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Editorial

Segmental Orthodontics: Simplified approach in Pediatric Orthodontics

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Pediatric Orthodontics is an indispensable segment of 'Pediatric and Preventive Dentistry' and is practiced in children. It is broadly categorized into preventive and interceptive orthodontics. Preventive orthodontics is practiced to prevent the occurrence of malocclusion and interceptive orthodontics is practiced to prevent the occurrence of malocclusion or to reduce the severity of earnt malocclusion. Early mixed dentition interceptive orthodontics is unanimously practised in children across the globe but is always seen with an eye of qualm and uncertainty. Early orthodontics starting age documented in literature is 7 years, as child is physically and mentally ready for the acceptance of this unique orthodontics.¹ Early interception either involves full arch or a segment of arch to be treated for malocclusion; and when a segment is used, it is considered as 'Segmental Orthodontics'.^{1,2}

Segmental Orthodontics in children is advantageous in many ways over full arch orthodontics. It's a simplified approach in pediatric orthodontics as it involves only a segment of few teeth. It is also psychologically acceptable to the growing children and is less time consuming. It is successfully used to treat various incipient and moderate malocclusions of mixed and permanent dentition. The cost incurred is significantly less and is an established management approach in managing varied malocclusions.

Most common early-age malocclusions observed nowadays in practice are single tooth cross-bites and anterior teeth displacements due to mesiodens, other supernumerary teeth or odontomes etc. The treatment protocol used can vary from '2x6 appliance', '2x4 appliance' or 'Brackets on few teeth with NITI approach'. There is a plethora of literature to support the fact that early interception of malocclusion in mixed dentition is of utmost importance and should be dealt on priority.³ It's a well proved fact that treatment of crossbite is a dental emergency and should be treated at the age it is seen. Henry and Post⁴ stated that early removal of mesiodens in early mixed dentition is a necessity to promote eruption and proper alignment of adjacent teeth, which may reduce the need for orthodontic treatment. It was further observed that delayed extraction of the mesiodens after the age of 10 when the apex of the central incisor nearly forms may require more complex surgical and orthodontic treatment for correcting the malocclusion. Therefore, it is imperative to intercept certain malocclusions at an early age. The Pediatric dentist is a specialized dentist who come across these young malocclusions at a very young age and should have a sound clinical knowledge to diagnose and correct these malalignments with the simple protocols like segmental orthodontics in pediatric dentistry.

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Conflict of Interest

The authors declare that there are no conflicts of interest in this paper.

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