Alveolar Septotomy.

By

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In 1926 I presented a new therapy for trying to obtain permanence when fixing teeth after completing an orthodontic treatment, *i. e.* the cleaving of the alveolar septa in order to effect a break in the continuity and tension of proc. alveolaris. The method produced highly promising results as regarded some fifty observed and controlled cases.

In spite of this fairly rigorous interceptive treatment a certain tendency to relapse in the direction of the original position of the tooth has all the same appeared in some cases. It has been established that, while a tooth is being treated, a certain process of resorption or apposition goes on in the alveolar tissues of the affected tooth until it has assumed its final position. In common cases — where no surgical operation takes place — the treated teeth often revert to their original position even after prolonged mechanical fixation. A repeated process of resorption and apposition — though in the opposite direction — must therefore have been taking place.

What does this seemingly so mysterious influence and this irresistible force, which draws the tooth backwards and succeeds in causing a relapse, consist in, and where does it arise? In spite of the interceptive treatment by alveolar septotomy it looks as if the continuity in proc. alveolaris had not definitely been interrupted.

If we study Fig. 1, we find that the entire mighty section of bone which, from the centre of the hard gum, stretches like a sector towards the periphery of the dental arch in the direction of the respective tooth, between the septotomy cuts a—b

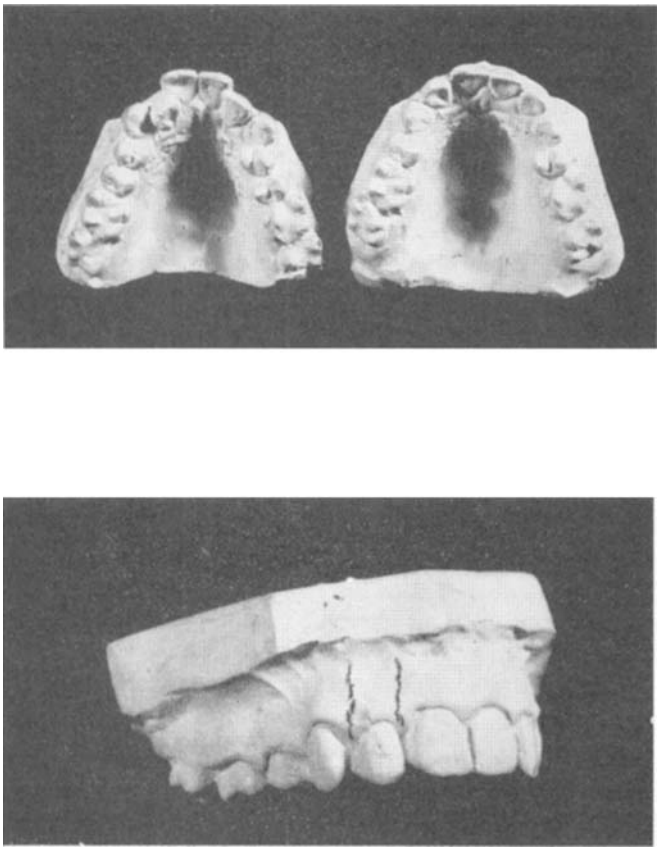

Fig. 2.

Fig. 2 shows a similarly treated case. Septotomy was practised on 2 + on January 4th, 1947, the palatinal cross-cut was made a month later. — + 2, on the contrary, has not been operated upon, so that the two cases might in due time be controlled and compared.

I shall not, unfortunately, be in a position to make this observation myself, as I am now retiring from my practice, but I leave the controlling of the respective case to my colleague C. M. SEIPEL in Stockholm. I hope and believe that this suggestion of mine may be of some value, and that is the reason why I have wanted to publish it here so that my colleagues may give it their attention.

Summary.

In 1926 the author presented a new therapy, which aimed at obtaining permanence after an orthodontic treatment by means of a surgical operation.

Unfortunately this method has not, by itself, proved to produce fully satisfactory results in every case out of hundred. The author wishes therefore to present some further data to complement his method.

When the septotomy cut has been allowed to heal for a short time in order to assure nutrition, he makes a cross-cut on the palatinal side, connecting both the septotomy cuts up to the apical base. He thus liberates the respective tooth together with its alveolus from the proc. alveolaris and eliminates all the factors likely to cause a relapse.

Literature.

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