



Our locations

Greencross Woolloongabba, 14 Cleveland St, Stones Corner, QLD 4120
Deagon & Sandgate Vetwell, 80 Board St, QLD 4017

This Client Handout is to be used as a guide only.
It does not replace the importance of a full consultation and oral examination performed by our vet dental specialist, Dr. Will Basuki.

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Malocclusion Class 1

Linguoversion of the Lower Canine Teeth – “Base Narrow Canines”

About

One of the most common malocclusions found in dogs (and puppies!). In this malocclusion, the lower canines are “linguoverted” or directed towards the inside of the mouth instead of towards the outward direction.

These misaligned teeth will subsequently cause contact trauma to the roof of the mouth/palate and/or upper teeth which lead to oral pain, gum disease, and tissue ulceration. If left untreated, it can also penetrate the roof of the mouth creating an oronasal fistula – a connection between the nose and mouth.



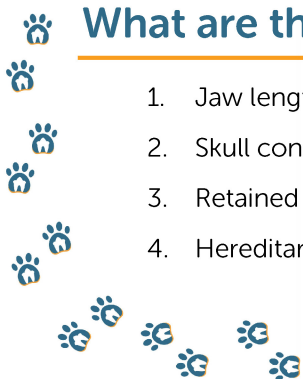
Classic appearance of “base narrow canines”.



The right lower canine tooth is severely linguoverted and has caused an “ornasal fistula” (right picture).

What are the causes?

1. Jaw length discrepancy (e.g., malocclusion class 2 or overbite).
2. Skull conformation in certain breeds (e.g., a narrow lower jaw).
3. Retained deciduous or baby lower canines.
4. Hereditary (we do not recommend breeding from any affected individuals).





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Treatment Options

In puppies (10-20 weeks old)

1. Surgical extractions of the baby/deciduous lower canines to prevent further trauma. We do not recommend any other treatment option, such as, crown height reduction.
2. Appropriate techniques and approaches are needed during the extraction as it can permanently damage the enamel of the developing tooth bud underneath the baby teeth.
3. It is likely that the adult teeth are also affected by the same malocclusion.



The deciduous (baby tooth) left mandibular canine on this 10-week-old puppy has caused a severe contact trauma on the roof of the mouth.

In young adults

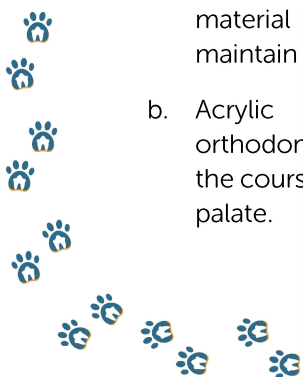
1. 5-5.5 months old – the adult lower canines are erupting. Checking the occlusion at the primary vet and/or referral to us is paramount to monitor the occlusion
 - a. Crown height extension with acrylic placement may be performed to guide the erupting lower canine teeth in the appropriate direction.
 - b. Gingivectomy/cutting the gum tissues on the upper jaw may also be done with or without the crown height extension
2. Minimum of 6 months old – surgical extractions of the adult lower canines. There is a risk of an iatrogenic jaw fracture if this procedure is not done carefully.
3. Minimum of 7-8 months old
 - a. Crown height reduction and vital pulp therapy: the lower canines will be reduced physically, and a biocompatible filling material (vital pulp therapy procedure) will be placed to maintain the vitality of the teeth.
 - b. Acrylic inclined plane: this procedure is aimed to orthodontically move the teeth to the outward direction over the course 6-8 weeks by temporary acrylic placement on the palate.



Crown extension on the left lower canine to guide the erupting tooth to the appropriate position.



Lower right canine tooth that has been reduced in height and received vital pulp therapy.





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Acrylic inclined plane to guide the lower canines to the appropriate position

In adult

The following treatments can still be performed (it is never too late!):

1. Surgical extractions
2. Crown height reduction with vital pulp therapy
3. Acrylic inclined plane

Your primary vet may diagnose a malocclusion in your pet's oral cavity and refer you to us.

During your consultation with the vet dental specialist, Dr. Will Basuki, your pet's malocclusion will be evaluated. Different treatment options will be discussed and you will be guided thoroughly upon choosing the most appropriate treatment as not every pet's condition is the same!

We do not recommend for this type of malocclusion to be left untreated.

