

BCSO AGM Lecture

Title :

"Orthodontic Considerations in the Management of Compromised and Malformed First Permanent Molars"

Bio :

"Dr. Young Tze Kuah was born in Singapore but grew up in West Vancouver, BC. He received his DMD degree at the University of British Columbia in 1993. He completed his pediatric dentistry residency as well as a Masters of Dental Science Degree in 1996. Upon completion, he continued his studies at the Oregon Health Sciences University where he completed his orthodontic residency in 1998. He holds dual Fellowships from the Royal College of Dentists of Canada in Pediatric Dentistry and in Orthodontics. He is a Certified Specialist in Pediatric Dentistry and a Certified Specialist in Orthodontics in BC. He is also a Diplomate of the American Board of Pediatric Dentistry. In addition to full time private practice at Monarch Pediatric Dental and Orthodontic Centre, he is an Assistant Clinical Professor at UBC giving seminars to the pediatric dental and orthodontic graduate program."

Objectives:

"Pediatric Dentists often face the difficult problem of restoring compromised or hypoplastic first permanent molars in young, developing patients. In some situations, the question is whether to restore or extract. This session describes what happens after extraction, discusses factors that determine the extraction decision (including the importance of timing) as well as modern approaches to space management. Several clinical cases are described in detail from an orthodontic perspective."

After this lecture, one should be able to :

1. Define the different malformations and recognize the compromised nature of a first permanent molar when it occurs.
2. Discuss the factors that determine the extraction decision, including the different methods of restorations, the long term prognosis, and the cost / benefit of restoration vs. extraction.
3. Describe what happens after early and late extractions and recognize the importance of timing.
4. Demonstrate in clinical detail the extraction approach in Class I, II, III malocclusion cases as well as management of complications.

