Relapse of mandibular anterior crowding occurs in many well-treated cases, where they had bicuspid extraction, non-extraction treatment, third molar removal, non-removal or agenesis. Why? Is it related to (a) form and function, (b) tooth-mass issues, (c) occlusion, (d) temporo-mandibular relationship, (e) arch length discrepancy, (f) heredity, (g) oro-facial musculature, (h) intra-oral forces, (i) extraoral forces or (j) oral habits? Or is it a combination of all the above?

The literature is filled with quality research studies attempting to discover answers to why relapse occurs, and despite decades of research, lower anterior crowding is still unpredictable (Freitas, K., Freitas, M., Henriques, J., Pinzan, A., & Janion, G. (2004). Postretention relapse of mandibular anterior crowding in patients treated without mandibular pre- molar extraction. American Journal of Orthodontics and Dentofacial Orthopedics, 125, 480-487).


References