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editorial

Interceptive orthodontics: awareness and prevention is the first cure

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It is widely recognised by the scientific dental community that the correct development of the deciduous and mixed dentitions is paramount to the oral health of paediatric patients.

In this respect, interceptive orthodontics plays a fundamental role in the process. Specifically, the paediatric dentist monitors the condition of the mouth from early childhood, distinguishing three age brackets for intervention, each defined by their own characteristics. It would also be desirable for other professionals who treat young patients and their mothers to various extents, such as paediatricians, gynaecologists, obstetricians and speech therapists to share valuable information with us.

What follows is a brief summary of important conditions and key information regarding interceptive orthodontics.

Age range 0–3 years: breastfeeding during the first months of life has been shown to have a positive effect on the development of the jaws. Later on, the transition to solid food, promoted by the eruption of the deciduous teeth, further stimulates their growth.

During this phase, it is recommended to monitor and intercept any muscular hypotonia and low tongue postures. Additionally, it is essential to instruct parents on the proper dietary and lifestyle behaviours needed to ensure the physiological growth of the child, while protecting the health of their oral cavity.

Age range 4–6 years: attention should be paid to the deciduous dentition and the development of the upper and lower maxillary bones, along with prompt interception and correction of bad habits such as the continued use of the pacifier, finger sucking, oral breathing and atypical swallowing.

Age >6 years: within this phase, the careful monitoring of the space available in the arch, the natural exfoliation of milk teeth, the eruption of the permanent teeth and their occlusal relationship, as well as the maxillomandibular relationship are all important.

If necessary, in addition to removing any risk factor, fixed or mobile orthodontic appliances can also be used during the above stages, especially stage 2 and 3, depending on the occlusal and skeletal status of the patient.

Early diagnosis of malocclusion is crucial, as well as the sharing of information with other clinicians that deal with children and their parents, who need to be informed about the various therapies that their child may need.

The paediatric dentist could, in fact, directly reach out to families to make them understand that malocclusion and other manifestations linked to conditions affecting oral functions such as breathing, sleeping, chewing and feeding often show the first signs as early as pre-school age, long before eruption of the first milk tooth, which is the time when the first dental visit is usually booked!

We trust that awareness is the first form of prevention, and this is the message that must be conveyed to all of those involved in paediatric dentistry, patients and professionals alike: awareness and prevention is the first cure.