Guest Editorial

Facial Asymmetry in Orthodontics

Rohit Kulshrestha¹,*

¹Dept. of Orthodontics and Dentofacial Orthopedics, Terna Dental College and Hospital, Navi Mumbai, Maharashtra, India

ARTICLE INFO

Article history:
Received 05-10-2020
Accepted 27-10-2020
Available online 18-11-2020

Symmetry may be defined as “equality or correspondence in form of parts distributed around a centre or an axis, at the two extremes or poles or on the two opposite sides of the body.” Clinically, symmetry can be taken as balance and significant asymmetry means imbalance. Humans, like most other animals, are considered to display bilateral symmetry. By strict definition, this implies that mirror image mathematical identity exists between right and left halves. Because of biological imperfection, some of which is inherent in the developmental process and some of which is caused by environmental disturbance, such symmetry is never encountered. Therefore, asymmetry within reasonable bounds cannot be considered an abnormal condition. However, what is considered to be within reasonable bounds is largely the result of subjective opinion because accepted objective standards do not exist by which a judgement of abnormality can be made.

Symmetry is both a conceptual and a perceptual notion associated with beauty-related judgments, even as it implies different things in a range of scholarly areas. In general, mammals have marked asymmetry as to the placement of viscera in the oral cavity. Man frequently experiences functional as well as morphologic asymmetry (e.g., right and left handedness as well as a preference for one eye or one leg). According to Dorland’s medical dictionary symmetry is defined as: “the similar arrangement in form and relationships of parts around a common axis or on each side of a plane of the body.”

Facial asymmetries are imbalances that occur between homologous parts of the face affecting the proportion of these parts to one another with regards to size, form and position on opposite sides of the plane, line or point. Asymmetries exist in orthodontics as well as non-orthodontic individuals. Asymmetry is characterized by a shift of the midline, a difference in facial height between sides, a difference in facial width between sides or a combination of two or more of these features.

Facial asymmetry, being a common phenomenon, was probably first observed by the artists of early Greek statuary who recorded what they found in nature – normal facial asymmetry. This may be the result of discrepancies either in the form of individual bones or a malposition of one or more bones in the craniofacial complex. The symmetry may also be limited to the overlying soft tissues. Macgregor defined disability as any condition which prevents one from performing the normal activities of daily living. Yet the inability of the facially disfigured to lead normal lives tends to be overlooked because they are ostensibly able-bodied, can work, and can physically accomplish the basic routines of daily living. Peck and Peck evaluated bilateral facial symmetry in 52 “exceptionally well-balanced” white adults and observed that there is less asymmetry and more dimensional stability as the cranium is approached. Significant facial asymmetry causes both functional as well as aesthetic problems. When patient complains of facial
though less severe, were stimuli for jokes or ridicule, the marred faces, repulsive to look at, or whose malformations, Macgregor pursued his investigations of patients with facial disfigurement as a category is omitted. The more and international conferences on disability or rehabilitation, the large group of persons in the society with cerebral palsy, and so on. The victims of such disabilities may even be seen or interviewed on television but never a cosmetic. In campaigns for the handicapped either to attract or forget, the psychological & sociological aspects of facial appearance. When F. C. Macgregor began his research on the psychological & sociological aspects of facial appearance, the large group of persons in the society with such deviations were in worse psychological shape, had more behavioural disorders, and were more maladjusted than those with the kinds of deformities that were distressing to look at or tended to elicit strong emotional reactions such as pity or revulsion.

The impact of a physical defect on an individual also will be strongly influenced by that person’s self-esteem. The result is that the same degree of anatomic abnormality can be merely a condition of no great consequence to one individual but a genuinely severe problem to another. It seems to be easier to cope with a defect if other people’s responses to it are consistent rather than if they are not. Unpredictable responses produce anxiety and can have strong deleterious effects. It seems clear that the major reason people seek treatment is to minimize psychosocial problems related to their facial appearance. But we should remember that these problems are not “just cosmetic” and can have a major effect on the quality of life. Facial asymmetry has a high co-relation with attractiveness. Even a slight asymmetry is quickly noticed by the human eye. Greater degrees of asymmetry are co-related with clinical depression, neurosis, inferiority complex, poor self-esteem, and general poor-quality-of-life health problems.

Author biography

Rohit Kulshrestha, Senior Lecturer

Cite this article: Kulshrestha R. Facial Asymmetry in Orthodontics. IP Indian J Orthod Dentofacial Res 2020;6(4):195-196.