

CASE 5

MOLAR INTRUSION

Indication

- To intrude an overerupted tooth or group of teeth.

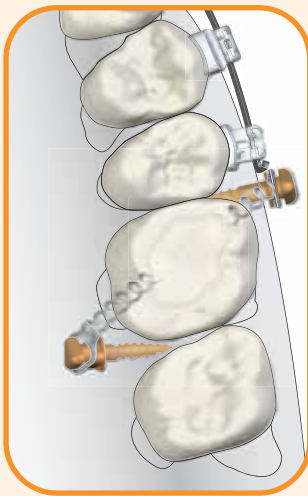
Benefits of VectorTAS vs. Conventional Mechanics

- One tooth or a group of teeth can be intruded without any extrusive side effects of adjacent teeth.
- Treatment can occur without bonding brackets to the entire dentition.


Items Required for Placement

- Topical anesthetic.
- Supplemental local anesthetic delivered via MadaJet XL.
- VectorTAS Contra-Angle Driver.
- Two VectorTAS Orange 8 mm Miniscrews.
- One VectorTAS 150 g 10 mm Double-Delta Ni-Ti Coil Spring.
- Optional: Light-Cure Composite
- Optional: Cleat or Button.


Direct Biomechanical Setup



MINISCREW PLACEMENT

TYPE	POSITION
 8 mm	In attached gingiva as far away from the occlusal surface of the tooth to be intruded as possible. Buccal: As close to the mucogingival junction as possible, mesial to mesiobuccal root. Palatal: Distal to palatal root.

ATTACHMENT

TYPE	POSITION
 150 g 10 mm	Attach the coil spring from the buccal miniscrew, stretch it obliquely over the occlusal surface of the tooth and attach it to the palatal miniscrew. To maintain spring, flow composite liberally over the activated spring on the occlusal surface and light cure.

- ▶ If you are concerned about the patient biting through the coil spring, bond a cleat or button to the molar's lingual and buccal surfaces. Attach the coil spring from the miniscrew head directly to the cleat/button.