Left/right asymmetries and open/closed differences of interdental forces in the mandible

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SUMMARY The aim of the present investigation was to study the variation in interdental forces between mandibular canines and lateral incisors of 19 volunteers (9 males and 10 females) aged 20–26 years for four configurations (mandible open/closed and left/right side). These forces were derived by pulling a stainless steel matrix strip between these teeth, six times per configuration, and registering the time variation with a high-resolution transducer. The repeated median smoothing algorithm was applied to find the maximum of each curve and a bootstrap method estimated the 95 per cent confidence intervals (CIs) for all 76 configurations.

Seventy-six per cent of all paired force differences were found to be significant. Asymmetry phenomena were observed: the interdental forces differed significantly between the left and right sides and also between the open and closed position of the mandible. The interdental forces (4–21 N) showed a pattern modulated by volunteer-specific features: in 91 per cent of the configurations, the interdental forces were larger when the mouth was open. This observed pattern contributes to the instability observed in clinical practice, thus necessitating permanent fixed lower retainer wear.

Introduction

Teeth experience forces not only during occlusion or biting. Forces exist between teeth at their contact points with their neighbours, so-called interdental forces (Southard et al., 1989, 1991; Southard, 1992; Shigenobu et al., 2007). These forces are not axial: the force direction is not along the root direction of the tooth. Research has been undertaken to assess how interdental forces vary with tooth position (Baydas et al., 2004), aetiology (Mochers et al., 2004), tooth width ratios (Bernabé et al., 2004), and asymmetries (Shigenobu et al., 2007). Until now, no study has addressed the issue of whether interdental forces differ when the mandible is in the open and closed position (Figure 1a). The aim of this study was to determine the interdental forces in the canine region of the mandible and to compare their magnitudes: whether they are the same when the mandible is open and when it is closed and whether they are statistically equal in the left and right canine region.

Subjects and methods

Nineteen healthy volunteers with no history of orthodontic treatment (9 males and 10 females) aged 20–26 years participated in this investigation after signing an informed consent (Austrian Medical Ethics Commission Form No. EK-Nr. 376/2008). All had complete healthy dentitions from second molar to second molar in both jaws. Before the measurements were made, all individuals brushed their teeth for 1 minute with single-use tooth brushes (Happy Morning®, Hager & Werken GmbH KG, Duisburg, Germany) and then gargled a 0.2 per cent solution of chlorhexidine (Chlorhexamed®, GlaxoSmithKline, Bühl, Germany) for 1 minute.

A stainless steel matrix strip (Dentaurum®, 0.05 mm thick, 7 mm wide; Lot No. 326738; J.P Winkelstroeter KG, Ispringen, Germany) was inserted between the left mandibular canine and lateral incisor. While the volunteer was sitting in an upright position with their jaws as wide open as possible, one author (EJ) pulled the strip out from between these teeth at a nearly constant speed. Pulling of the steel strip was repeated five more times and then six times with the jaws closed without biting. In both the open and the closed configurations, the volunteers were asked not to let their lips contact the strip. The procedure was then repeated between the same two teeth on the right side.

Between use, the matrix strip was sterilized in a glass-bead heater (STmini®, Hager & Werken GmbH) at 230°C for 20 seconds and then stored in a 96 per cent ethanol solution.

A stainless steel strip pulled between the canine and the lateral incisor results in friction that is proportional to the interdental force, viz.

\[ F_{\text{pull}} = 2 \mu F_{\text{interdental}} \]

where \( \mu \) is the coefficient of kinematic friction, estimated by Southard et al. (1989) to be 0.145 ± 0.02 [average ±
standard deviation (SD)]. Any differences in interdental forces between the canine and the lateral incisor (Figure 1b) are directly proportional to differences in pull on the strip. The force registered by the transducer as a (digitized) voltage signal was stored on a hard disk. Two readouts are shown in Figure 2a. Rather than using the maximum reading, a narrow window (width 5 ms) for repeated median smoothing until convergence was used to determine the maximum force. A QQ plot (Crawley, 2007) was used to determine outliers in each of the 76 configurations (19 volunteers × left/right × open/closed).

Interdental forces changed asymmetrically during closing. Figure 4 shows that the asymmetry of the interdental force differences is an important feature of mandibular kinematics. Of the 38 differences between jaw open and closed, 29 (76 per cent) were found to be significant at the 95 per cent CI (Figure 4). For 25 (86 per cent) of these 29, the interdental force was greater when the jaw was open. However, in the 11 paired differences (i.e. when the left and right differences have the same sign), 10 (91 per cent) mandibles had a greater interdental force when the jaw was open and only one (9 per cent) when the jaw was closed (Figure 4). For one mandible (5 per cent), the interdental force increased on the left side when the jaw opened and decreased on the other. For 11 mandibles, paired differences were observed (therefore, the mandible as a whole showed a behaviour that was larger than the fluctuations ascribable to individual teeth). Nine of these paired differences (82 per cent) had a larger left difference. For only two of the 19 volunteers (11 per cent), no difference between an open and closed position was observed (i.e. the CI overlapped), either on the left or on the right side. For the five mandibles in which only a difference on one side had a CI that did not overlap the median, four (80 per cent) had a greater interdental force when the mouth was open.

Discussion

Interdental forces in the canine region of the mandible were found to vary among individuals, between the open and closed position, and between the left and right side. These findings have not previously been reported and they raise a number of questions.

The difference in interdental force between the open and closed position implied that the mandible is non-rigid. Solar et al. (1994) investigated the biomechanical deformation of the mandible during opening and closing with a finite element model (FEM) and observed that the mandibular teeth assuming the existence of an underlying distribution that would otherwise be needed for conventional tests. The 95 per cent CIs estimated with the bootstrap method are graphed about the means. Whenever the resampling means of \( F_{\text{closed}} \) and \( F_{\text{open}} \) are unequal, the point lies above or below the (first) median; the difference between these two interdental forces is significant if the 95 per cent CI about these means do not overlap the (first) median.
moved approximately 0.14 mm between canine and lateral incisor because the bone is non-rigid. Their study attempted to distinguish between deformation of the mandible and subsequent tooth movement due to flexibility of the periodontal ligament without relating the directions of the movements to interdental forces and mandibular deformation. However, in their FEM, they could not determine any asymmetry as their methodology was not designed to identify this. A variation in anterior crowding is insufficient to explain why interdental forces vary between the open and closed mouth in such a consistent manner (Figure 3).

Southard et al. (1989) were the first to measure the interdental forces and define the anterior component of the occlusal force. The methodology used in the present study looked for indicators of mandibular deformation effects at the canine. In this region, interdental forces are neither anteriorly nor laterally directed. Any established base estimation of deformation would then be modulated by tooth movement of the incisors, which is of interest to orthodontists.

Left–right asymmetry in interdental forces arises because the human face is asymmetric. Lateral asymmetry in humans is a widespread phenomenon: shoe size, extremity length,
skull morphology, etc. (Schaefer et al., 2006). Facial skull asymmetry implies asymmetric musculature and, consequently, asymmetry of forces on the mandibular body leading to its asymmetric deformation. Measuring interdental forces on the left separately from on the right estimates their respective contributions to mandibular deformations and consequently cancels out the contributions of local tooth movements, as clarified below. In this study, bite forces were excluded, so as not to add other force components that would mask the effects quantified.

Anthropologists have observed fluctuating asymmetry—an inter-individual variation in lateral asymmetry of the mandible in a population (Schaefer et al., 2006). The variation of interdental force in the canine region could be due to a variation in dental crowding (Miethke, 2000; Acar et al., 2002). All changes indicate that mandibular deformations contribute to the instability observed in clinical practice. Head posture influences the relationship between mandibular position and the upper jaw (Proffit, 1992; Fuhrmann et al., 1998). A tendency to crowding has been attributed to late mandibular growth (Proffit, 1992). The present findings indicate that mandibular deformation due to opening and closing is also a contributing factor.

The implications for the practicing orthodontist are shown in Figure 3. Most obvious is the observation that the left and right sides of the mandible behave differently in many cases: a large percentage of the individuals have non-overlapping left and right CIs—many scores were not even close together. The lines connecting the right and left scores were often roughly parallel to the median; therefore, the change in interdental force, while different in the right and left canine region of the mandible, remained proportional. This proportionality is due to the overall geometry of the mandible, in particular its directional asymmetry (van Steenbergen and Nanda, 1995; Schaefer et al., 2006) as well as confirmation that the mandible deforms in its entirety.

The eliminated outliers are cases where the measurement was unsuccessful, such as a volunteer involuntarily moving while the strip was being pulled, etc. Because the measurements in the present investigation were made in vivo, not on plaster casts, as in the study of Acar et al. (2002), considerable fluctuations of friction between the enamel and the stainless steel were observed (Figure 2a). It is not clear why stainless steel is not smooth enough to ensure a less noisy registration curve, perhaps due to measuring the dynamic friction at a resolution of 1 ms. A device with a lower time resolution may not record the maximum pull without a significant noise estimate, as would be the case for spring dynamometers (Southard et al., 1989, Fuhrmann et al., 1998, Acar et al., 2002). It is therefore more expedient to use repeated median smoothing until convergence of the high-resolution transducer output. Repeated median smoothing until convergence is not based on any assumptions concerning the distribution of the fluctuations in the transducer signal and it is robust against outliers during the data run. Furthermore, sections from the same strip were used to eliminate possible variation in the coefficient of friction between strips.

This method and the statistical analysis showed remarkably consistent results (Figures 3 and 4): in 91 per cent of the cases the interdental force was significantly greater when the mandible was open. In particular, if the change in interdental forces showed the same sign on the left as on the right, then the deformation of the mandible must be a larger effect than any individual-specific root movement that may modulate the signal. A shortening of the dental arch when the mandible is closed occurs more frequently (Figure 4).

The interdental forces were large: 4–21 N. The numerical value of the coefficient of friction found by Southard et al. (1989), namely 0.145, implies that the measured friction is roughly 29 per cent of the interdental force. Interdental force asymmetries allow an estimation of mandibular deformations during mandibular movement. Indeed, the mandible deformations while the jaw opens/closes may contribute to changes in dental crowding in
regions not investigated in this study. Overall, the underlying causes for force asymmetries require more detailed explanations that can be found with further investigations. The putative causes not only deal with how the contact forces vary but also why. Because the mandible is not infinitely rigid, biomechanical explanations, such as outcomes of finite element analysis, would address the observed variations.

Tooth movement ascribable to mandibular deformation may imply the need for a lifelong retainer (Southard, 1992; Southard et al., 1992; Little, 2009). The present findings are insufficient to specify how to customize individual canine-to-canine retainers. As these forces are larger than the forces exerted by the appliances, then the interdental forces between all teeth of the dentition need to be measured when designing customized retainers. Further investigations should aim at translating the implications of these findings into applications in a dental clinic.

Conclusions
The following conclusions can be drawn from the results of this study:

1. Interdental forces vary when the mandible opens and closes. This force variation is ascribable to mandibular deformations.
2. Interdental forces were asymmetrically distributed: most were found to be larger on the left side.
3. Interdental force changed from the open to the closed mandible were rarely the same on the left and right sides.
4. The interdental forces almost always increased from the closed to the open position.
5. The interdental forces fluctuated asymmetrically within this study population.

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