

Commentary

Which twin has the thrust?

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Which Twin Has The Thrust?

Dick Barrett

In keeping with the editorial at the beginning of this issue, some details are offered herewith concerning a girl who was recently examined. Taken alone, the pertinent aspects might have little significance. However, if this presentation stimulates other members to be alert for similar situations – and submit their findings – the compilation of data might result in helpful research information concerning the etiology of orofacial myofunctional problems.

One of the recurrent theories as to causation has been genetic: there are those who have attributed orofacial disorders solely to heredity. Some have suspected an incidental familial influence, while others have rejected hereditary determination entirely. The latter will rejoice over the case presented here.

At this writing, Sherry is 13 years of age, and has had her orthodontic appliance for 8 months. She has an older brother and an identical twin sister, Pamela. Records indicate that these girls are truly monozygotic twins, hatched from the same egg and thus possessing identical heredity. Yet Sherry displays a bilateral tongue thrust that had forced her mandible forward into an (Angle) Class III relationship and disrupted the normal postural development of her lips. Pam has no trace of such disorder.

In the photo of the twins (top, opposite page), taken shortly after Sherry entered orthodontic treatment, it can be seen that Pam, on the left, had high upper cuspids. As shown in Pam's recent intraoral photographs taken here, also on the left opposite, these are now settling into normal occlusion.

Sherry's upper cuspids erupted in a high posture identical to Pam's; however, Sherry's remain a bit elevated. Her intraoral pictures (right side of opposite page) indicate that her bands have succeeded in retruding the mandible somewhat, although her molars are still Class III. Treatment has also closed the bilateral spaces considerably, providing an oral environment more conducive to myofunctional correction. She is now engaged in this latter project.

It is interesting to note that Sherry's resting tongue, in contrast to Pam's, lies low in the mouth, barely confined within the dental arches, lurking in readiness for its bilateral excursion.



PAM

SHERRY

