M block for bite opening

Mayank Gupta, Ragni Tandon, Pratik Chandra

Department of Orthodontics and Dentofacial Orthopedics, Saraswati Dental College and Hospital, Lucknow, Uttar Pradesh, India

Abstract

Cross bite and deep bite are very common problems, which we face today. These problems lead to either debonding of the brackets or delay in the treatment. Bite opening has always been a boon to evolve through these situations. This block is easy to fabricate and can be used in an advantage without the delay of the treatment.

Key words: Bite block, composite, stainless steel

INTRODUCTION

The anterior cross bite is sometimes difficult to correct. Originally, acrylic bite blocks on the occlusal surface of the teeth are used to raise the bite for their correction.[1,2] Later, these bite blocks were cemented with the aid of Glass Ionomer Cement (GIC). Most of the time, patient reports before the prescribed appointment with loose bite blocks and debonded brackets, thus delaying the treatment time. To reduce the treatment time, the GIC bite blocks were introduced over the molars. With the involvement of the GIC, there was wastage of the material and sometimes improper/incomplete removal of the GIC. This technique involves fabrication of acrylic bite block with the involvement of stainless steel wire for stability and correct placement of the block over the teeth.

TECHNIQUE

This technique of fabricating an acrylic bite block requires the following armamentarium (stainless steel wire [round or rectangular], light wire plier, acrylic) [Figure 1]:

1. Make an impression of the maxillary arch and prepare the working cast with the selection of the bands. Apply separating medium on it
2. Take the stainless steel wire form a triangle with its edges toward the cusp tip [Figure 2]
3. Make a 90° horizontal bend and involve a helix of 3 mm in diameter [Figure 3a and b] for the ease to hold the block for insertion in the tube. Insert the wire in the auxiliary slot of the bands. Cut the excess wire than required
4. Apply separating medium on the occlusal surface of the molars. The occlusal surface is then filled with acrylic involving triangular part
5. The appliance is then removed and finished [Figure 4a]. The finished appliance is then inserted into the auxiliary tube and secured with GIC on the occlusal surface of the tooth [Figure 4b and c]. The distal end of the wire is bent for stability.

CONCLUSION

This technique is fast and efficient and can be formed for the maxillary and mandibular arches. The use of stainless steel not only gives stability but the different dimension also acts as a guide for the thickness of the block, and the amount

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Address for Correspondence:
Dr. Mayank Gupta, Department of Orthodontics and Dentofacial Orthopedics, Saraswati Dental College and Hospital, No. 233, Tiwariganj, Faizabad Road, Lucknow - 227 105, Uttar Pradesh, India.
E-mail: drmayankgupta.2@gmail.com

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Figure 1: Stainless steel wire (round or rectangular), light wire plier, acrylic, cast

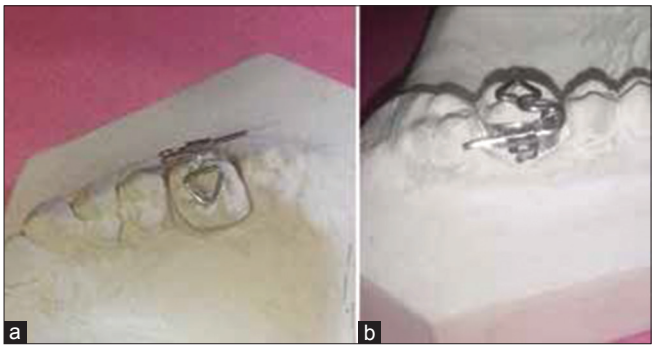

Figure 3: (a and b) 90° horizontal bend and involve a helix of 3 mm in diameter

of mouth opening required. The use of acrylic makes less wastage of the GIC (cost effective), and the removal of GIC requires a diamond bur in a high-speed handpiece,[3] which can sometimes harm the tooth. This acrylic bite block with the involvement of stainless steel wire increases the stability and correct placement of the block over the teeth. The basic wire bending can be prefabricated and kept in stock. As it can be fabricated intraorally or extraorally, this makes it an important inventory for a clinician for bite opening. The additional wire into the auxiliary tube gives more stability to the appliance. Patient compliance with the appliance is also found to be excellent.

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Figure 2: Form a triangle with its edges toward the cusp tip

Figure 4: (a-c) Finished appliance

Conflicts of interest

There are no conflicts of interest.

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