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Frenectomy Can Prevent Reopening of Diastema

Closing a maxillary midline diastema is a relatively simple procedure during orthodontic treatment. However, the diastema may reopen if the maxillary labial frenum is “abnormal.” According to Orthodontic Dialogue, most clinicians agree that certain conditions dictate whether the frenum is abnormal and thus likely to cause reopening of the diastema. One such condition is when the frenal attachment closely approximates the interdental margin and/or its point of insertion in palatally lingual to the incisors. A second condition is when the frenum attachment is wider than usual at its insertion point. Another condition is when the frenum and upper lip are stretched; there is movement and blanching of the interdental and/or palatal tissue. A fourth condition is the presence of an invagination of the interseptal bone between the central incisors, which can be determined by periapical radiograph.

The publication states that almost all authors agree that an abnormal maxillary frenum should not be excised until the space is closed orthodontically. There is little evidence that the diastema will close spontaneously due to a frenectomy alone, and removal of the frenum prior to closing the space carries the risk of scar tissue formation, which can slow later attempts to close the space. Proper frenectomy procedure greatly increases the long-term stability of an orthodontically closed maxillary mid line diastema, according to the publication .