Effect of low level laser therapy during Rapid Maxillary Expansion

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Introduction

Orthodontic tooth movement is the result of alveolar bone remodeling due to response to mechanical stimulus at the interface with periodontal ligament. Although Wolff’s law is generally considered to be a philosophical statement but states the effect that, over time, the mechanical load applied to living bone influences the structure of bone tissue. Bone remodeling can be categorized into two different types:1,2

1. External bone remodeling, in which the outer geometry of bone tissue adapts due to change in applied forces, while the material properties remain constant;
2. Internal bone remodeling in which internal structure of bone tissue remodels due to changes in applied forces, in fact, this type of bone remodeling is related to remodeling of spongy bone in which elasticity parameters of bone tissue change.

Sutures are considered as the growth sites of intramembranous bones3-6 in the craniofacial complex. Accordingly, it is fair to assume that if sutures were not present, craniofacial bones might grow only in thickness.

The tissues surrounding sutures, such as the dura mater7, have a significant effect on sutural patency and growth. Earlier studies have repeatedly confirmed that compressive forces applied across sutures reduce bone deposition and induce bone resorption, while tensional forces increase bone deposition. This response characteristic makes sutures important target areas for orthodontic: orthopedic appliances designed to control vertical and transverse growth of the maxilla, such as palatal expander and cervical, high-pull and protraction headgears.

The dramatic development of technology in the last decades offers a small but a powerful tool to be used in clinical trials, which is the Laser Beam. LLLT is
a type of laser that penetrates deeply into the tissue and affects the cells. This is due to its specific wavelength and low energy level. Treatment with laser therapy is not based on heat development but on photobiological and photochemical effects in cells and tissue. Discomforting pain is a burdensome side effect accompanying orthodontic treatment and/or orthopedic procedure due to force application for movement. Several studies showed an effective pain reduction after different dental treatments using LLLT. Also it has been shown that LLLT is an effective method to prompt bone repair and modeling after surgical procedures.

_Aim of the study_

_Our aim is to take advantage of the technological development, in order to increase the bone formation quality, accelerate the formation rate and therefore decreasing the relapse rate. Also, we hope to take our patients through a relatively short and happy orthodontic treatment journey, without a discomforting pain._

_Materials and Methods_

_Patient selection_

_Twenty patients of both genders participated in the research, and were distributed as following. All the patients and their legal guardians were informed of our intent to apply LLLT during orthodontic treatment and they approved to go through it (Consent)._ 

_Orthodontic Treatment_

_After thorough clinical examination, the following diagnostic tools were obtained for each patient:

1- X-rays
   _A_–Panoramic view.
   _B_–Lateral Cephalometric View.
   _C_–Antero-Posterior view.
   _D_–Upper maxillary CT scan with 3 mm sections thickness.
   _2_–Appropriate Photographs.
   _3_–Model cast.
   _In addition, the followings were taken at the end of the expansion period:_

1- X-rays
   _A_–Upper maxillary CT scan with 3 mm sections thickness.
   _B_–Antero-Posterior view
   _The treatment plan for these patient included Rapid maxillary expansion because of the presence of posterior crossbite or there was not enough space for a complete alignment._

_Graphs 2 & 3_ Bone density. 
_Graph 2_ The bone density at the opened suture site was higher in the lased group than control (non-lased) group. 
_Graph 3_ Bone density in the posterior region was higher than the anterior region in both groups. However it was higher in lased than non-lased group. 

_Graph 4_ Pain Study. 
The pain level was higher in the non-lased group throughout the entire treatment.
The appliance chosen was a Hyrax expander, McNamara type. The Hyrax expander was opened twice daily till we reached an overcorrection position (Figs. 1 & 2). After one week of achieving the required expansion, Hyrax was removed temporarily to allow taking the CT scan image without artifact effect of the metal (Figs. 3 & 4).

**Laser therapy protocol**

a- Selected locations for laser application:
1- Mid palatal Suture (9 J/cm²).
2- Intermaxillary suture (4 J/cm²).
3- Zygomaticomaxillary suture (2 J/cm²) per side.
b- The laser handpiece was held in contact with the tissues and sweeping movements were performed.

**Pain questionnaire**

At every visit (after 1 mm), every patient was asked about the pain experienced during this period and was recorded and ranked according to the following schedule (Table 1).

In order to study the statistical pain differences, the questionnaire was divided into three phases each phase for a duration of one week.

<table>
<thead>
<tr>
<th>Degree of Pain</th>
<th>Rank Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>No pain</td>
<td>0</td>
</tr>
<tr>
<td>Mild pain</td>
<td>1</td>
</tr>
<tr>
<td>Moderate pain</td>
<td>2</td>
</tr>
<tr>
<td>Severe pain</td>
<td>3</td>
</tr>
<tr>
<td>Intolerable pain</td>
<td>4</td>
</tr>
</tbody>
</table>

**Results**

Bone density study (Hounsfield unit).

**Discussion**

Orthodontic tooth movement involves both modeling and remodeling activity that is modulated by systemic factors such as nutrition, metabolic bone diseases, age and drug usage history.

According to several studies LLLT is an effective tool used to prompt bone repair and modeling post surgery. This is referred to the biostimulation effect of the LLLT.

This effect had been well studied in the medical field and proven to have an enhancing effect on fibroblast growth.

Tooth movement and/or orthopedic movement is dependent on a painful and inflammatory adaptation of the alveolar process.

To relieve such pain, several methods have been used. One of them is to use drugs (NSAIDs). Although these could be effective in relieving pain, they may also reduce the rate of tooth movement.

The biostimulation effect of the LLLT was also reported to be effective in reducing the pain arising from dental treatment procedures.

**Conclusion**

The (Ga-Al-As) low level laser used in this study is considered to be an effective tool during orthodontic treatment as:

- The rate of bone density raised significantly.
- The pain level reduced significantly.

*Editorial note: The literature list can be requested from the editorial office.*