

DEPARTMENT OF DENTAL AND ORAL RADIOGRAPHY

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It is the object of this department to publish each month original articles on dental and oral radiography. The editors earnestly request the cooperation of the profession and will gladly consider for publication papers on this subject of interest to the dental profession. Articles with illustrations especially solicited.

A CASE OF "IMPACTIONS" OF INTEREST TO THE ORTHODONTIST, WITH THE TREATMENT AND RESULT OBTAINED

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ON more than one occasion I have been responsible for the assertion that an x-ray examination should constitute a regular part of the routine in the examination of our cases. The truth of this statement is brought directly home in a case in which I failed to practice what I have so vigorously preached.

The case under discussion was placed under treatment in May, 1912. The patient was a boy twelve years of age who had a case of Class II, Division 2, without any unusual complications. Both arches were somewhat arrested in development, but all of the permanent teeth, anterior to, and including, the first permanent molars, were present, although the left upper second bicuspid was inside the arch and had only erupted to a point where one of the cusps showed through the gingival tissue. Owing to the fact that all of these teeth were accounted for, I did not deem it necessary to make radiograms as fullness of the structure posterior to the first permanent molars seemed to indicate that the second molars were about to erupt.

Treatment of the case was carried on without mishap and the teeth present in the mouth placed in their normal relations and retaining appliances were adjusted.

At the end of a year the right upper and lower second molars erupted, but there was no sign on those of the left side. Most of the retaining appliances were removed and the patient went away to school and was not seen for quite a long period.

In July, 1918, the patient again called for consultation and an examina-

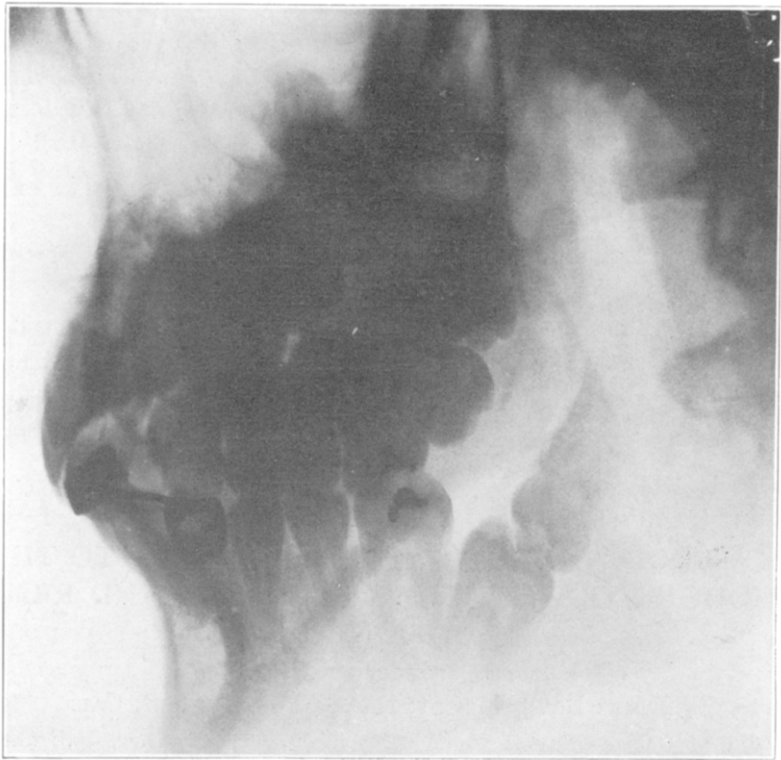


Fig. 1.



Fig. 2.

tion of the mouth showed that *the second molars on the left side had not yet put in their appearance*. Inasmuch as these teeth were about six years late, a radiogram was made which revealed the condition shown in Figs. 1 and 2.

The question now arose as to the best method of handling this unusual situation. After consultation with an exodontist, it was decided best *to remove the upper first molar and the lower third molar*. This was done by Dr. Frank L. Warren.

On December 1, 1918, another radiogram was made which is shown as Fig. 3. The upper second molar has come downward and forward and is assuming

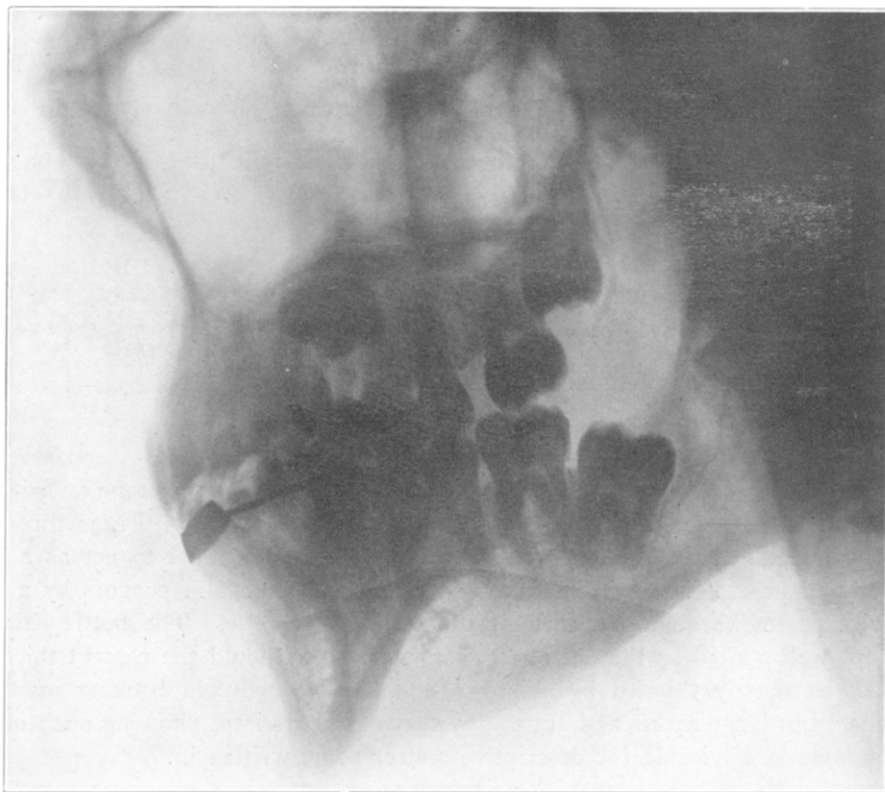


Fig. 3.

a very good relationship with the lower first molar. The lower second molar is about to erupt and the upper third molar has ample space to come down and take the place of the second molar which has moved forward.

The fact that the upper first molar was extracted will undoubtedly appear to many as being unwise. However, we were guided in this, first by the fact that this tooth contained a rather large filling, secondly, because we wished to save the patient all we could in the way of shock and laceration to the tissues, and as the upper second molar was entirely unerupted, we chose this method as being the best suited to this individual case.