

Conclusions

The following conclusions were drawn from the information presented by the three speakers and the subsequent discussion with the participants.

Restorative considerations

1. Treatment plans should be facially generated.
2. Diagnostic setups, with both orthodontic and prosthodontic planning, are highly recommended when teeth are missing or need to be restored (M-D space allocation).
3. With developing digital technologies, physical setups can be replaced by 3D planning software.
4. All team members should approve the setup prior to proceeding with treatment.

Orthodontic considerations

1. In cases where there is a lack of anchorage, it is preferable to use temporary anchorage devices (TADs) rather than permanent implants that need to be placed in the anticipated final tooth position.

2. Horizontal tooth movement limitations:
 - a. Tooth movement across the midline; however, there are no absolute contraindications.
 - b. Tooth movement into sockets grafted with xenograft bone.
 - c. Tooth movement into a thin alveolar ridge (cortical, with little medullary bone).
 - d. Teeth with roots extending into the sinus or close to the nasal floor due to cortical bone.
3. Vertical tooth movement limitations:
 - a. Teeth that lack facial bone, have apical infections or are moderately proclined are not favorable for facial tissue development.

Surgical considerations

1. Lateral ridge augmentation is more predictable than vertical ridge augmentation.
2. Facial convex form of the alveolar ridge is important for the final esthetic outcome.
3. Growth factors can enhance outcomes of bone grafting.
4. The smile line should be evaluated when planning alveolar augmentation.



Tooth loss in the growing patient

1. Age limitations for dental implant placement:
 - a. Early implant placement is a risk for future discrepancies in gingival, bone, and incisal levels compared to natural teeth.
 - b. The earlier the implant placement, the higher the risk of complications.
 - c. There is a higher risk for female patients with long face heights who are vertical growers.
2. Tooth decoronation:
 - a. A good treatment option for teeth with resorbing roots.
 - b. Potential application to sites with an ankylosed permanent incisor or primary molar.
 - c. The crown should be cut slightly below the bone crest.
 - d. The contents of the canal (gutta-percha) should be removed and the canal instrumented.
3. Tooth autotransplantation:
 - a. A good treatment option in growing patients, but the window of opportunity is small.
 - b. It is not recommended in adult patients as the success rate is low.
 - c. It is critical to avoid trauma to the PDL when harvesting the transplant tooth.
 - d. The transplanted tooth root should be positioned within the bone.
 - e. It can be moved orthodontically 3 months after the surgery.