

# DEVELOPMENT OF DENNTITION



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By – Dr Rahul Trivedi

# \*DEVELOPMENT OF DENTITION

from birth to adulthood can be divided into four periods:-

1. From birth to complete eruption of deciduous teeth, i.e. birth to 2.5 years.
2. From complete eruption of deciduous teeth to the eruption of 1<sup>st</sup> permanent molar, i.e. 2.5 years to 6 years.
3. The mixed dentition period, i.e. 6 years to 12 years.
4. The period from the eruption of the 2<sup>nd</sup> permanent molars, i.e. about 12 years onwards.

# \*DENTITION AT BIRTH

The alveolar arches at the time of birth are termed as GUM PADS.

The basic form of arches is determined by 4<sup>th</sup> month of intra uterine life. They develop into distinct parts,

->Labio - buccal portion.

->Lingual portion.

**Table 5.1:** Chronology of tooth development

<i>Tooth</i>	<i>Tooth germ fully developed</i>	<i>Dentine formation begins</i>	<i>Calcification begins</i>	<i>Crown formation complete</i>	<i>Appearance in oral cavity</i>	<i>Root complete</i>
Deciduous Incisors	3-4 mths	4-6 mths i.u.l.		2-3 mths	6-9 mths	1-1.5 yrs after appearance in the mouth
Canines	i.u.l.			9 mths	16-18 mths	
1st Molars				6 mths	12-14 mths	
2nd Molars				12 mths	20-30 mths	
Permanent Maxillary centrals	30th week i.u.l.	3-4 mths	3-4 mths	4-5 yrs	7-9 yrs	2-3 yrs after appearance in the mouth
Mandibular centrals			3-4 mths		6-8 yrs	
Maxillary laterals		10-12 mths	10-12 mths		7-9 yrs	
Mandibular laterals		3-4 mths	3-4 mths		6-8 yrs	
Maxillary canines	30th week i.u.l.	4-5 mths	4-5 mths	6-7 yrs	11-12 yrs	2-3 yrs after appearance in the mouth
Mandibular canines					9-10 yrs	
Maxillary 1st premolar	30th week i.u.l.	1.5-2.5 yrs	1.5-1.75 yrs	5-6 yrs	10-11 yrs	2-3 yrs after appearance in the mouth
Mandibular 1st premolar			1.75-2 yrs		10-12 yrs	
Maxillary 2nd premolar			2-2.25 yrs	6-7 yrs	10-12 yrs	
Mandibular 2nd premolar			2.25-2.5 yrs		11-12 yrs	
1st molar	24th week i.u.l.	Before birth	At or shortly after birth	2.5-3 yrs	6-7 yrs	2-3 yrs after appearance in the mouth
2nd molars	6th mth	2.5-3 yrs	2.5-3 yrs	7-8 yrs	11-13 yrs	
3rd molars	6th yr	7-10 yrs	7-9 yrs	12-16 yrs	17-21 yrs	

i.u.l. = intra-uterine life

# \*LABIO-BUCCAL PORTION

- Differentiate 1<sup>st</sup>
- Divided into ten segments by transverse groove, represents position of deciduous teeth.
- groove between canine & 1<sup>st</sup> molar: lateral sulcus.
  - assessing relationship of gum-pads to each-other.

# \*LINGUAL PORTION

- >Smooth
- >Separated from labio-buccal portion by dental groove which is the site of origin of dental lamia.
- >Limited by gingival groove on the lingual side.

# \*GUM-PADS

## ->UPPER GUM-PAD

Horse-shoe shaped ,wider & longer than lower one.

shows:

### \*Gingival groove:-

separates gum-pads from the palate.

### \*Dental groove:-

starts at incisive papilla, extends backwards to touch the gingival groove in the canine & then moves laterally to end in the molar region.

### \*Lateral sulcus:-

useful in judging the inter-arch relationship at a very early stage.

## **\*LOWER GUM-PAD**

-> U-shaped, rectangular

-> Characterized by:

### **\*Gingival groove:-**

Lingual extension of the gum-pads.

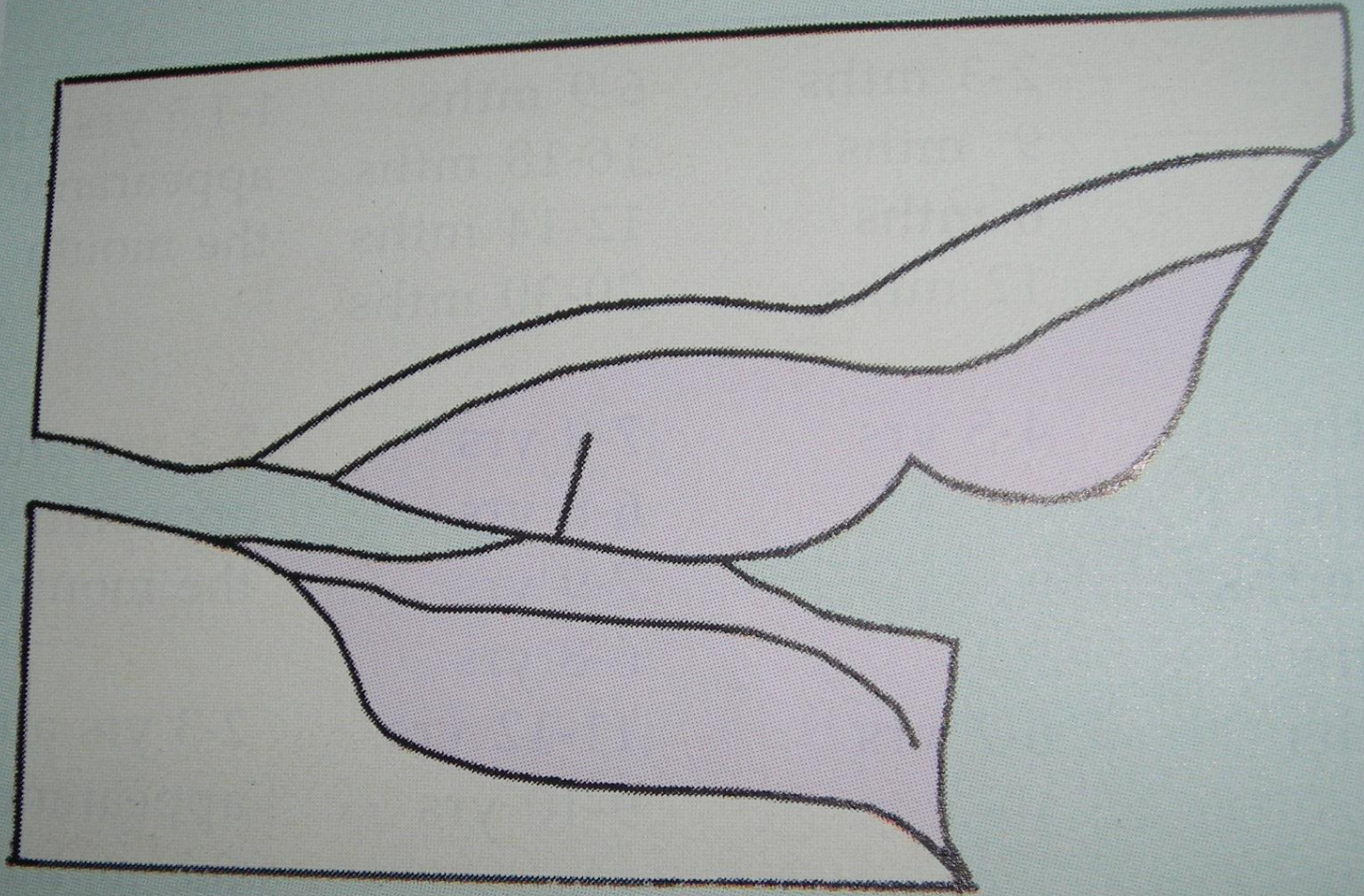
### **\*Dental groove:-**

Joins gingival groove in the canine region.

### **\*Lateral sulcus.**

# \*RELATIONSHIP OF GUM-PADS

- ❑ Anterior open bite is at rest with contact only in molar region. Tongue protrudes through this space.
- ❑ Complete overjet.
- ❑ Class Ⅱ pattern with the maxillary gum-pad being more prominent.
- ❑ Mandibular lateral sulci posterior to maxillary sulci.
- ❑ Mandibular functional movements are mainly vertical & to a anteroposterior. Lateral movements are not possible.



✓ **Fig. 5.3B:** Relation between upper and lower gum pads at birth

During 1<sup>st</sup> year of life the gum-pads grow rapidly permitting the incisors to erupt in good alignment.

Very rarely teeth are found to have erupted at the time of birth. such that are present at the time of birth are called NATAL TEETH.

Teeth that erupt during the 1<sup>st</sup> month of age are called NEONATAL TEETH.



# STAGES OF TOOTH DEVELOPMENT

- ❑ Nolla has divided the development of tooth into 10 stages.
- ❑ Tooth eruptive movements begin during the sixth stage when the crown formation is complete.
- ❑ After 2 to 3 years ,with two-thirds of root formation complete,tooth erupts into the oral cavity.

STAGE 0: ABSENCE OF CRYPT.

STAGE 1: PRESENCE OF CRYPT.

STAGE 2: INITIAL CALCIFICATION.





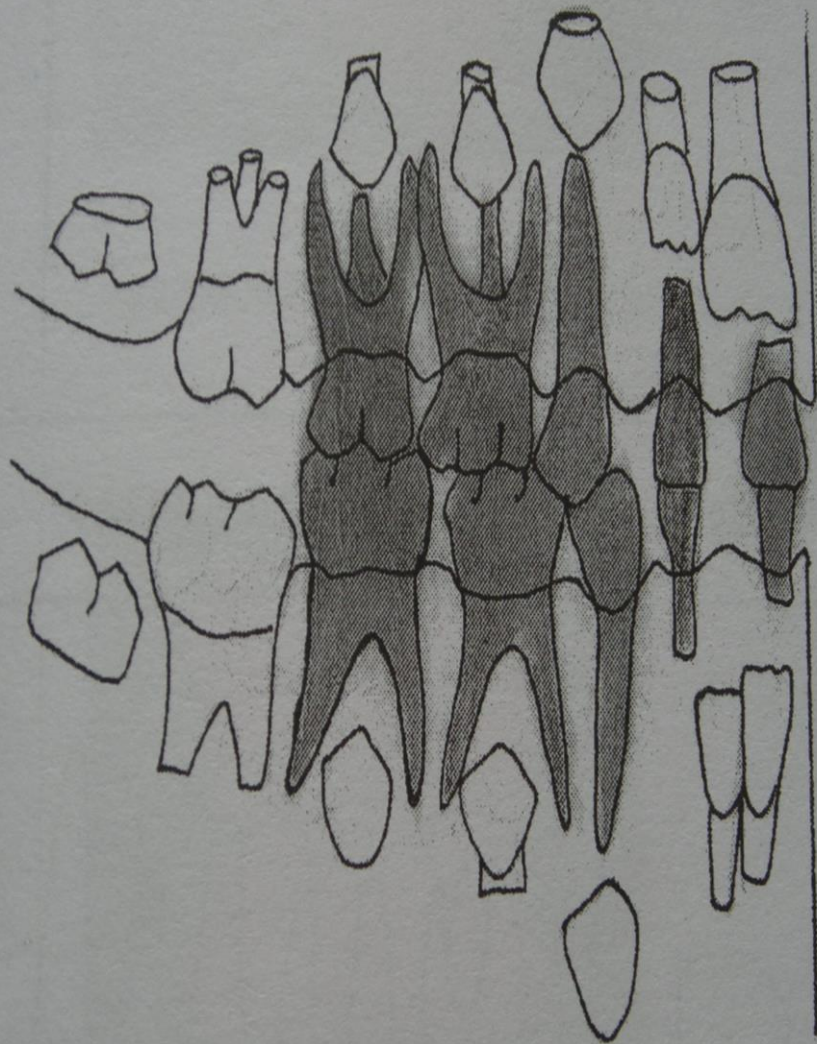
# \*DECIDUOUS DENTITION PERIOD

## □ Sequence of eruption of deciduous teeth

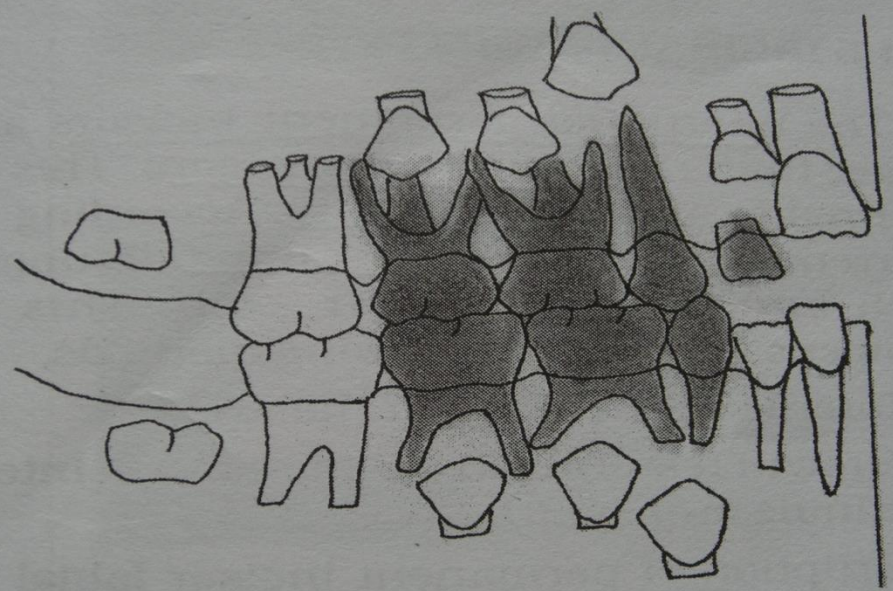
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A B D C E

## □ Features of ideal occlusion in primary dentition:-

1. Spacing of incisor teeth.
2. Anthropoid space
3. Distal surface of upper & lower 2<sup>nd</sup> primary molars are in the same plane-flush terminal plane.
4. Almost vertical inclination of anterior teeth.
5. Overbite & overjet varies.

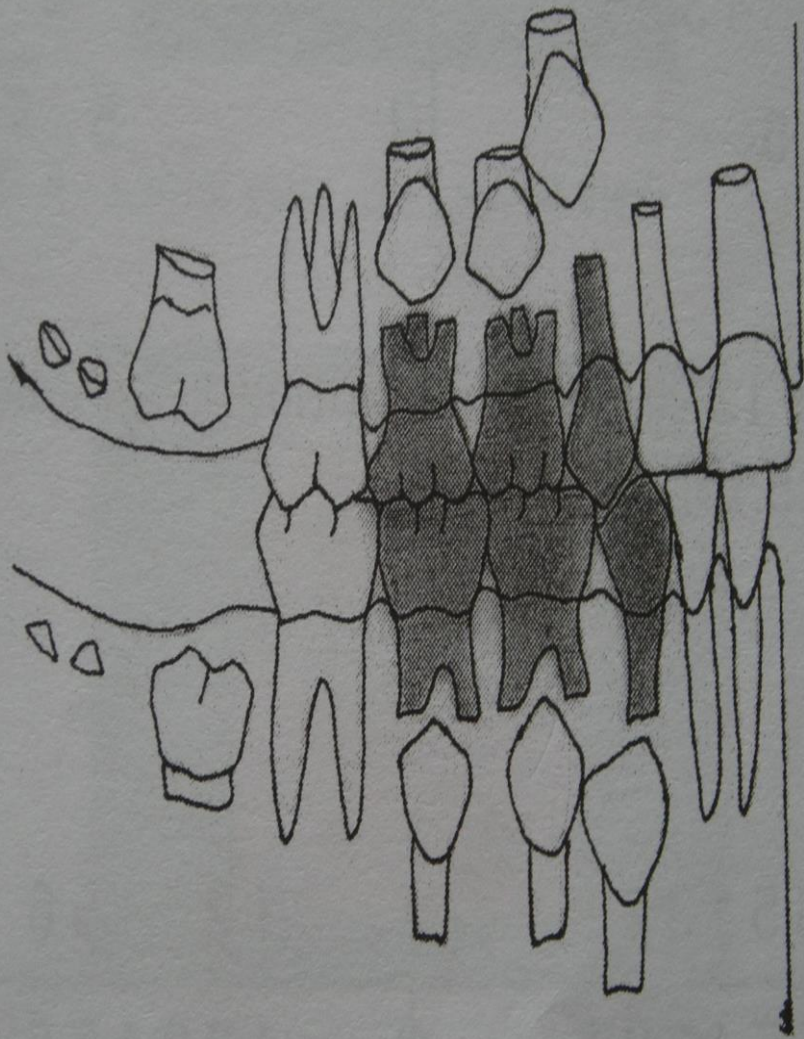


**Fig. 5.7 DENTITION AT 6 YEARS**

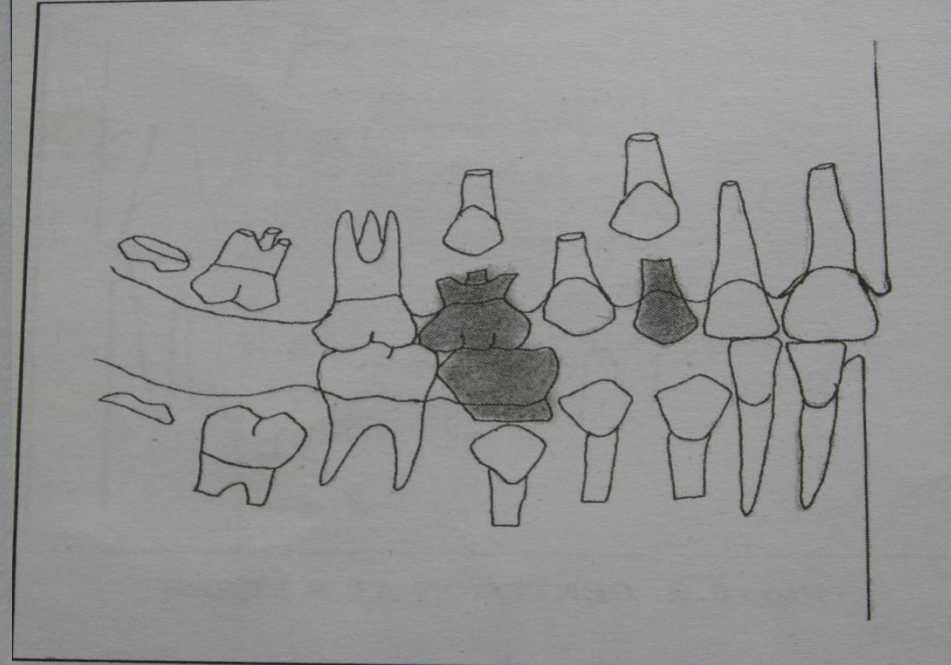


**Fig. 5.8 DENTITION AT 7 YEARS**

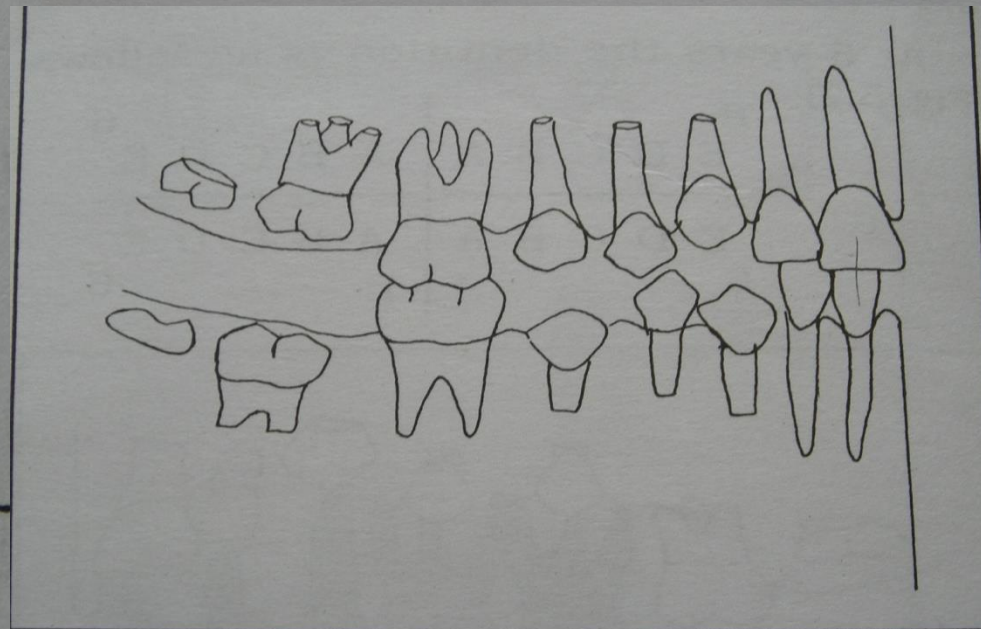
**Fig. 5.9 DENTITION AT 8 YEARS**



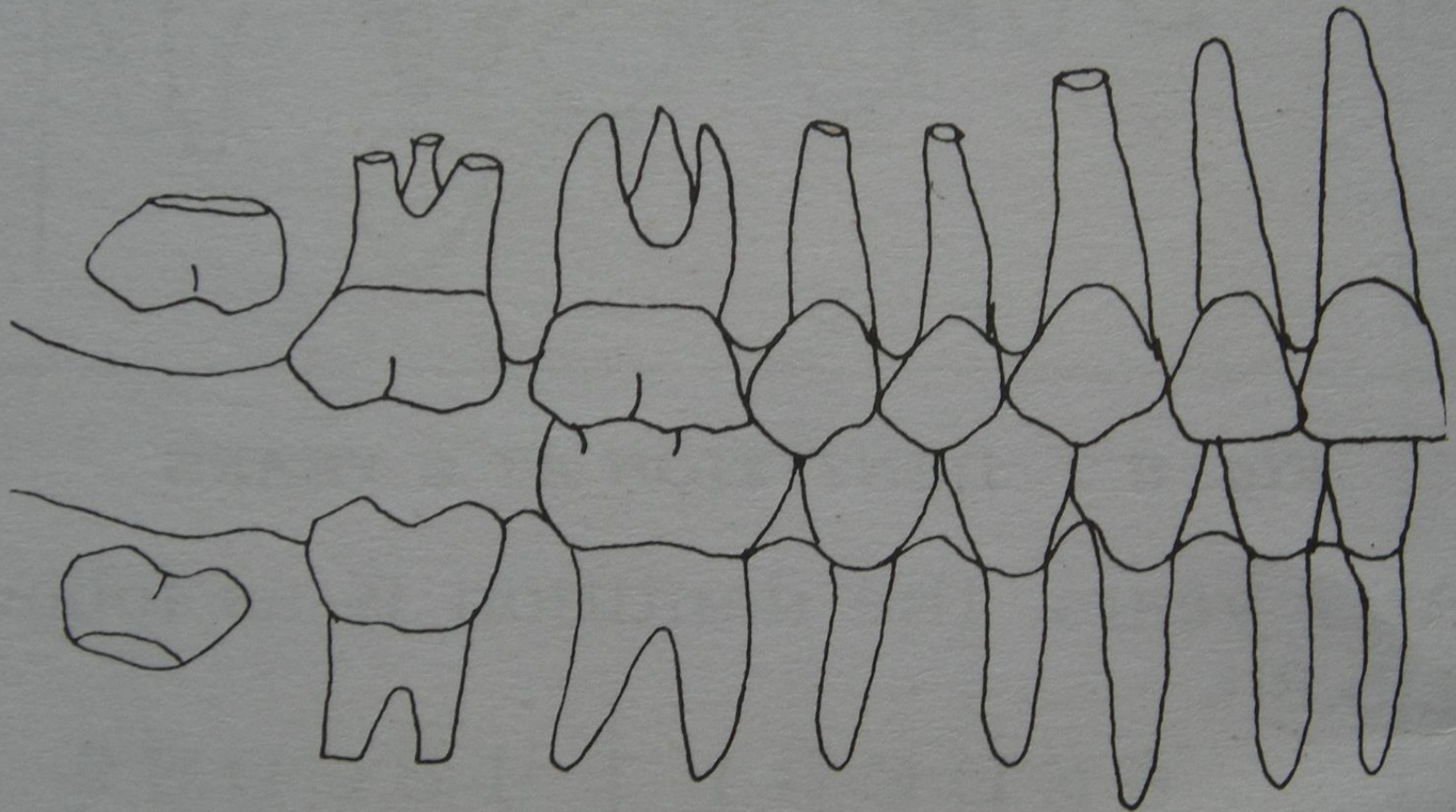
**Fig. 5.10 DENTITION AT 9 YEARS**



**Fig. 5.11 DENTITION AT 10 YEARS**



**Fig. 5.12 DENTITION AT 11 YEARS**



**Fig. 5.13 DENTITION AT 12 YEARS**

## ▣ Spacing of deciduous teeth:-

- is normal

- help in accommodating the large succedaneous permanent teeth.

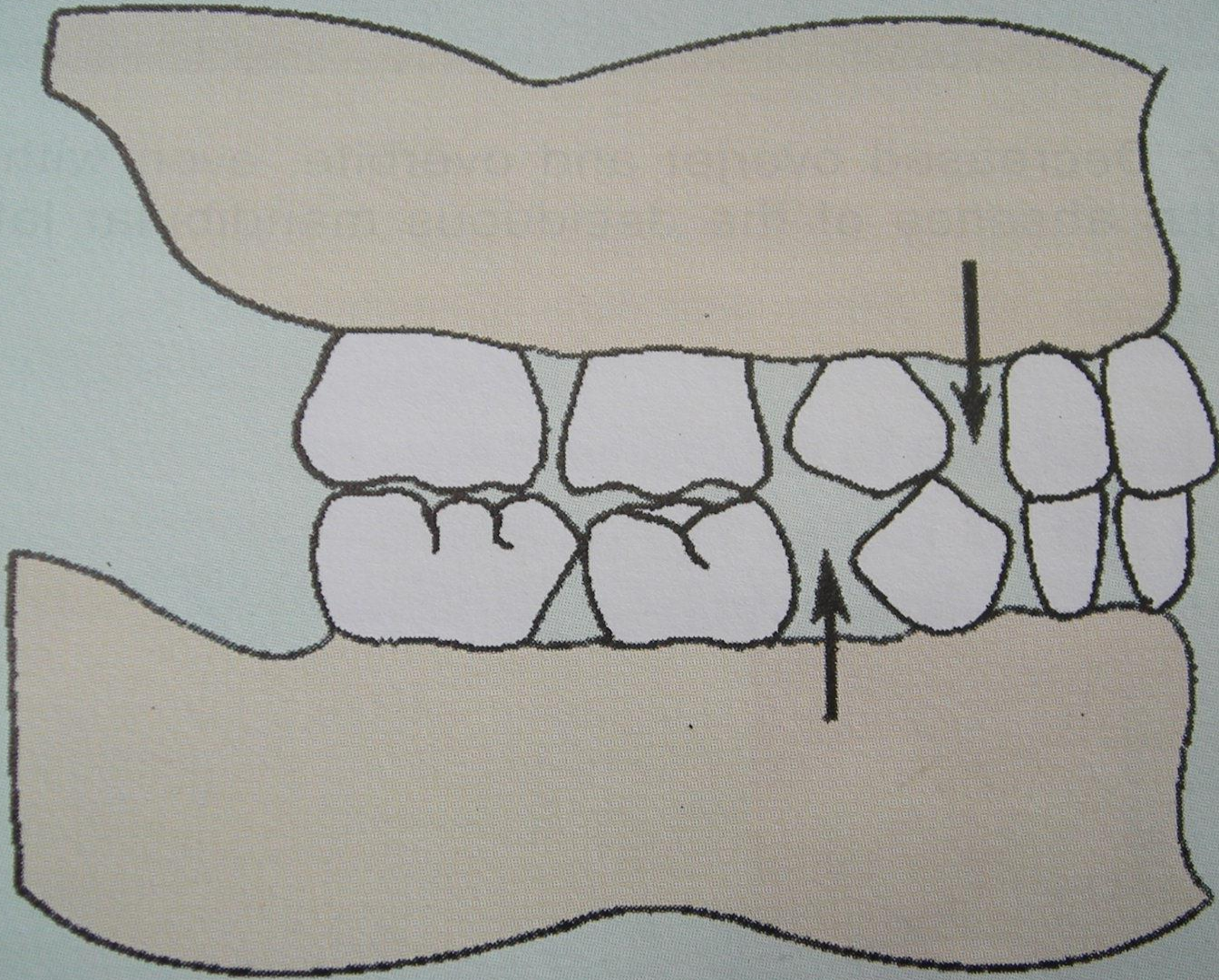
- possible to predict degree of crowding in permanent teeth based on the amount of spacing present in lower arch.

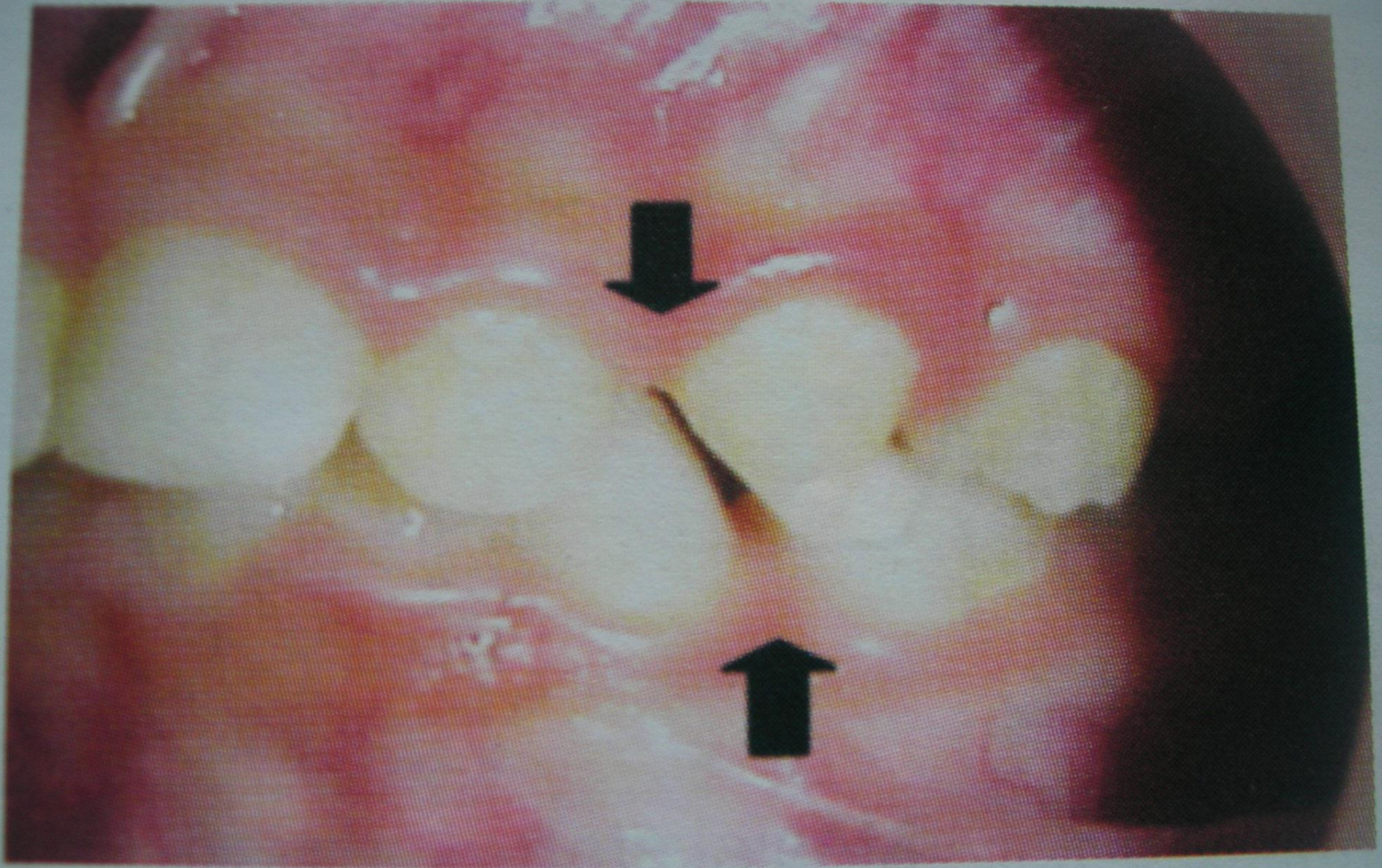


✓ **Fig. 5.5:** Spacing in deciduous dentition

▣ Anthropoid space [ simian space, primate space]

Space between the mesial surface of the upper canine & the distal surface of lower canine is much more distinct as it is characteristically found in dentition of the primates & hence it is called so.





**Fig. 5.6:** Primate spaces

- Terminal plane relationship, it's variation & importance

The line from distal surfaces of mandibular 2<sup>nd</sup> deciduous molar & the maxillary 2<sup>nd</sup> deciduous molar giving relationships,

- > Flush terminal space:-

if line is vertically straight. (usually mesiodistally wider 2<sup>nd</sup> molar than maxillary one)

develops into class I molar relationship following exfoliation of lower 2<sup>nd</sup> molar. As the 1<sup>st</sup> permanent molar erupt, they will be end on molar relationship in the presence of complete deciduous dentition.

following the exfoliation of lower deciduous 2<sup>nd</sup> molar, the lower 1<sup>st</sup> migrates mesially establishing class I molar relationship.

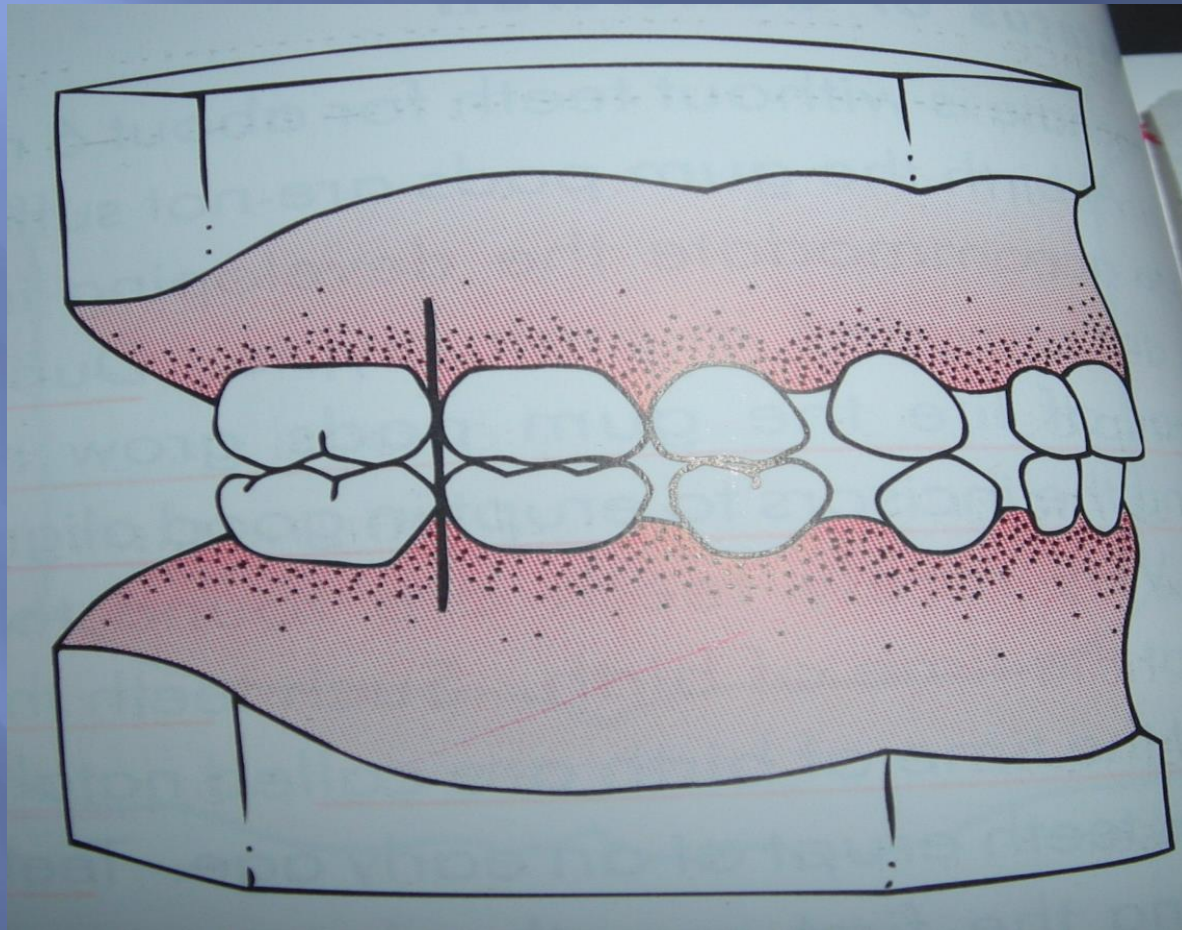
- > Distal step:-

when upper deciduous 2<sup>nd</sup> molar is ahead of lower deciduous 2<sup>nd</sup> molar.

- > Mesial step:-

where lower 2<sup>nd</sup> deciduous molar is ahead of upper deciduous 2<sup>nd</sup> molar.

# FLUSH TERMINAL PLANE



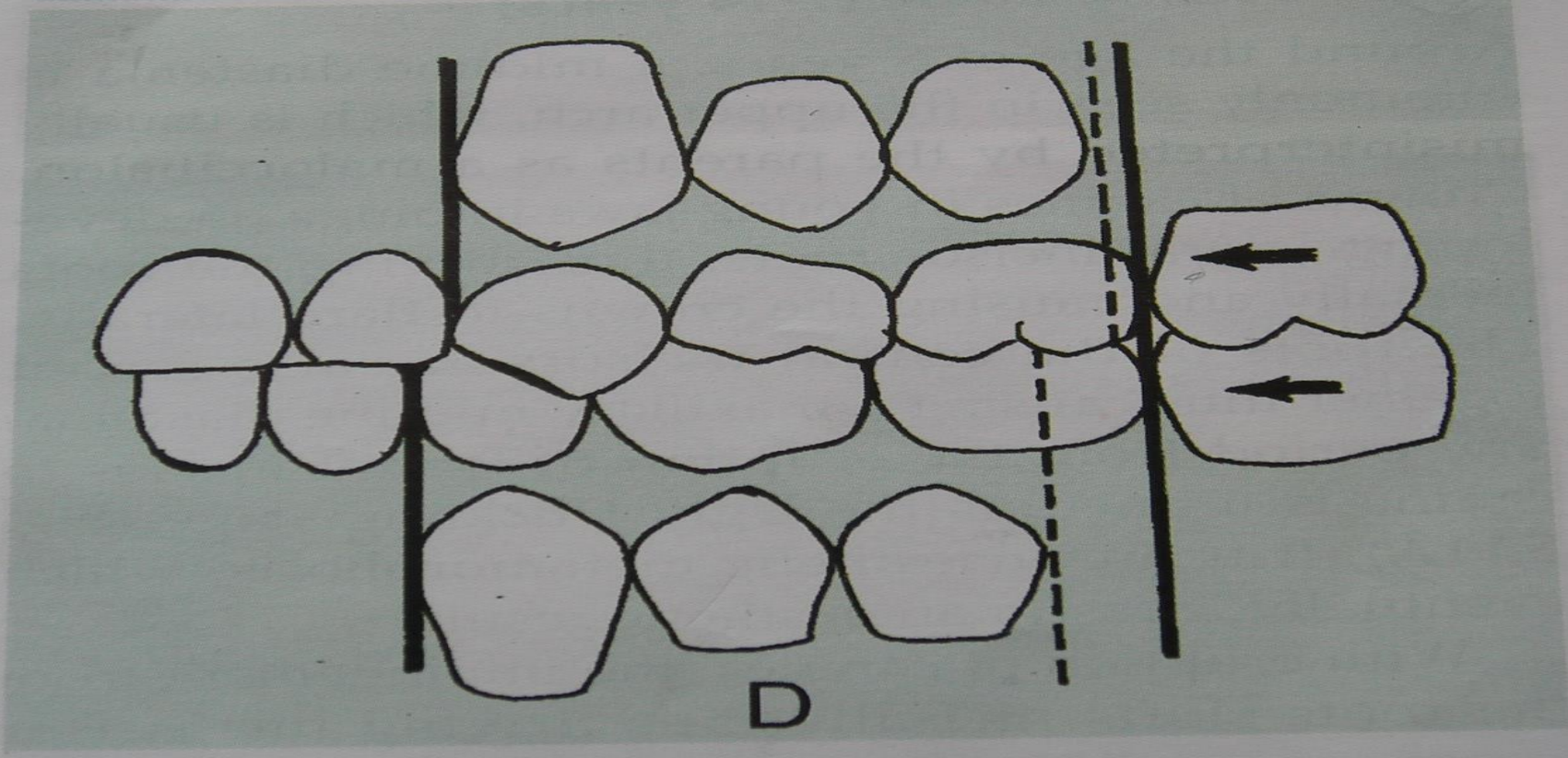
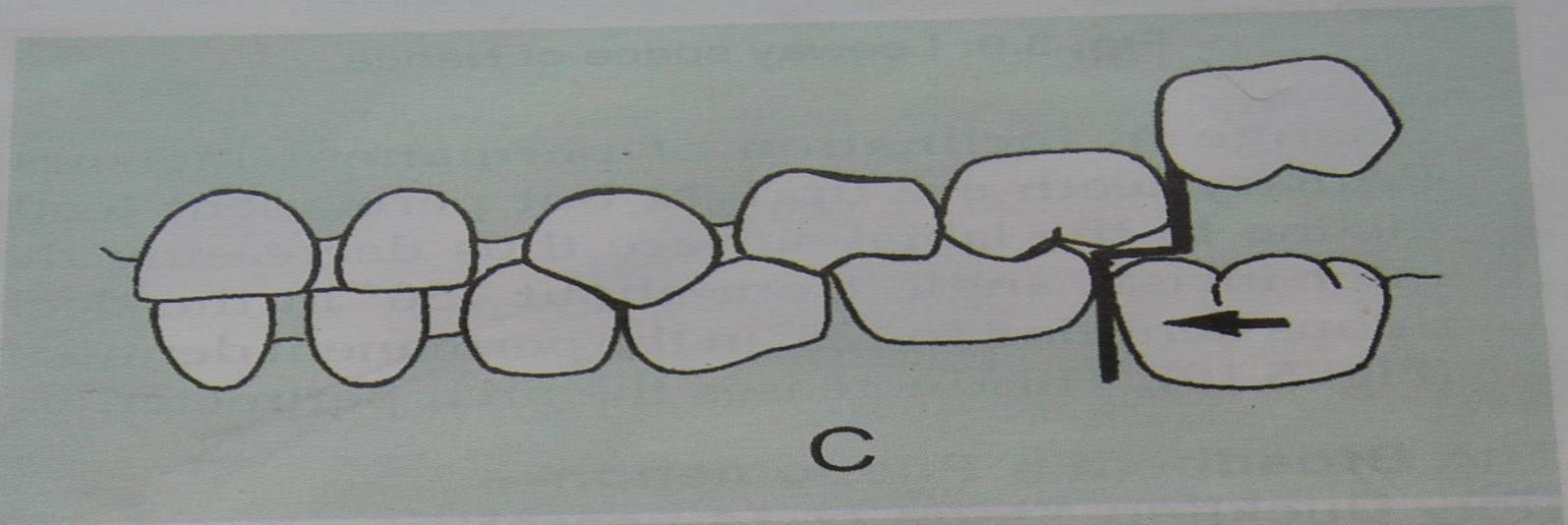
incisors to obtain an added space of 2 mm

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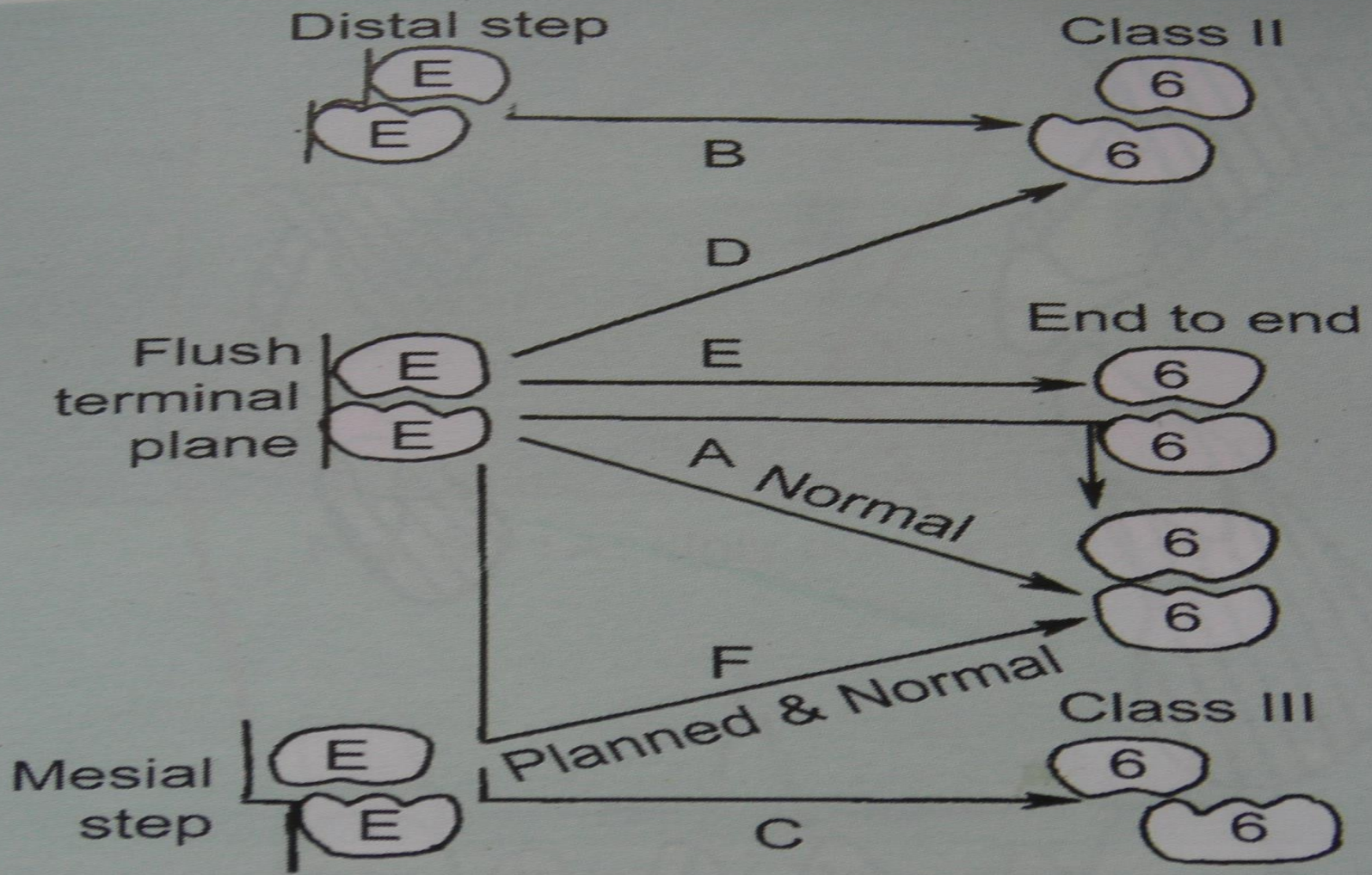


(C) Early shift of the erupting first permanent



Mesial step

**Fig. 5.8A:** Molar relationship in the deciduous dentition



**Fig. 5.8B:** Occlusal relationships of primary and permanent molars

When the deciduous second molars are

## ▣ Changes in incisor relation during deciduous dentition:-

-Deep bite is present in the initial stage of development, accentuated by their more upright position such that lower incisal edge often contact the cingulum area of upper incisors.

-Reduction in incisor overbite & overjet.

Reduction in overbite is due to the attrition of teeth & differential growth of the alveolar process of jaws.

Reduction in overjet is due to the forward growth of the mandible during this period.

primary teeth undergo marked attrition & as a result dental arches are relatively free to move because of lack of cuspal inter-digitation. this leads to an edge to edge occlusion; while the buccal teeth are still in complete occlusal contact, edge to edge incisor relationship is a normal feature of the occlusion at this stage.

✓ **Table 5.1:** Chronology of tooth development

<i>Tooth</i>	<i>Tooth germ fully developed</i>	<i>Dentine formation begins</i>	<i>Calcification begins</i>	<i>Crown formation complete</i>	<i>Appearance in oral cavity</i>	<i>Root complete</i>
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Canines	i.u.l.			9 mths	16-18 mths	
1st Molars				6 mths	12-14 mths	
2nd Molars				12 mths	20-30 mths	
Permanent Maxillary centrals	30th week i.u.l.	3-4 mths	3-4 mths	4-5 yrs	7-9 yrs	2-3 yrs after appearance in the mouth
Mandibular centrals			3-4 mths		6-8 yrs	
Maxillary laterals		10-12 mths	10-12 mths		7-9 yrs	
Mandibular laterals		3-4 mths	3-4 mths		6-8 yrs	
Maxillary canines	30th week i.u.l.	4-5 mths	4-5 mths	6-7 yrs	11-12 yrs	2-3 yrs after appearance in the mouth
Mandibular canines					9-10 yrs	
Maxillary 1st premolar	30th week i.u.l.	1.5-2.5 yrs	1.5-1.75 yrs	5-6 yrs	10-11 yrs	2-3 yrs after appearance in the mouth
Mandibular 1st premolar			1.75-2 yrs		10-12 yrs	
Maxillary 2nd premolar			2-2.25 yrs	6-7 yrs	10-12 yrs	
Mandibular 2nd premolar			2.25-2.5 yrs		11-12 yrs	
1st molar	24th week i.u.l.	Before birth	At or shortly after birth	2.5-3 yrs	6-7 yrs	2-3 yrs after appearance in the mouth
2nd molars	6th mth	2.5-3 yrs	2.5-3 yrs	7-8 yrs	11-13 yrs	
3rd molars	6th yr	7-10 yrs	7-9 yrs	12-16 yrs	17-21 yrs	

i.u.l. = intra-uterine life

# \*THE MIXED DENTITION PERIOD

This is the period teeth of both deciduous & permanent dentition are seen.

## ▣ FIRST TRANSITIONAL PERIOD

includes

Emergence of 1<sup>st</sup> permanent molars &  
Transition of incisors.

# \*FIRST TRANSITIONAL PERIOD

Eruption of permanent 1<sup>st</sup> molars:-

Erupts at 6 years & influence in establishing & aid in function of occlusion.

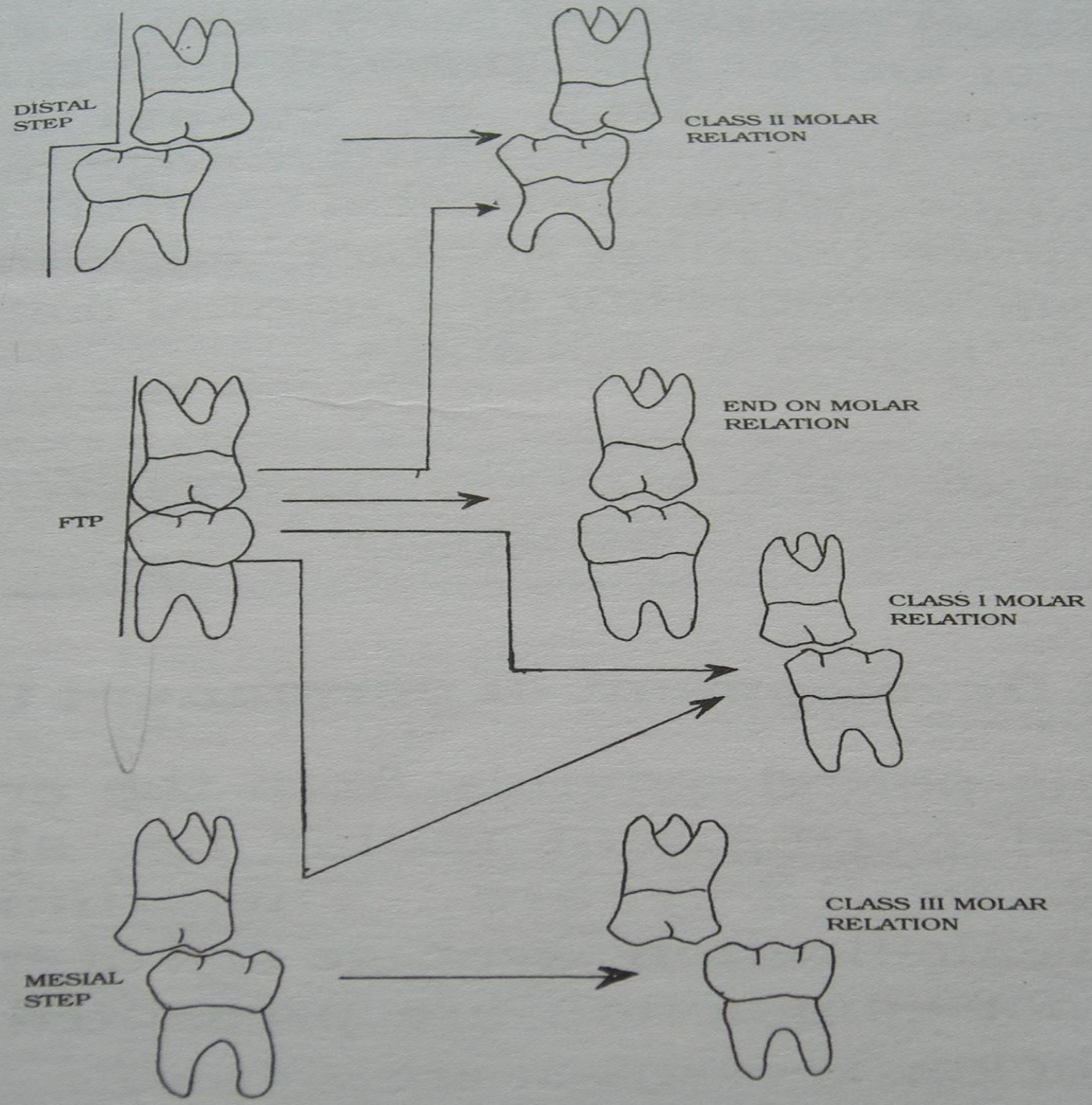
->Anterioposterior position of the permanent 1<sup>st</sup> molar is influenced by:

## 1. Terminal plane relationship

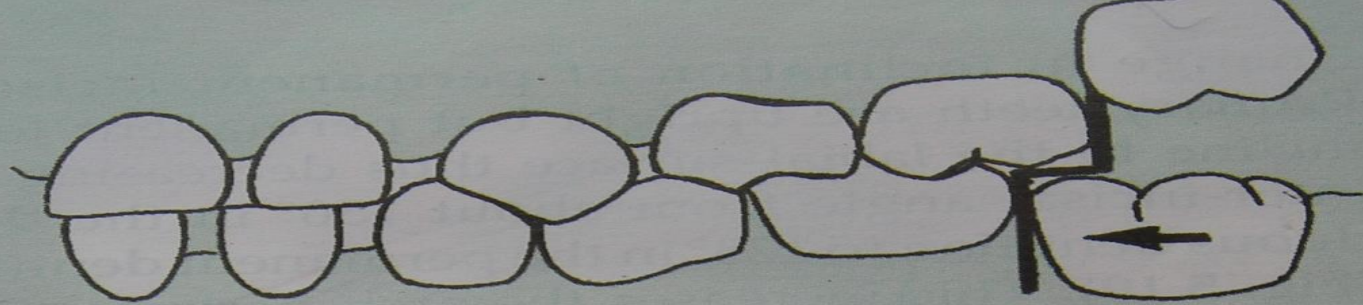
- \*Flush terminal plane later transforms into a class molar relation using primate spaces.
- \*Distal step result 1<sup>st</sup> molar into class relation. The molar configuration is not self-correcting & will cause a class 2 malocclusion despite Leeway space & differential growth.
- \*Mesial step result in class molar relation in mixed dentition. This may remain or progress to a half or full cusp class 3 with continued mandibular growth.

2. Early mesial shift in arch with physiologic spacing.

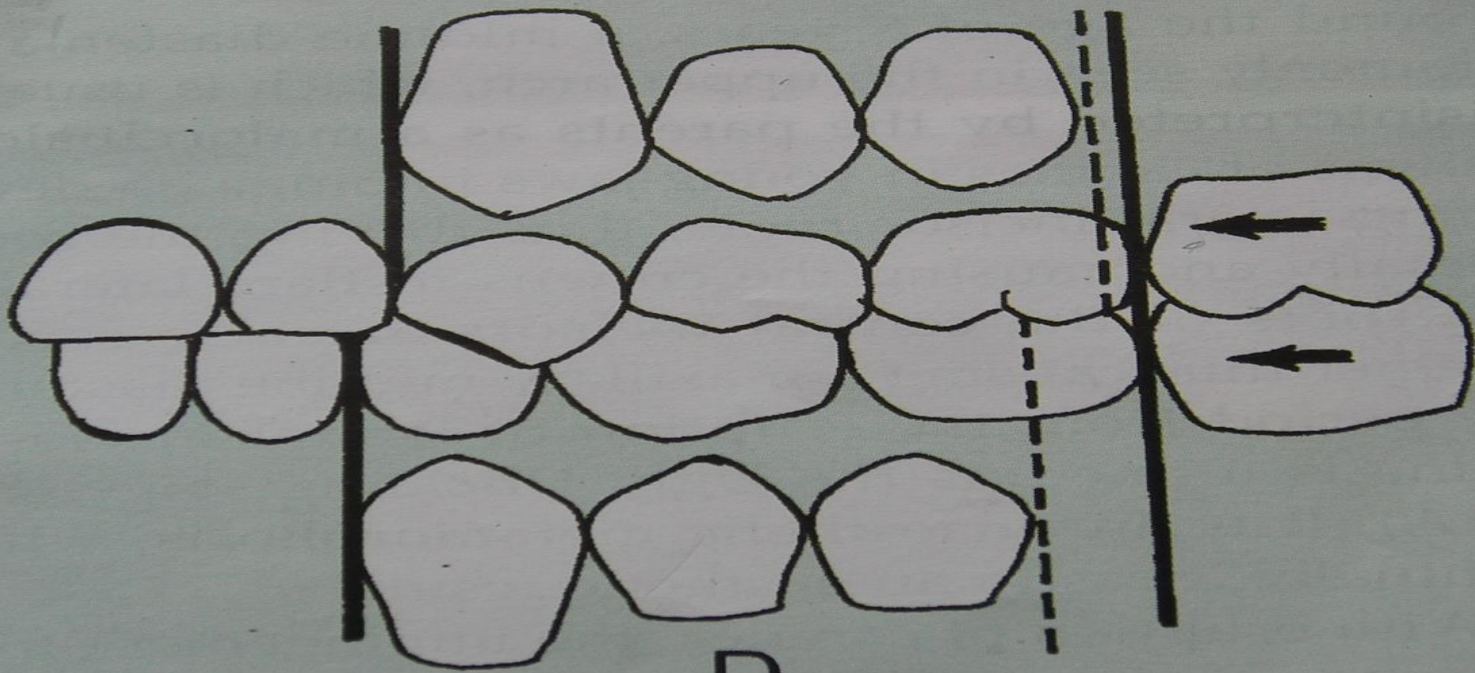
3. Differential growth of maxilla & mandible.



**Fig. 5.4 FLUSH TERMINAL PLANE AND ITS VARIATION**



C



D

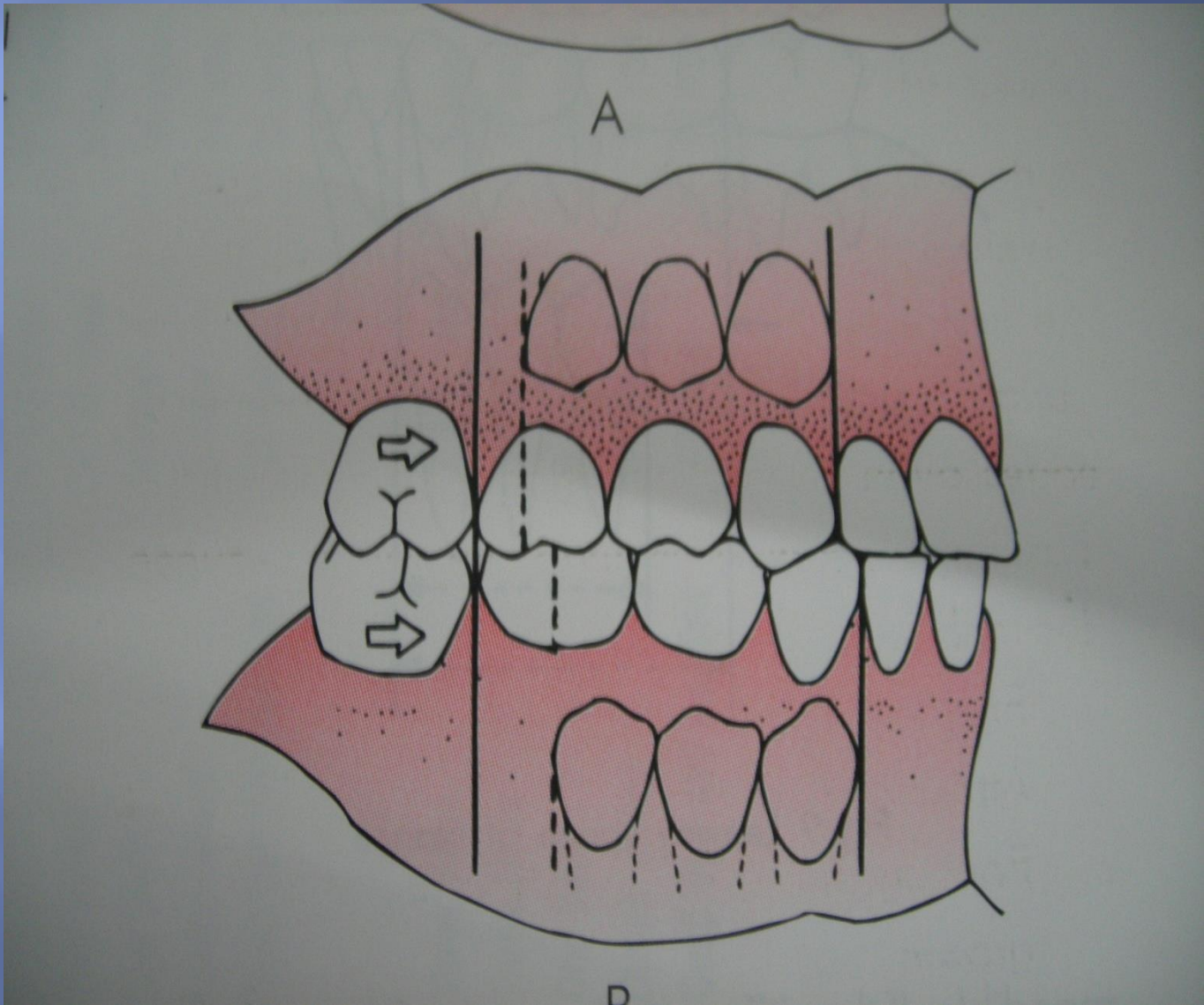
**Figs 5.8C and D:** (C) Early shift of the erupting first permanent molars moving utilizing the primate spaces (D) Late shift by utilization of the Leeway space

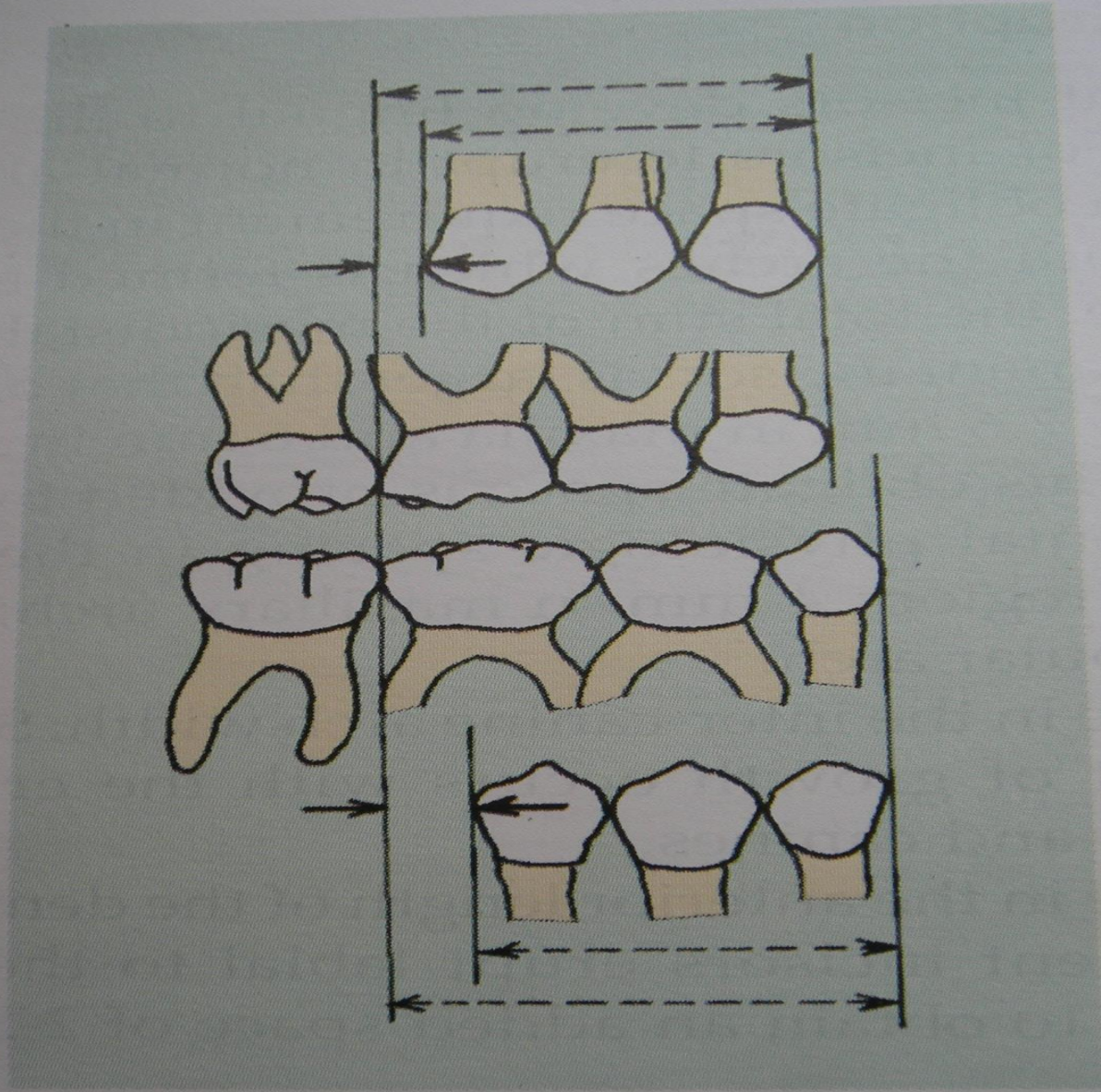
# LEEWAY SPACE OF NANCE:

It is the combined mesiodistal width of deciduous canine, first & second molars is more than that of mesiodistal width of permanent canine, first & second molars.

In Maxilla  $0.9\text{mm}/\text{segment}=1.8\text{mm}$  total

Mandible  $1.7\text{mm}/\text{segment}=3.4\text{mm}$  total





**Fig. 5.9:** Leeway space of Nance



# \*INCISOR ERUPTION

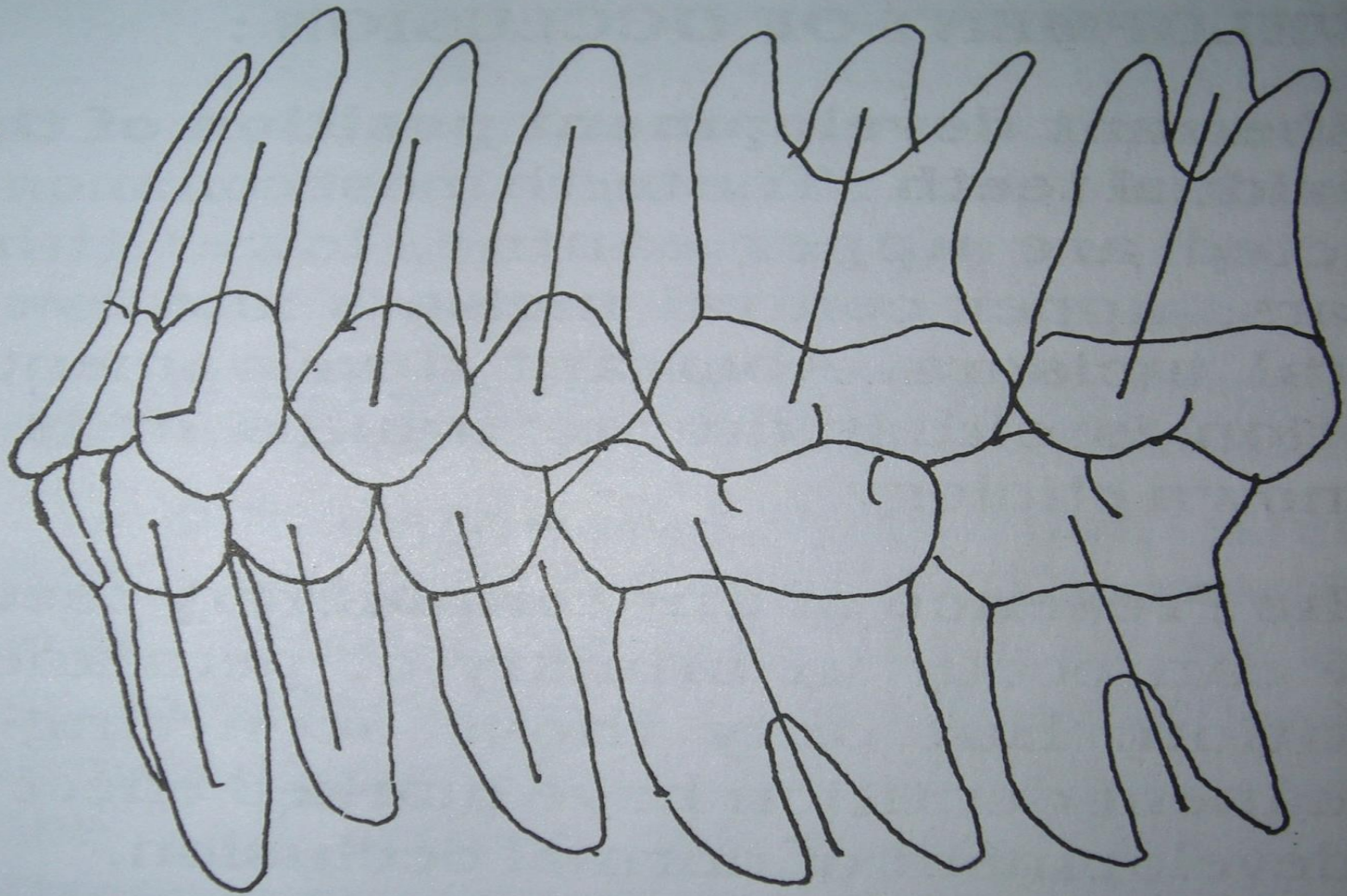
Permanent incisors develop lingual to the primary incisors. For incisors to erupt in normal alignment, there is an obligate space requirement in the anterior part of both the arches which is termed as

## INCISOR LIABILITY:

In Maxilla 7.6mm & in Mandible 6 mm.

It is provided by:

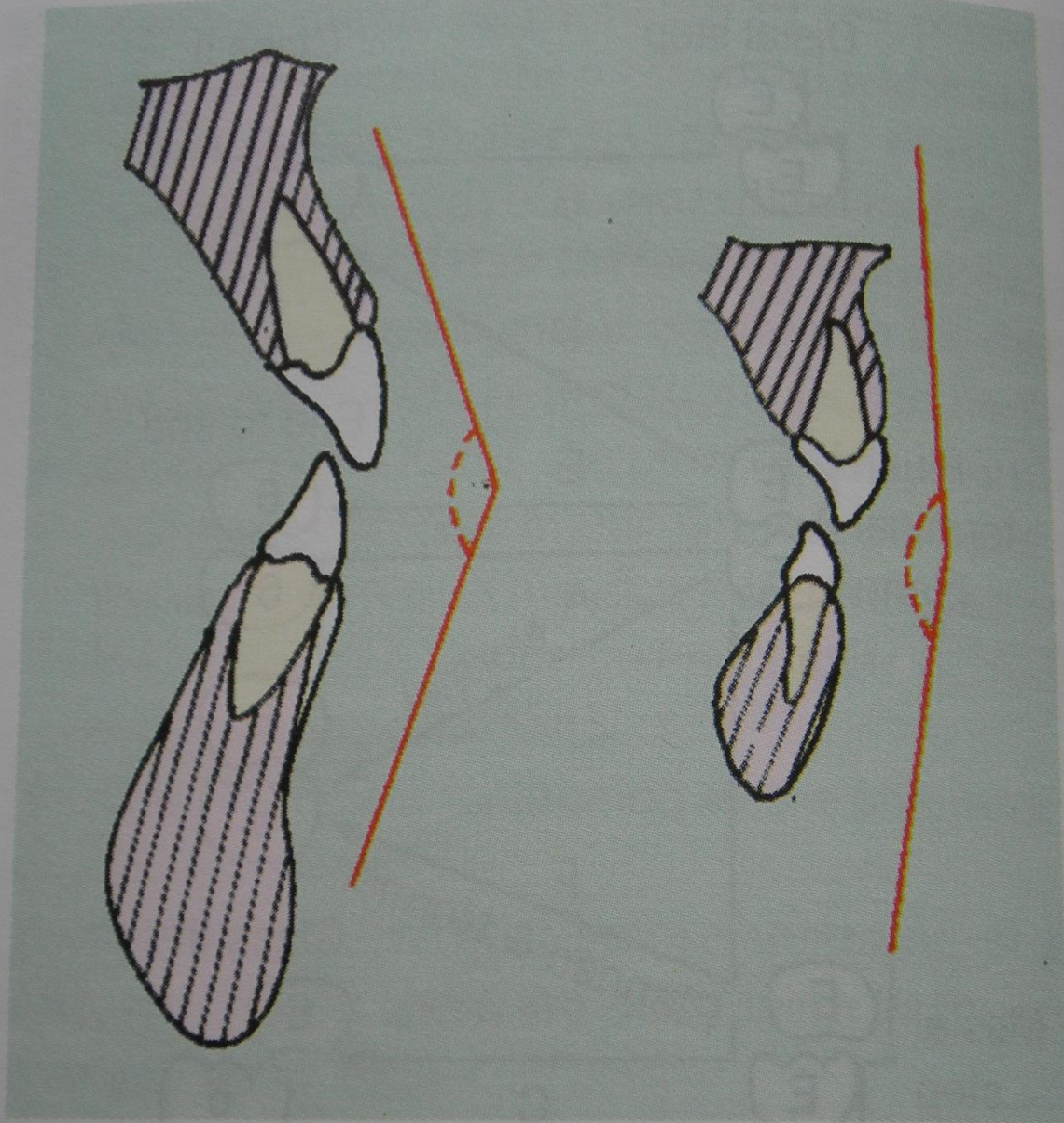
- ❑ Interdental physiological spacing in primary incisor region: 4 mm in Maxillary arch;  
3 mm in Mandibular arch.
- ❑ Increase in inter-canine width.
- ❑ Increase in anterior length of the dental arches: permanent incisors erupt labial to the primary incisors to obtain an added space of 2-3 mm.
- ❑ Change in inclination of permanent incisors: primary teeth are upright but permanent teeth incline to the labial surface thus decreasing the inter-incisal angle from about 150 in the deciduous dentition to 123 in the permanent dentition. This increase arch perimeter.



**Fig. 5.19 AXIAL INCLINATION OF PERMANENT TEETH**



**Fig. 5.13:** First stage of eruption at dental age 6 years



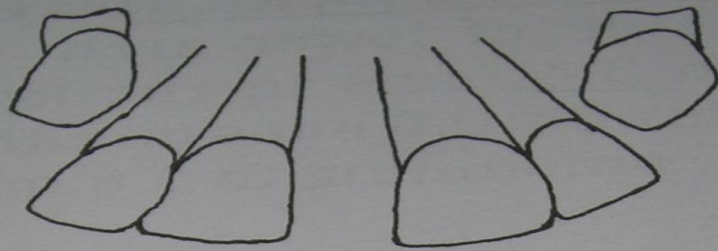
**Fig. 5.10:** Comparison of the angulation of the permanent and primary teeth

# Ugly Duckling Stage

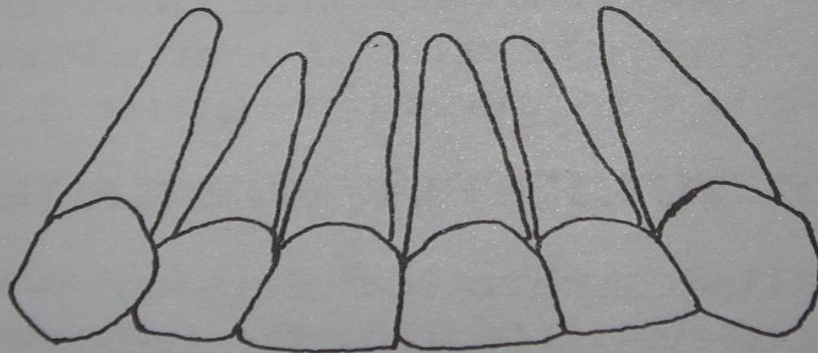
## Broadbent's Phenomena

It is a transient malocclusion which does not require any orthodontic intervention.

- >Here, the developing upper permanent canines cause mesial displacement of the roots of permanent incisors around the age of 8-9 years; this cause a distal divergent of the crowns of these incisors.
- >This requires no treatment as it gets corrected by own later when the canine erupts &the pressure is transferred from the roots of to the crowns of the incisors.
- >This position of teeth at this stage is compared to that of an ugly walk of the duckling &hence the name is given.



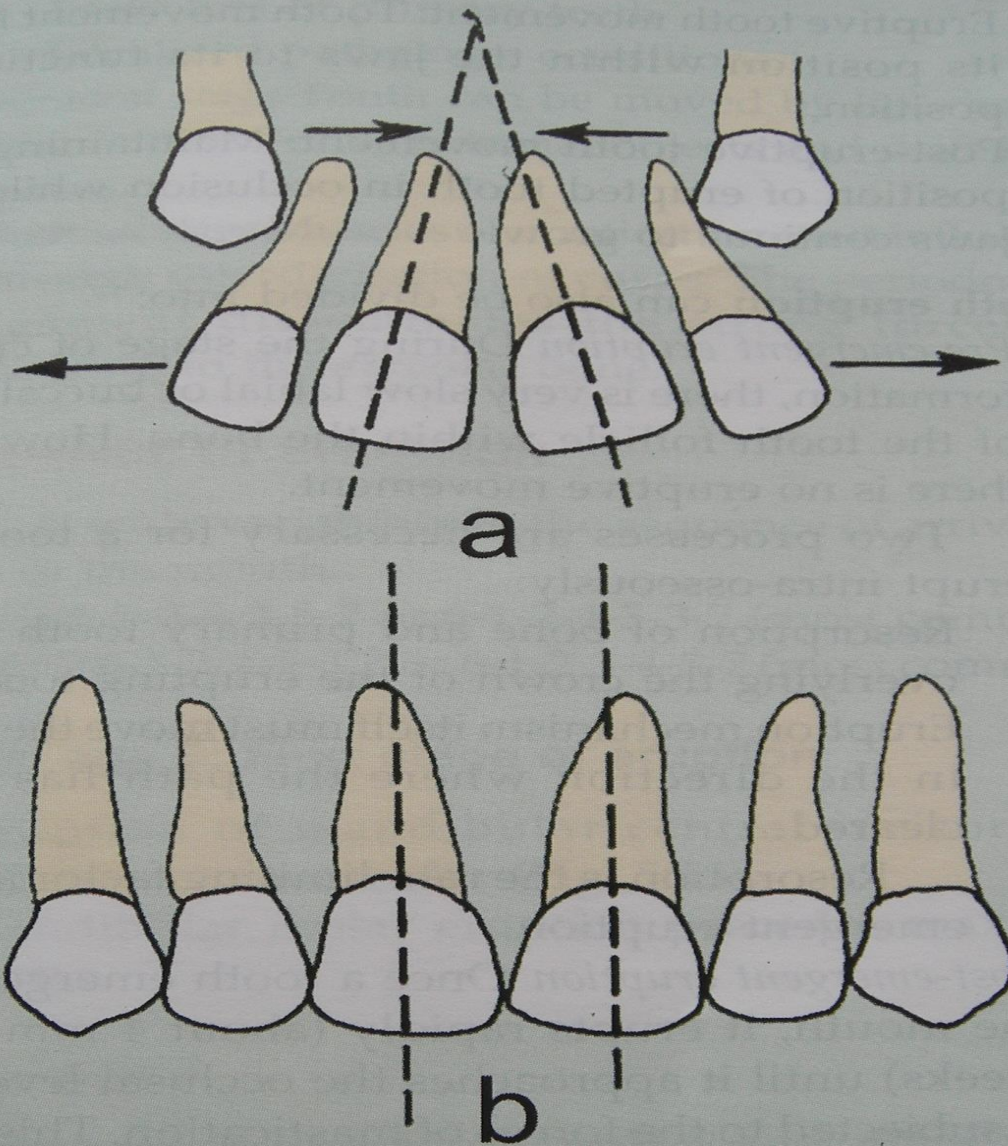
**A**



**B**

**Fig. 5.15 UGLY DUCKLING STAGE**

**A. Erupting maxillary canine causing ugly duckling stage B. Eruption of maxillary canine, correcting the ugly duckling stage.**



**Fig. 5.11B:** Ugly duckling stage (a) Canine crowns impinging on roots of lateral incisors with resultant distal flaring of incisor crowns (b) Continued eruption of canines results in closure of midline space



**Fig. 5.11A:** Ugly duckling stage

## CLINICAL SIGNIFICANCE OF UGLY DUCKLING STAGE

- ❑ As a guideline ,maxillary midline diasteme upto 2 mm closes spontaneously.
- ❑ Total closure of midline diastema greater than 2mm is unlikely.
- ❑ Any attempt to close the median diastema during ugly duckling stage will be hazardous.
- ❑ Apex of the lateral incisors will be damaged.
- ❑ Canine may be deflected from its normal path of eruption.

# THE INTER-TRANSITIONAL PERIOD (1.5 YEARS)

This is a stable phase where little changes take place in the dentition.

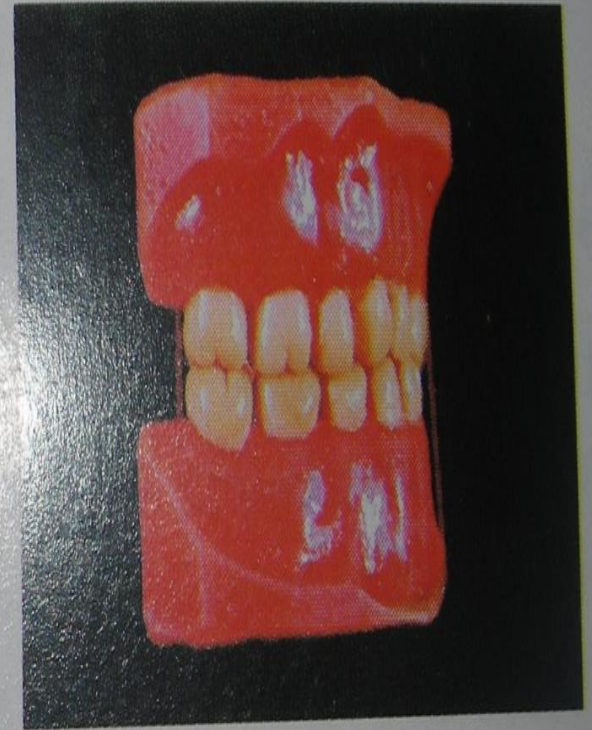
The teeth present are the permanent incisors and first molar along with the deciduous canines and molars.

**Features** of this stage are :

1. Any asymmetry in emergence and corresponding differences in height level or crown length between right and left side teeth.
2. Occlusal and inter proximal wear of deciduous teeth causes occlusal morphology to approach that of a plane.
3. Ugly duckling stage
4. Resorption of roots of deciduous molars



A



B

Mixed dentition - Model showing the Deciduous and the erupted first permanent molars  
A - Labial view B - Lateral view

# THE SECOND TRANSITIONAL PERIOD

The following events take place :

1. Exfoliation of primary molars and canines
2. Eruption of permanent canines and premolars
3. Eruption of permanent second molars.

# ERUPTION SEQUENCE

\*In the maxilla:

6-1-2-4-3-5-7

or

6-1-2-4-5-3-7

\*In the mandible:

6-1-2-3-4-5-7

or

6-1-2-4-3-5-7

TOOTH	TIMING OF INITIAL CALCIFICATION	AVERAGE AGE OF ERUPTION	ROOT COMPLETION
Maxillary Central Incisor	3-4 months	7-8 years	10 years
Lateral Incisor	10-12 months	8-9 years	11 years
Canine	4-5 months	11-12 years	13-15 years
First Premolar	1½-1¾ years	10-12 years	12-13 years
Second Premolar	2-2¼ years	10-12 years	12-14 years
First Molar	At birth	6-7 years	9-10 years
Second Molar	2½-3 years	12-13 years	14-16 years
Third Molar	7-9 years	17-21 years	18-25 years
Mandibular Central Incisor	3-4 months	6-7 years	9 years
Lateral Incisor	3-4 months	7-8 years	10 years
Canine	4-5 months	9-10 years	12-14 years
First Premolar	1¾-2 years	10-12 years	12-13 years
Second Premolar	2-2½ years	11-12 years	13-14 years
First Molar	At birth	6-7 years	9-10 years
Second Molar	2½-3 years	11-13 years	14-15 years
Third Molar	8-10 years	17-21 years	18-25 years

## Features of Permanent Dentition:

1. Coinciding midline.
2. Class 1 molar relationship of the permanent first molar.
3. Vertical overbite of about one-third the clinical crown height of the mandibular central incisors.
4. *Overjet*: overjet & overbite decrease throughout the second decade of life due to greater forward growth of the mandible.
5. *Curve of spee*: develops during transition & stabilizes in adulthood



A



B

Permanent Dentition A - Labial view B - Lateral view

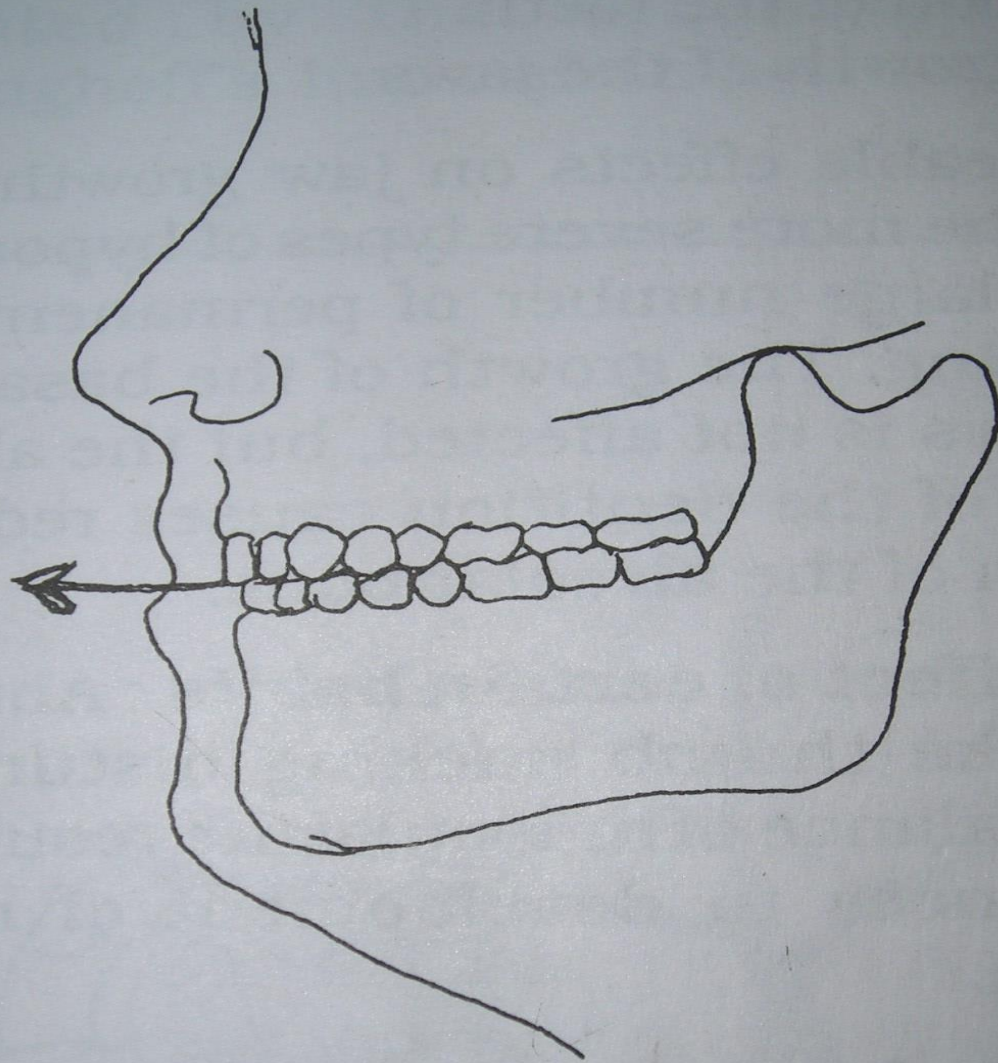
# \*Factors Affecting The Development Of The Occlusion:

## A) GENERAL FACTOR:

1. Skeletal factors-The position, size & relationships of bone in which the tooth develops.
2. Muscle factor-form & function of the muscle surrounding to teeth.
3. Dental factor-The size of the dentition in relation to the size of the jaws.
4. The forces which guides its course after eruption-Buccinator mechanism
5. The forces which starts to operate when the tooth makes contact with its opponent.

## **B) Local Factors:**

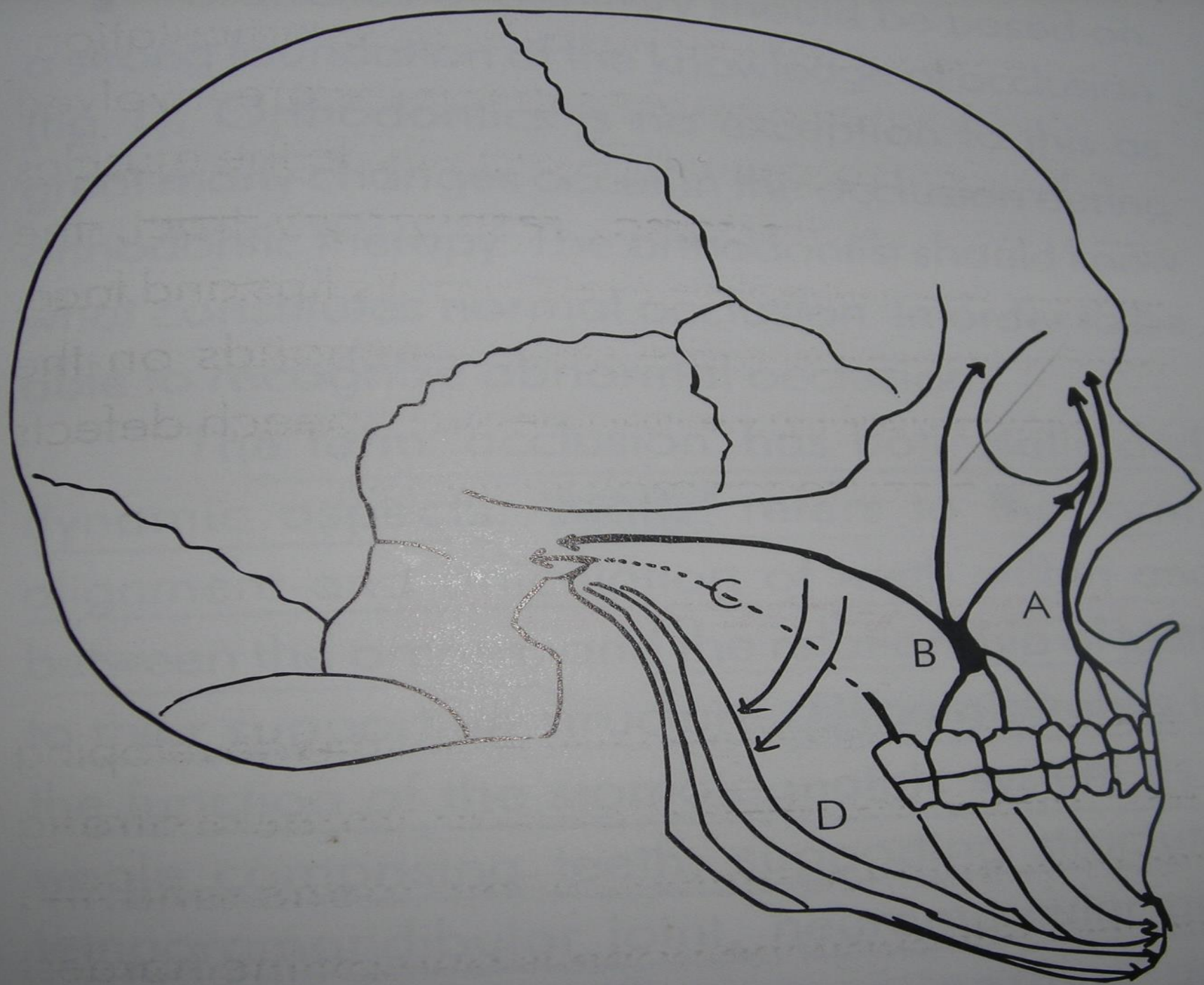
1. Aberrant developmental position of teeth.
2. The presence of supernumerary teeth.
3. Hypodontia-the congenital absence of certain teeth.
4. The effect of certain habits.
5. Localized soft tissue abnormalities-the labial frenum.

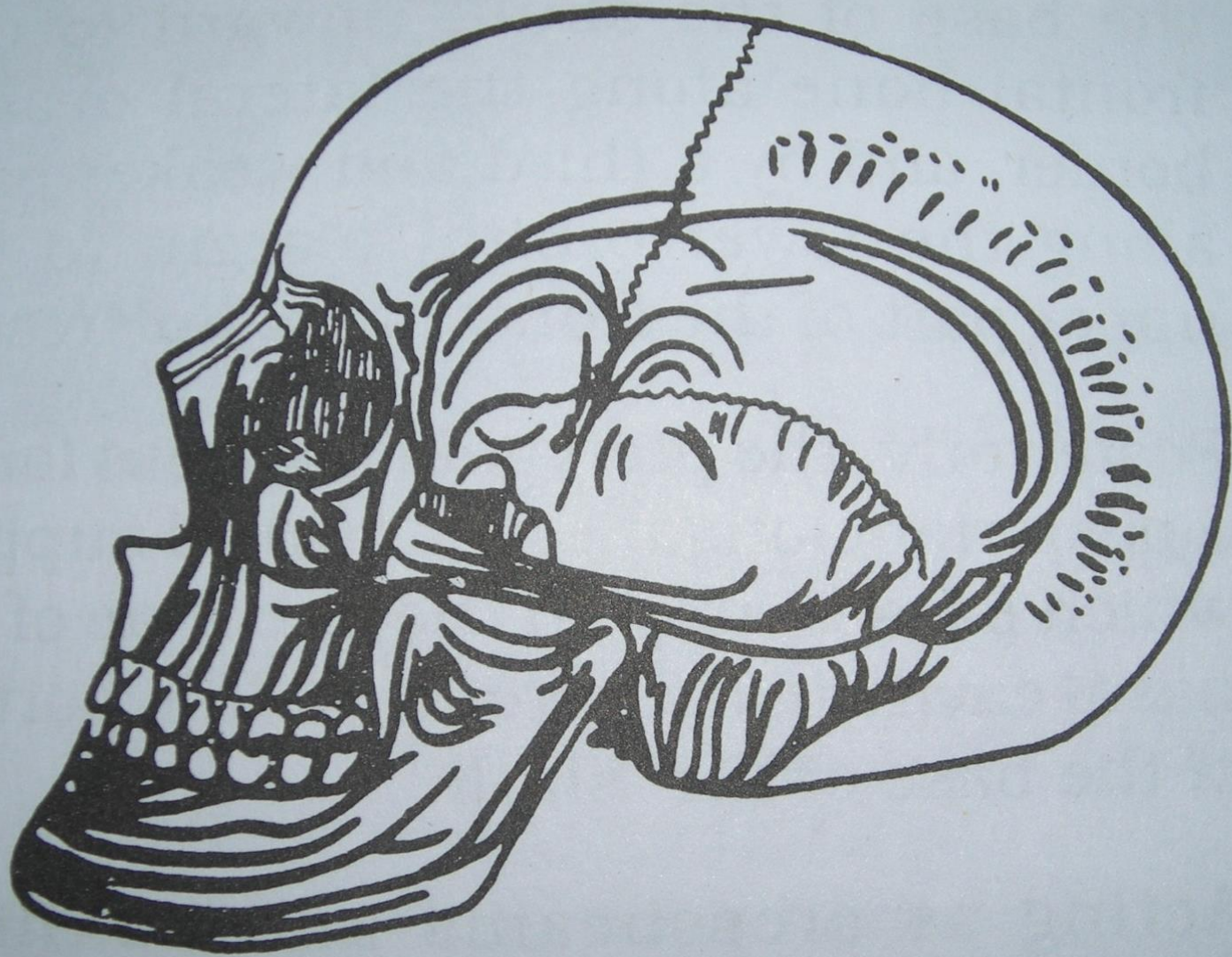


**Fig. 5.20 THE ANTERIOR COMPONENT OF FORCE**

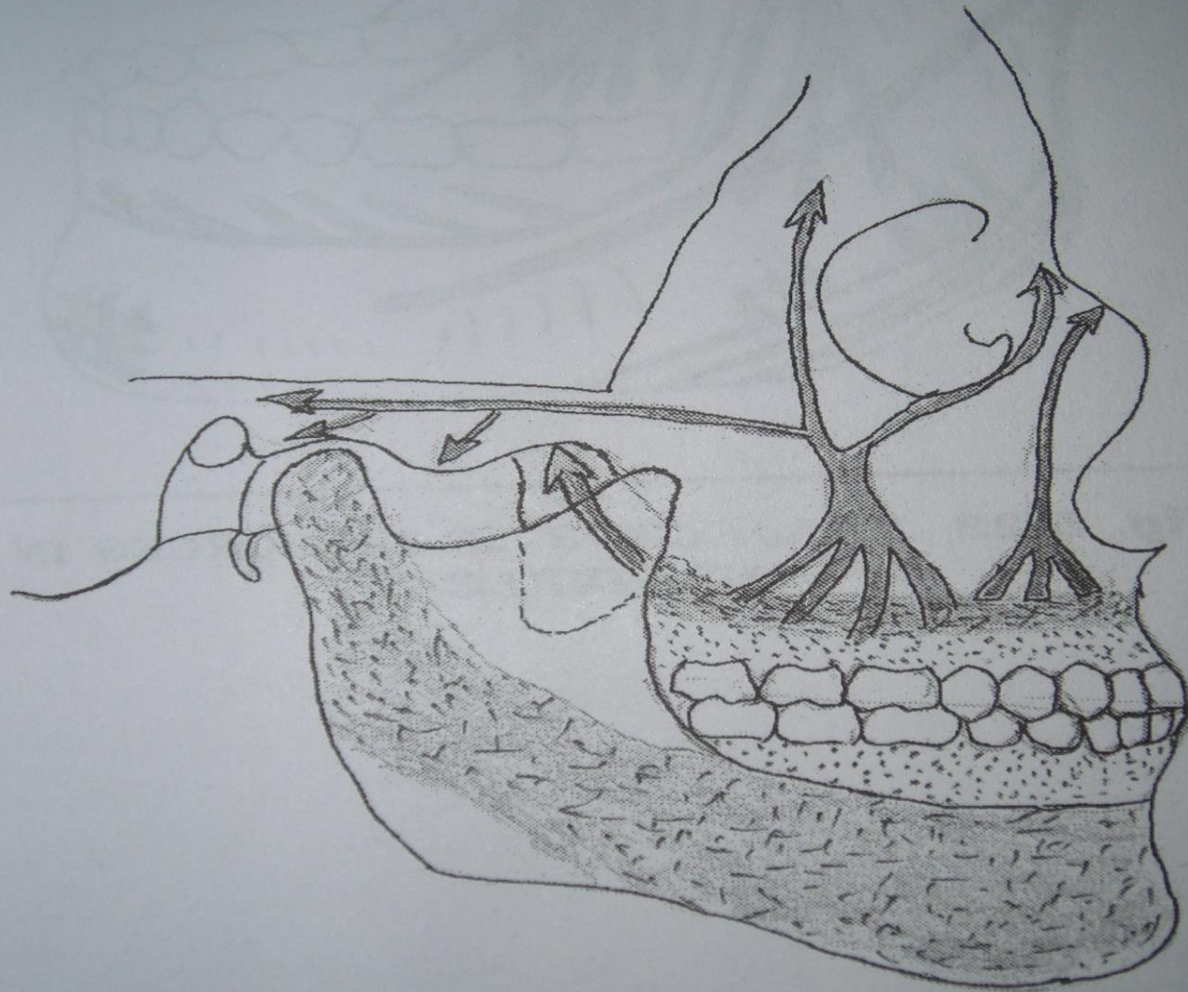
# TRAJECTORIES OF FORCES

In 1867, Benninghoff with the help of the mathematician propounded the Trajectorial theory of bone formation. He pointed out that the alignment of the bony trabeculae in the spongiosa followed definite engineering principles. If lines were oriented bony elements, these lines showed a remarkably similar structure to that of the trajectories seen in a crane.





**Fig. 5.21 TRAJECTORIES OF FORCES**



**Fig. 5.22 TRAJECTORIES OF FORCES IN  
MAXILLA**



# Developmental Disturbances Affecting The Teeth

## [A] Disturbances during initiation of Tooth Germ:

- 1) Ectodermal Dysplasia
- 2) Anodontia
- 3) Supernumerary & Supplemental teeth
- 4) Natal & Neonatal teeth
- 5) Predeciduous dentition
- 6) Post permanent teeth

## [B] Disturbances During Morph-Differentiation of Tooth Germs

- 1) Hutchinson's incisors
- 2) Mullberryus molars
- 3) Peg shaped laterals
- 4) Macrodonia
- 5) Microdonia
- 6) Dense in dente
- 7) Dens evaginatus
- 8) Gemination
- 9) Fusion
- 10) Dilaceration
- 11) Taurodontism

## [C] Disturbances During Apposition of Hard Tissue

- 1) Enamel Hypoplasia
- 2) Amelogenesis imperfecta
- 3) Dentinogenesis imperfecta
- 4) Dentinal dysplasia
- 5) Shell teeth
- 6) Odontodysplasia
- 7) Pigmentation of enamel & dentin
- 8) Cemental hypoplasia
- 9) Enamel pearls

[D] Disturbance during calcification of hard tissue

- 1) Enamel hypocalcification
- 2) Interglobular dentin

[E] Disturbance during eruption of teeth

- 1) Concrecence
- 2) Retarded eruption
- 3) Ankylosed teeth

# \*CONCLUSION\*

Development of dentition in humans is complex & depends on many variables. Development of dentition deviates markedly from that of other parts & structures of the body. Crowns of teeth are formed directly to adult size & housed within the jaws years before they emerge.

To determine an abnormal course of development, it is the responsibility of an orthodontist to have adequate knowledge on the subject to differentiate abnormal from normal before initiating therapy.