for Dental Practitioners

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Osteogenesis imperfecta (OI) causes a variety of craniofacial changes of which skull and facial bone deformities can often be clinically observed. It can result from excessive mandibular growth, surprisingly often from hypoplastic development of the maxilla, or from their combination. Oral cavity problems related to osteogenesis imperfecta may include the teeth that do not correctly match up making biting difficult. This is caused by the size and/or position of the upper jaw or the lower jaw i.e. **skeletal Class III malocclusion.** There is a vertical gap between some of the upper and lower teeth i.e. **anterior open bite**. The first or second permanent molars do not erupt, or they erupt out of the usual location (ectopic).Tooth development may be delayed or advanced in some individuals affected. A serach was conducted through various search engines through internet and articles about osteogenesis imperfecta i.e brittleness of the facial bones, the abnormal collagen metabolism, and the eventual presence of a dentin defect make the orthodontic treatment planning complicated. Severe mandibular prognathism is succesfully treated with orthognathic surgery in healthy adults, whereas milder cases can be helped with functional orthodontics and face mask treatment during growth but tooth movement from orthodontia will decrease if the patient is taking, or has within some period of time, been taking bisphosphonates.The purpose to seek for a method to guide with a minimum risk the growth of the jaws towards a more balanced direction taking benefit from own growth potential during childhood.. Conventional orthodontic treatment can be difficult in these patients due to abnormalities in growth pattern, side effects of drugs such as bisphosphonate, and tooth abnormality. At present there are very few studies correlating clinical findings in order to determine if there is characteristic and predictable growth pattern. A dentist should see by **6 months after the eruption of the first baby tooth** at the latest. Use of fluoride toothpaste is recommended. The removable appliance was designed to selectively enhance the growth of the jaws by stretching the periosteum. Since this appliance does not exert direct force on teeth or facial bones, it appeared ideal for treatment of disharmonious maxillary growth in OI.

Biography

Dr.M.A.Waheed Quadri by profession, is a dentist. He is 24 years of age, born on febuarary 7th,1991 living currently in Karachi. He graduated from Dow University of Health Sciences with the bachelors degree of dental surgery. He is commited to provide the best dental care to his patients. He have been involved in many debating competitions and is very passionate about article writing and research work also. His attitude towards patient dealing is generous and concern to provide best dental care to his patients.

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