Smile Corridor Aesthetics and Canine Impaction

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Abstract: The buccal corridor is more commonly referred by orthodontists as negative space present between the lateral aspects of maxillary posterior teeth and the corner of the mouth during smiling which appears as a black or dark space. The mouth and teeth are considered fundamental in facial aesthetics. The attractiveness of smiles has been evaluated in modern orthodontics and the three main aspects of smile aesthetics which have recently received great attention are the amount of gingival display, the presence of the smile arc and the buccal corridor spaces. Frush and Fisher defined the buccal corridor as the spaces between the facial surfaces of the posterior teeth and the corners of the lips when the patient is smiling. They considered that the presence of the buccal corridor was important to attempt to fabricate a more natural-looking denture. At present, however, because more people are living longer and preserving their natural teeth, the perception of pleasing smile aesthetics might be changing. In fact, when general masses were shown full-face color photographs with five alterations in the buccal corridors, they preferred faces with minimal buccal corridor spaces. They specifically preferred broader smiles to narrower smiles. Aesthetic improvement is a primary reason for which people seek orthodontic treatment. The maxillary canines are considered to have a great importance for both function and aesthetics. This article describes change in buccal corridor space after the orthodontic treatment of a 25 years old female with Class I molar relation and buccally placed maxillary canines.

Keywords: Buccal Corridor, Facial Aesthetics, Canine Impaction

1. Introduction

The buccal corridor is more commonly referred by orthodontists as negative space present between the lateral aspects of maxillary posterior teeth and the corner of the mouth during smiling which appears as a black or dark space.

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This article describes change in buccal corridor space after the orthodontic treatment of a 25 years old female with Class I molar relation and buccally placed maxillary canines.

2. Methods

3. Diagnosis & Treatment Planning

25 years old female presented with Angle’s Class I molar relation with buccally placed maxillary canines due to
over-retained primary canines. On smiling she had 2 mm of gingival display with 2 mm of buccal corridor space. Her treatment planning included extractions of primary canines followed by Fixed Orthodontic Treatment. Use of MBT prescription with 0.022” slot, followed by initial leveling and alignment. Canines were taken into alignment with the help of piggy back technique.

4. Results

5. Conclusion

The amount of gingival display, the presence of the smile arc and buccal corridor spaces affect the esthetics and orthodontic treatment has potential to manipulate it.

References


