



Burkhardt • Pecora orthodontics

EARLY MIDFACIAL ORTHOPEDIC EXPANSION

Your child has been diagnosed as having as part of his or her orthodontic problem a narrow upper jaw. The treatment of this skeletal problem through the use of a bonded orthopedic expansion appliance is outlined in this handout.

A number of conditions can be associated with a narrow upper jaw. These include dental crowding, an overlapping of the upper anterior teeth, a lower jaw that is too small or posteriorly positioned, and upper airway obstruction.

The upper jaw can be visualized as being composed of two bones that are joined together in the middle of the palate underneath the soft tissue. The upper jaw can be expanded with placing pressure on the teeth. This pressure is transferred from the teeth to the upper jaw, and there is an actual separation of the two parts of the upper jaw in the midline. This separation should occur without pain or obvious bleeding and should be well tolerated by the young patient.

Although the expansion part of the therapy occurs quite rapidly (usually within 30 or 40 days if the appliance is expanded once per day), the appliance itself stays in for a total of five or six months. The purpose of the last four or five months of treatment will be to allow new bone to form in the midpalatal area. Thus, the upper jaw is bigger at the end of treatment than it would be otherwise. This increase in jaw size is advantageous because not only are crossbites (if present) corrected, but also additional space is gained for the eruption of the permanent teeth, particularly the upper incisors.