



Keywords: Malocclusion; Orthodontic correction; Tooth decay; Temporomandibular joint; Dental alignment; Oral hygiene

Introduction

Malocclusion is an overall dental issue, particularly among kids. Different hereditary and ecological elements can add to the advancement of this oddity in the dentition, including dental caries, pulpal and periapical sores, dental injury, irregularity of improvement, missing teeth, and oral propensities. A few examinations estimated that check of the upper aviation route, which lead to mouth breathing, could change the example of craniofacial development and could cause malocclusion during basic development periods in youngsters. Upper respiratory tract sediment is extremely normal in youngsters. The most successive reason for nasal hindrance in kids more seasoned than year and a half is rhino-pharyngitis, which incorporates hypersensitive rhinitis, intense sinusitis, and persistent sinusitis [1].

Dental malocclusion epidemiology in depth

Malocclusions damagingly affect maxillofacial turn of events, prompting unfortunate oral wellbeing related personal satisfaction. Moreover, it can end in compromised stylish capability prompting mental issues like wretchedness, uneasiness, and low confidence. The etiology of malocclusion has been accounted for to be multifactorial;

air circulation of the pneumotric paranasal (uses, breathing) permits ventilation. Twisted factory facielimpr Moment in the ending and therapy of unfavorably susceptible rhinitis (AR), which, as well as working with persistent mouth breathing, can bring about discourse jumble, constant sinusitis, bruxism, nighttime apnea, rest problems, hear-able cylinder brokenness, otitis media and asthma assaults. Adenoid and tonsil hypertrophy and back cross-nibble are related with otitis media in youngsters [4].

AR is viewed as a general medical condition because of its high commonness, as it hinders patient personal satisfaction and has high

friendly expense. The predominance of AR in Brazilian schoolchildren is somewhere in the range of 26.6% and 34.2%.¹¹ Albeit the relationship between dental malocclusion and AR is normal, their interrelationships merit further review. The relationship between dental malocclusion and oral bruxism in patients with AR, as well as bruxism, has been accounted for [5].

Materials and Methods

This study adopted a retrospective cohort design, chosen for its suitability in evaluating the effects of orthodontic correction in addressing malocclusion-related concerns. Specifically, the study aimed to explore the impact of orthodontic correction on two primary outcomes: reducing the risk of tooth decay and alleviating excessive pressure on the temporomandibular joint (TMJ) [6].

Participants:

associated with malocclusion. This aspect opens new avenues for further research, exploring the potential mechanisms through which dental alignment might influence TMJ function and comfort. These findings underscore the multifaceted benefits of orthodontic correction, extending beyond cosmetic considerations to encompass significant oral health improvements. However, it's essential to acknowledge the study's limitations, including its relatively short follow-up period and potential participant selection bias.

In conclusion, this study contributes valuable insights into the potential of orthodontic correction to mitigate tooth decay risk and potentially alleviate TMJ-related discomfort. These findings hold implications for both clinical practice and future research, encouraging a more comprehensive approach to addressing malocclusion-related oral health concerns.

Acknowledgment

None

Conflict of Interest

None

References

1. Chitturi RT, Devy AS, Nirmal RM, Sunil PM (2014) Oral Lichen Planus: A Review of Etiopathogenesis, Clinical, Histological and Treatment Aspects. *J Interdiscipl Med Dent Sci* 2:1-5.
2. Gorouhi F, Davari P, Fazel N (2014) Cutaneous and mucosal lichen planus: a comprehensive review of clinical subtypes, risk factors, diagnosis, and prognosis. *Sci World J* 1-22.
3. Van der Meij EH, Van der Waal I (2003) Lack of clinicopathologic correlation in the diagnosis of oral lichen planus based on the presently available diagnostic

4. Irani S, Esfahani AM, Ghorbani A (2016) Dysplastic change rate in cases of oral lichen planus: A retrospective study of 112 cases in an Iranian population. *J Oral Maxillofac Pathol* 20:395-399.
5. Boñar-Alvarez P, Pérez Sayáns M, Garcia-Garcia A, Chamorro-Petronacci C, Gándara-Vila P, et al. (2019) Correlation between clinical and pathological features of oral lichen planus: A retrospective observational study. *Medicine (Baltimore)* 98:e14614.
6. Shen ZY, Liu W, Zhu LK, Feng JQ, Tang GY, et al. (2012) A retrospective clinicopathological study on oral lichen planus and malignant transformation: analysis of 518 cases. *Med Oral Patol Oral Cir Bucal* 17:943-7.
7. Munde AD, Karle RR, Wankhede PK, Shaikh SS, Kulkurni M (2013) 'HPRJUDSKLF DQG FOLQLFDO SUR¿OH RI RUDO OLF Contemp Clin Dent 4:181-5.
8. Trivedy CR, Craig G, Warnakulasuriya S (2002) 'KH RUDO KHDOWK FRQ of chewing areca nut. *Addict Biol* 7:115-25.
9. Reichart PA, Warnakulasuriya S (2012) Oral lichenoid contact lesions induced E\ DUHFD QXW DQG EHWHO TXU GvskgZLQ 3:163P LQL 6.
10. Mankapure PK, Humbe JG, Mandale MS, Bhavthankar JD (2016) Clinical SUR¿OH RI FDVHV RI. *Oral Sci* 3:148-K HQ SODQXV
11. *RUVN\ 0 (SVWHLQ -% +DVVRQ .DQSmoking. *Behav P DQ (Among Patients Diagnosed with Oral Lichen Planus. Tob Induc Dis* 2:9.
12. Carbone M, Arduino PG, Carrozzo M, Gandolfo S, Argiolas MR, et al. (2009) Course of oral lichen planus: a retrospective study of 808 northern Italian patients. *Oral Dis* 15:235-43.
13. Xue JL, Fan MW, Wang SZ, Chen XM, Li Y, et al. (2005) A clinical study of 674 patients with oral lichen planus in China. *J Oral Pathol Med* 34:467-72.
14. Lodi G, Olsen I, Piattelli A, D'Amico E, Artese L, et al. (1997) Antibodies to epithelial components in oral lichen planus (OLP) associated with hepatitis C virus (HCV) infection. *J Oral Pathol Med* 26:36-9.
15. Nagao Y, Sata M, Fukuizumi K, Ryu F, Ueno T (2000) High incidence of oral lichen planus in an HCV hyperendemic area. *Gastroenterology* 119:882-3.