Review

Challenges and Solutions in Managing Tooth Resorption in Young Orthodontic Patients

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Abstract

Tooth resorption presents a significant challenge in young orthodontic patients, characterized by the breakdown of tooth structures due to various factors including mechanical forces and genetic predispositions. Early detection and management are crucial to prevent irreversible damage and ensure successful orthodontic outcomes. The management of tooth resorption requires a multifaceted approach, emphasizing early detection through advanced imaging techniques and regular clinical examinations. Preventive measures, including patient education and modification of orthodontic forces, are key in reducing the risk of resorption. Pharmacological interventions and surgical procedures are considered for severe cases, highlighting the need for personalized treatment plans. The role of genetics and age in susceptibility to tooth resorption underscores the importance of tailoring treatment strategies to individual patient profiles. Effective management of tooth resorption in young orthodontic patients demands a comprehensive understanding of its clinical manifestations and underlying causes. A proactive, personalized, and vigilant approach, incorporating advancements in technology and treatment modalities, is essential for minimizing the risks and ensuring the long-term oral health of patients. Further research is needed to optimize management strategies and explore the potential of emerging treatments.

Keyword: Adaptation, Early detection, Orthodontic care, Preventive measures, Tooth resorption
Introduction

Tooth resorption in patients presents a significant challenge for dentists, requiring a deep understanding of its complex nature and the use of effective treatment approaches (1, 2). This harmful process involves the breakdown of tooth structures, with orthodontic forces being a factor. The mechanical aspects of applying force extensively studied in research highlight the risk of inflammation that can lead to localized resorption (3). It is crucial for healthcare providers to grasp these principles as they are key in predicting and addressing resorption in orthodontic patients (4). Detecting tooth resorption can be tricky due to its early stages. Conventional diagnostic tools like X-rays, cone beam computed tomography (CBCT), and intraoral imaging have limitations in spotting signs (5, 6). The importance of imaging methods and regular monitoring during treatment is increasingly stressed in studies. Early detection plays a role in treatment by enabling timely intervention and preventive actions (7, 8).

Managing tooth resorption requires a team approach involving medications and surgical procedures. Bisphosphonates, as suggested by research, hold the potential for halting resorption (9, 10). This may be included in the treatment regimen. Surgical procedures, like root canal therapy and root resection are only considered for situations. Nonetheless, the key focus in managing tooth resorption lies in prevention, where careful treatment planning and consistent monitoring during treatments are crucial in reducing potential complications. The influence of genetics on individuals' susceptibility to tooth resorption complicates its management. Various studies have delved into factors that affect the likelihood of resorption, stressing the importance of treatment plans in orthodontics. Tailoring treatment strategies based on a patient's predisposition is crucial for minimizing resorption risks. Age plays a role in the prevalence and severity of tooth resorption during procedures. Recent research indicates that younger patients may face risks of resorption, underscoring the need for age-specific considerations in orthodontic care (11, 12). More studies are required to establish age-related trends and their implications for practices. The impact of devices on tooth resorption is a concern. Traditional fixed appliances like brackets and wires have been linked to increased risks of resorption (13, 14). The trend is shifting towards favorable methods, such as temporary anchorage devices (TADs) and clear aligners, to reduce these risks associated with orthodontic treatments, reflecting the continuous evolution in treatment approaches (15). Therefore, effectively managing tooth resorption in patients demands a comprehensive understanding encompassing biomechanics, genetic influences, and age-related factors for successful outcomes. The progress in techniques, medication treatments, and modifications in orthodontic device design play a role in the changing approach to handling this issue. Ultimately, a personalized and vigilant approach to orthodontic treatment planning emerges as a key strategy to navigate the challenges posed by tooth resorption in young patients. So, this study aims to review the Challenges and Solutions in Managing Tooth Resorption in Young Orthodontic Patients.

Method

Our investigation, based on studies in English from 2008 onwards, centered on challenges and solutions in managing tooth resorption in young orthodontic patients, utilizing the PubMed and Scopus databases. The analysis sought to provide insights into assessment methodologies and early warning systems related to tooth resorption issues in this specific demographic. Keywords such as "tooth resorption challenges," "orthodontic patients," and "solutions for tooth resorption" directed our systematic search.

Discussion

In addressing the challenges of tooth resorption in young orthodontic patients, a proactive and multifaceted management approach emerges as crucial. Early detection remains the linchpin, allowing clinicians to intervene before resorption progresses to a point where irreversible damage occurs. The integration of advanced imaging techniques, coupled with regular clinical examinations, enhances the diagnostic capabilities, enabling clinicians to identify subtle changes and
tailor treatment accordingly. Preventive measures play a pivotal role, emphasizing the need for patient education and compliance with oral hygiene practices. Modification of orthodontic forces and appliance design showcases the evolving landscape of orthodontic care, with technologies like temporary anchorage devices and clear aligners offering more biomechanically favorable alternatives. While pharmacological interventions show promise, their use necessitates further research to establish optimal protocols and ensure patient safety. Tailoring treatment plans to the specific clinical manifestations and severity of resorption is imperative. Surgical interventions become essential in severe cases, demonstrating the importance of adaptability in orthodontic practice. Continued monitoring and follow-up reinforce the dynamic nature of managing tooth resorption, allowing clinicians to track progress and make informed adjustments.

**Clinical Manifestation**

Tooth resorption in patients presents a range of clinical signs that require careful understanding by dental professionals for thorough treatment. The first subtle sign often observed is the erosion of tooth structure, affecting both the crown and root surfaces. As resorption progresses, patients may notice changes in tooth color and shape, leading to the tooth appearing shorter than others. Initially, patients might not experience any symptoms, highlighting the importance of using tools such as radiography and imaging for identification (16). Pain and discomfort become more noticeable as tooth resorption advances, especially when it affects the dentin and pulp. Patients may experience sensitivity to temperature variations ranging from discomfort to throbbing pain (17). The intensity of pain is linked to the extent of resorption and involvement of structures within the tooth (18). This symptom does not indicate the advancement of resorption. It also impacts the patient's daily life, requiring timely intervention from healthcare providers. With stages of tooth resorption, localized inflammation and changes in gum tissue may become visible. Clinical indicators could include gum swelling, redness, or the formation of gum cysts. The body's inflammatory reaction is a response to fight against the resorption process (19, 20). These clinical signs can visibly show the underlying changes happening at the root surface. It is crucial to recognize and understand these indicators for an evaluation. Tooth movement, caused by weakened integrity, is another sign seen in advanced resorption cases. When examining a patient, feeling and gently moving the tooth helps gauge its level of movement. It’s important to distinguish this from issues like gum disease, emphasizing the need for an evaluation to pinpoint the cause and plan appropriate treatment. X-ray results are crucial for diagnosing and showing tooth resorption in a setting. Images of the tooth root tip and overall mouth view help identify areas aiding in determining the type and severity of resorption – whether it's happening inside or outside the tooth. These X-ray assessments give dentists details to create a treatment strategy tailored to the intensity and type of resorption. In cases where tooth resorption is linked to procedures, patients may also develop pink marks on their teeth. These marks indicate enamel loss areas and act as signs of mineral loss, often appearing before extensive damage occurs. It's essential for orthodontic patients to be regularly checked for these signs during treatment to take action and reduce the risk of further damage. Effective management of tooth resorption relies on identifying these signs through assessments. Detecting issues through examinations and X-rays is crucial. After receiving a diagnosis, the treatment options can vary from taking actions, like adjusting forces or appliance design, to considering more advanced steps, such as using medication or undergoing surgery in situations where resorption symptoms are severe or noticeable. The tailored nature of treatment underscores the need for a nuanced understanding of the diverse clinical manifestations associated with tooth resorption in young orthodontic patients. Regular clinical evaluations, coupled with vigilant monitoring and timely intervention, form the cornerstone of effective management strategies.
Challenges

One major challenge is the detection of tooth resorption, which often progresses without symptoms until it reaches a stage. This delayed identification can hinder prompt intervention. Result in harm. Moreover, the complex nature of tooth resorption presents a difficulty in pinpointing the causes, which can vary from factors to mechanical pressures applied during orthodontic procedures. The unpredictable responses of patients to forces further complicate matters. Additionally handling tooth resorption necessitates striking a balance between achieving objectives and minimizing the risk of worsening resorption. Treatment decisions need to be personalized for each patient taking into account their age, dental development stage and the extent of resorption. The key challenge lies in creating treatment plans that meet needs while slowing down the progression of resorption. Lastly ensuring compliance can be an obstacle among young individuals who may struggle to maintain strict oral hygiene practices or consistently wear prescribed appliances. Overcoming these obstacles requires a grasp of the causes of tooth resorption and the development of tailored management strategies that prioritize both results and long-term oral health.

Management

Managing tooth resorption in patients is a complex process that requires a deep understanding of the clinical signs and root causes. Dentists face challenges in dealing with tooth resorption, and certain key strategies are essential for management. Detecting it early is crucial, so dentists need to use both exams and X-rays to spot any changes in teeth structure and appearance. Keeping an eye on patients, especially those with braces, helps catch any signs of resorption promptly. When symptoms are scarce, X-rays like panoramic images become tools for spotting both internal and external resorption (21). Preventive actions also play a role in managing tooth resorption. Adjusting forces and appliance design can reduce the risk of damage by easing stress on the teeth through changes in force strength, duration, or direction. Moreover, utilizing techniques like temporary anchorage devices and clear aligners can offer more favorable options biomechanically compared to traditional fixed appliances, potentially lowering the risk of resorption incidents. Educating patients is another aspect of care. Orthodontic patients should be educated on the risks of tooth resorption and the significance of following oral hygiene practices. Stressing the importance of appointments and promptly reporting any unusual symptoms helps in addressing potential problems early on. Patient adherence to care practices, such as teeth brushing and flossing, plays a crucial role in reducing the chances of tooth resorption. When tooth resorption is identified, a personalized treatment strategy becomes vital. The treatment plan adopted depends on factors like the extent of the resorption, its location, and the symptoms reported by the individual. External resorption, often linked to pressures, might require adjusting the force intensity or temporarily halting procedures to allow for the healing of the resorptive process (22). Conversely, internal resorption could call for measures like root canal therapy to address affected pulp tissues and prevent deterioration. Some studies suggest that pharmaceutical treatments can be effective in managing tooth resorption. Bisphosphonates, recognized for their bone-preserving qualities, have been investigated for their potential in resorption processes. However, using pharmaceuticals for treating tooth resorption warrants consideration due to side effects and long-term consequences. Further research is necessary to determine procedures and safety protocols when utilizing these interventions in treating tooth resorption among orthodontic patients. Surgical options become crucial in cases where severe or symptomatic tooth resorption is present. Procedures like root resection, apicoectomy or extraction may be recommended based on the severity of resorption and its impact on health. The goal of these treatments is to eliminate the damaged tissue while safeguarding the nearby structures to avoid issues. Making changes to care plays a crucial role in addressing tooth resorption. Clinicians might have to adjust the treatment plan, such as using appliances or changing the treatment duration to accommodate tooth resorption. This flexible approach ensures that orthodontic objectives are
met while reducing the risk of worsening the resorption process. Regular checkups and follow-ups play a role in the long-term management of tooth resorption. Routine X-ray evaluations help monitor the progression of resorption and confirm the effectiveness of chosen management strategies. This continuous monitoring is especially crucial for patients where treatment dynamics require observation of changes in tooth structure and health. Therefore, managing tooth resorption in patients demands a thorough and personalized strategy. From actions to customized treatment plans, clinicians must handle the challenges presented by resorption while aiming for success. Early identification, education, and incorporating strategies into orthodontic care all contribute to effectively managing tooth resorption clinically. As advancements continue in this field, ongoing research and technological progress are likely to shape precise and targeted approaches for addressing the complexities of tooth resorption within the practice.

**Conclusion**

In summary, effectively managing tooth resorption in patients requires a thorough and flexible approach. It all begins with detection and a deep understanding of the signs, enabling timely intervention and preventive measures. Educating patients and ensuring their cooperation are crucial in reducing risks while advancements in technology offer tools for treatment planning to clinicians. Although surgical procedures and medication-based treatments show promise, further research is needed to confirm their effectiveness. Continuous progress in care emphasizes the importance of monitoring and adapting to the specific challenges presented by tooth resorption. As the field continues to evolve, a comprehensive grasp of how clinical signs interact with management techniques will lead to targeted strategies that promote the lasting oral health and overall well-being of young orthodontic patients.

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Data that support the findings of this study are embedded within the manuscript.

**Author contribution**

All authors contributed to conceptualizing, data drafting, collection and final writing of the manuscript.

**References**


