

# Really Straight Teeth™

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## Inside this Issue

- 1 What is hyperplasia?
- 2 What damage does hyperplasia cause by leaving it?
- 2 What do you do when you first see hyperplasia?
- 3 How do you treat severe hyperplasia?
- 3 Important Note
- 4 About Dr. Fox and his office

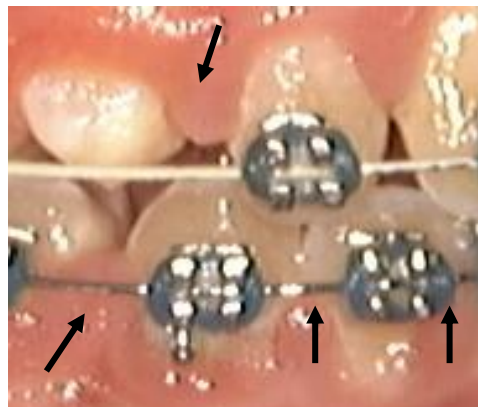
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## Hyperplasia: When to treat it during braces?

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There is an old myth in dentistry that you should wait to handle hyperplasia after the braces are removed. Yes, it does get better when the braces have been removed, but by then, damage has



already done to the underlying enamel leaving enamel white marks (scarring). The bigger problem not seen by the general dentist is that the orthodontist can't get the braces positioned on the teeth exactly affecting the final result.

With the newest straight-wire appliance (braces) today, it is quicker to reposition the braces to handle teeth that are just not moving fast enough or not moving the way they should. Wire bending is still necessary, but repositioning braces towards the end of brace's treatment is so much quicker. But, trying to do it with thick, high gums called hyperplasia is very difficult, next to impossible.

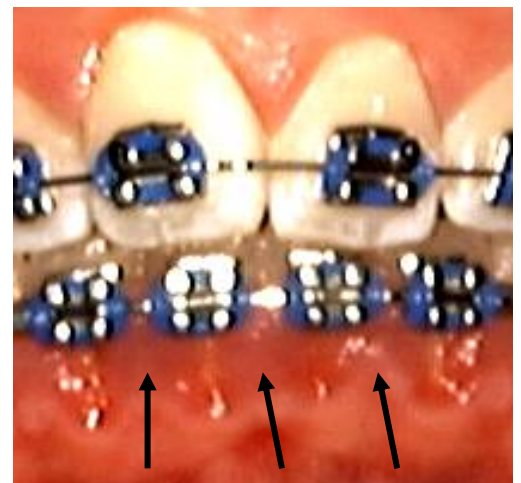
Not having the braces in the perfect position on the tooth 3-dimensionally, causes the orthodontist to not only have to straighten the crooked teeth, but now they have to deal with the crooked braces. You have to be better than the best orthodontists in the United States to deal with that one.

Interestingly, hyperplasia in orthodontics is not fully understood. This article will address:

- 1) What is hyperplasia?
- 2) What damage does hyperplasia cause by leaving it?
- 3) What do you do when you first see hyperplasia?
- 4) How do you treat severe hyperplasia?

## #1: What is hyperplasia?

Hyperplasia is best looked at from the Latin derivation. "Hyper" means too many and "plasia" means cells. So, hyperplasia would mean too many cells. The gingiva is no more different the skin on your arm. The skin on your arm



is about 7 cells thick. The outer layer gets worn off when you wear clothes or when you take a shower. The gingiva is no different. **When braces are placed, the gums do not get much stimulation and in turn, the outer most layer of cells do not get worn off.** If the patient does not brush the gums when they brush their teeth, then the gums are free to grow thicker. Another way to look at this is that the 7-cell thickness of gingiva is now going to get as thick as 14-20 cells thick.

The same occurs in feet. Podiatrists will tell you of patients who are fat and can't reach their feet to wash them and the skin on top of their toes and feet gets real thick and hard like a callus.

Women use all kinds of skin scraping devices to get the older and thicker skin off different parts of their feet and the rest of their body. Today, women even pay lots of money for creams for their face and even dermabrasion to look young by getting the outer layers of the

skin removed.

**Hyperplasia is a response to poor oral hygiene home care, especially with braces on.** Just like your body will develop calluses on your hands to help give the skin of your hands more protection, **the gums will get thicker in response to plaque left on the teeth for a long period of time.**

Hyperplasia can occur along with pregnancy gingivitis when hormones cause unusual things to occur during pregnancy. Also, in patients with gummy smiles, hyperplasia can occur from the gums being exposed to too much air (hyperbolic gingivitis).

## #2: What damage does hyperplasia cause by leaving it?

Leaving hyperplasia with braces causes damage to many areas. It will allow

plaque to sit behind the high gums allowing acid from the plaque to scar the enamel. It makes it harder to tie the orthodontic wires to the braces. As stated before, if braces need to be repositioned on the teeth better, the high gums will be in the way.

Leaving the hyperplasia interferes with the patient's ability to do proper flossing. The gums are so high that flossing can't be done correctly and the patients will, most of the time, stop flossing because of the discomfort and bleeding that occurs when they try to do it. Also, the hyperplasia will get worse most of the time. It is easier to handle it when you see it then to let it get worse or think it will just go away.

## #3: What do you do when you first see hyperplasia?

If the patient is wearing braces, you must get compliance with oral home care, since this is usually what starts the

*Two patients right after the braces have been removed. Arrows point to some minor hyperplasia:*



hyperplasia. Strict brushing and flossing along with a proxy brush is needed.

More importantly, Dr. Fox recommends "directional brushing". He tells his patients that when they brush, they have

to treat each brace on each tooth like a box and that all sides of the box have to get brushed. They have to come in from all directions to each brace.

Next, the patient must rinse their mouth & toothbrush and then with a little toothpaste, they have to go back and brush the gumlines. But, this time, they have to hold their lip out of the way so the lip does not interfere with access to the gums.

Then, they use a handout from Dr. Fox about massaging their gums. What this encompasses is the patient (after brushing and rinsing their mouth and toothbrush) will massage their gums with the soft wet toothbrush. This has to be directed at the hyperplasia and brushed with circular motions. The patient has to actually wear down the hyperplasia. **A warning has to be given to use nothing during massaging** since Dr. Fox has one patient who got carried away and damaged their gums since they did this technique along with baking soda and stripped the gums off the roots.

Massaging needs to be done every night 15-20 minutes after dinner and after the mouth has been cleaned. Dr. Fox tells his patients they can do the massaging while they watch their favorite TV show.

Hand brushing for 15-20 minutes is too tiresome. Dr. Fox highly recommends a very good electric toothbrush as the **7500 series from Oral B that has a small brush head** to do massaging. Large brush heads can't get to all places when brushing with braces.

Dr Fox highly recommends that spin brushes not be purchased and if they have one to throw it away. **Spin brushes appear to be at the bottom of why increased poor home care has appeared in over 30% of his brace's patients.** They just do not have enough torque to

brush teeth, and do very poor with braces and even worse with hyperplasia!

If the hyperplasia has not gotten too thick or high, a waterpik with two squirts of mint Periomed placed in the water reservoir would be helpful. Waterpiking and massaging the gums works even better if they are done not only in the evening after dinner, but also in the morning. Showing and letting the patient feel a perio probe helps to let them understand where the waterpik has to get. Dr. Fox calls this **“directional waterpiking”**. You do not want the patient to “give their braces a gentle shower”, but they need to feel the water going under the gums. Never have the patient use the waterpik on high mode unless the waterpik they have is weak.

Dr. Fox always warns the patient in writing that if this does not get better or if it worsens, reduction of the gums with laser or a scalpel may be needed.

## #4: How do you treat severe hyperplasia?

Hyperplasia with braces is serious. It usually never gets better. Dr. Fox tells his patients that once you have hyperplasia, you have an uphill battle on your hands. You can be perfect with all of the above techniques mentioned and still not see any improvement.

Laser of the gums is the #1 treatment choice today. There are some doctors who feel the laser will arc over to the braces. If properly done this will not occur. The braces do not have to be removed to laser the gums! Dr. Fox has had over 50 patients who have had their hyperplasia lasered down and all went well. For that matter, patients and parents of children who had laser all state they would have it done again.

Another treatment option is to remove the braces and treat with Peridex to try

## Important Note

The general practitioner is in an excellent position to detect, intercept and correct minor orthodontic problems early, thus making it unnecessary for the child to go through complex orthodontic treatment at a later date. Most patients who have Phase I early treatment usually only have 12-18 months of simple Phase II teenage braces. 5-10% never need Phase II. Getting the child in at age 6-7 is ideal; after age 10, we're lucky if prevention can be accomplished; and referrals that come after age 10 come too late for prevention or early treatment interception.

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Early Interceptive Treatment  
For Ages 6-11

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Recognized: Who's Who in  
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to get some reduction. This is a more conservative approach, but laser and/or surgical reduction usually are still needed. [The cost of removing some or most of the braces and putting new ones back on later and the treatment time in braces lasting longer starts to be cost prohibitive](#), especially in our cost conscious society today.

Every patient in 5 years (except one) that had laser did get a wake-up call about his or her home care and the hyperplasia did not return. The one patient had moderate hyperplasia from poor oral home care and the mother of the child signed a release to finish the braces the best Dr. Fox could.

## About Dr. Fox and his office

One of the things Dr. Fox prides himself on is the way he still does a complete and thorough diagnosis and treatment plan. Each case is diagnosed the same way he was trained during his residency and also the way he became Board Certified as a Diplomate of the American Board.

Each case has a problem list devised on the computer. For each problem, a treatment is listed for that problem. Then, combining treatments for all problems, a step-by-step treatment plan is written, even with the months estimated for each step.

[Dr. Fox recommends that all dentists ask orthodontists they work with to show them their work-ups done on their patient's and see if much work was done to diagnose these cases.](#) Dr. Fox sees many orthodontists' records from patients transferring into his office and the previous orthodontist jotted a few problems down and jotted a one or two sentence treatment plan. This is not

what patients pay a specialist to do. Dr. Fox spends at least 1.5 hours per case diagnosing each case. The old-fashioned way!

The key today for Dr. Fox's happiness in orthodontics is hard work and hearing the patient say "thank you" after the braces have been removed. Also, at the end of treatment, Dr. Fox asks himself "did I really get to know this patient?" If the answer is yes, then that makes him feel really good!



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