

# > Severe Crowding

Is it possible to treat a severe crowding case as a non-extraction case?

**str8nerinva**

Member Since: 03/12/08  
Post: 1 of 6

**Introduction:**

Patient is 13 years old with severe crowding and virtually no space for U+L3's to erupt. Class I dental and skeletal. Incisors appear mild-mod upright. Could use some proclination. U+L arches may be a bit narrow with buccal segments tipped lingually, but not excessively.

Would love to treat this as non-extraction but this strikes me as really pushing the envelope. Yes, the incisors can be proclined and the arches can be expanded. But each arch has ~15mm of arch length deficiency. It can be done non-extraction. Should it? I am interested in seeing how others would treat this case. ■



12/12/2016

**Fenrisúlfr**

Member Since: 02/25/09  
Post: 2 of 6

RPE + 4 bicuspid extractions would be my recommendation. With that degree of crowding, incisor/lip position will not change. In fact, the incisors may still go forward. ■

12/12/2016

**str8nerinva**

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Post: 3 of 6

Would you extract U+L4's or 5's? 4's certainly a lot easier. 5's may enable a bit more advancement of anteriors but lots of involvement. ■

12/12/2016

**Fenrisúlfr**

Member Since: 02/25/09  
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I'd go with all 4's for the same reasons you mentioned. If the lower were not as severely crowded, I might have considered U4's/L5's. ■

12/12/2016

**charlestonbraces**

Member Since: 06/05/09  
Post: 5 of 6

I would do AW expansion (coordinated U/L SS AWs) in his case in lieu of an RPE. I think you could do 4's and be "sloppy" with the mechanics or 5's and be "on point" with your mechanics. I would err towards 4's because as we know, sometimes, patient compliance is not what it needs to be. I could blow extra space (with 4's) by keeping a 21/25SS in during final space closure. ■

12/12/2016

**str8nerinva**

Member Since: 03/12/08  
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I like ext U+L4's. Thanks Fen + Charleston for your input. ■

12/15/2016



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