



www.bioinformation.net  
Volume 21(2)



Research Article

Received February 1, 2025; Revised February 28, 2025; Accepted February 28, 2025, Published February 28, 2025

DOI: 10.6026/973206300210220

SJIF 2025 (Scientific Journal Impact Factor for 2025) = 8.478

2022 Impact Factor (2023 Clarivate Inc. release) is 1.9

**Declaration on Publication Ethics:**

The author's state that they adhere with COPE guidelines on publishing ethics as described elsewhere at <https://publicationethics.org/>. The authors also undertake that they are not associated with any other third party (governmental or non-governmental agencies) linking with any form of unethical issues connecting to this publication. The authors also declare that they are not withholding any information that is misleading to the publisher in regard to this article.

**Declaration on official E-mail:**

The corresponding author declares that lifetime official e-mail from their institution is not available for all authors

**License statement:**

This is an Open Access article which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly credited. This is distributed under the terms of the Creative Commons Attribution License

**Comments from readers:**

Articles published in BIOINFORMATION are open for relevant post publication comments and criticisms, which will be published immediately linking to the original article without open access charges. Comments should be concise, coherent and critical in less than 1000 words.

**Disclaimer:**

Bioinformation provides a platform for scholarly communication of data and information to create knowledge in the Biological/Biomedical domain after adequate peer/editorial reviews and editing entertaining revisions where required. The views and opinions expressed are those of the author(s) and do not reflect the views or opinions of Bioinformation and (or) its publisher Biomedical Informatics. Biomedical Informatics remains neutral and allows authors to specify their address and affiliation details including territory where required.

Edited by Vini Mehta

E-mail: [vinip.mehta@gmail.com](mailto:vinip.mehta@gmail.com)

Citation: Singh *et al.* Bioinformation 21(2): 220-224 (2025)

# Stress distribution during orthodontic maxillary canine retraction using 3D finite element analysis

Parul Singh<sup>1</sup>, Chinki Bansal<sup>1,\*</sup>, Gunjan Kaushik<sup>1</sup>, Utkarsh Shrivastava<sup>2</sup>, Kuldeep Singh<sup>3</sup> & Ramesh Kumar<sup>4</sup>

<sup>1</sup>Department of Orthodontics and Dentofacial Orthopaedics, Maharana Pratap College of Dentistry & Research Centre, Gwalior, Madhya Pradesh, India; <sup>2</sup>Private Consultant Orthodontist, US Dental Clinic, Chhatarpur, Madhya Pradesh, India; <sup>3</sup>Dental Officer, C.H.C. Barua Sagar, Jhansi, Uttar Pradesh, India; <sup>4</sup>Private Consultant Orthodontist, SAH Dental Clinic and Orthodontic Centre, Patna, Bihar, India; \*Corresponding author

**Affiliation URL:**

<http://www.mpct.org/dental-home.html>

<https://www.justdial.com/Chhatarpur/Dentists/nct-10156331>

<https://www.mappls.com/place-baruasagar+site+1-primary+health+centre+baruasagar-jhansi+in-jhansi+district-jhansi-barua+sagar-uttar+pradesh-284201>

[https://www.justdial.com/Patna/Sah-Dental-Clinic-And-Orthodontic-Centre-Near-Bypass-Road/0612PX612-X612-221014224809-V5T3\\_BZDET](https://www.justdial.com/Patna/Sah-Dental-Clinic-And-Orthodontic-Centre-Near-Bypass-Road/0612PX612-X612-221014224809-V5T3_BZDET)

#### Author contacts:

Parul Singh - E - mail: drparulsingh5@gmqil.com  
 Chinki Bansal - E - mail: dr.c.bansal26@gmail.com  
 Gunjan Kaushik - E - mail: kaushikgunjan495@gmail.com  
 Utkarsh Shrivastava - E - mail: utkarsh3345@gmail.com  
 Kuldeep Singh - E - mail: drkuldeeptomar@gmail.com  
 Ramesh Kumar - E - mail: rkrockkro@gmail.com

#### Abstract:

The stress distribution in the periodontium during maxillary canine retraction between the forces applied at canine orthodontic bracket and at power arm using 3D finite element analysis (FEA). 3D FEA for power arm, archwire, orthodontic bracket and periodontium was built independently using the ANSYS software. Maximum stress areas in periodontium was after 150 gm force application at power arm soldered to canine bracket at 13 mm and minimum stress area in periodontium was with force application at canine bracket hook. Maximum principle stress (tension side) and minimum principle stress (compression side) observed in the periodontium at power arm soldered to canine bracket at 9mm and minimum at canine bracket hook.

**Keywords:** Maxillary canine retraction, stress distribution, periodontium, orthodontic

#### Background:

Application of an optimum force on a tooth in orthodontics produces stresses and strains in the periodontium [1 - 3]. As a result, a doctor needs to comprehend the periodontium's distribution of stresses and application of force mechanism. Tooth movements arise from a biological reaction triggered by pressure in the periodontal ligament, which causes alveolar bone resorption and deposition [4 - 6]. An 8:1 up to 10:1 moment to force proportion is necessary for the bodily motion of a tooth. Additionally, it was noted that a tooth is said to be translated when all of its points advance in a parallel, linear fashion according to the path of force [7 - 9]. The authors noted that according to the interaction between the force's trajectory of action and the tooth's center of resistance (CR), forces imparted to a tooth can cause translation movement, rotation movement, or a combination of translation movement and rotation movement [10-12]. Many different bracket compositions and strategies have been created and updated since the initial introduction of the Andrews straight wire apparatus [13-15]. In sliding orthodontic mechanics, ideal retraction pressures can be provided anywhere on the vertical plane by a power limb that propels the teeth in an already programmed trajectory to achieve physiological movement, but in closing looping mechanics, triggered loop pressures would only function at the bracket position [11-14]. Because vertical position of retraction pressures may be easily modified by connecting different lengths of power limbs to an arch wire, sliding orthodontic mechanics provide a chance to optimize the system of forces required for physiological shifting of teeth [15-17]. Some researchers examined the teeth's natural movement using power limbs attached with hooks positioned at precisely the same position as the centre of resistance [15-17]. In orthodontic study findings, the skeletal as well as dental

reactions to mechanical stresses have been examined FEA [10-13]. Because of its intricate three-dimensional structure, this approach provides the best means of accurately modeling the teeth as well as periodontium [11-14]. Periodontal strains brought on by orthodontic treatment have been the subject of some research. FEA has frequently been used for assessing these stresses [10-13]. A popular scientific tool for determining strains as well as stresses in intricate structures, FEA is also used extensively in clinical studies. Splitting a complicated framework into smaller, simpler parts known as elements is the foundation of FEA concept [9-12]. In order to explain their physical reaction to an external force or movement, these elements are assigned parameters like the Young's modulus. Nodes connect all of the separate physical components to create a coherent mesh. Computer-solved numerical approaches can be used to calculate the stress-strain behaviour of each constituent under a load [13-15]. Therefore, it is of interest to evaluate and compare the stress distribution in the periodontium during maxillary canine retraction between the force applied at the level of canine bracket and at the level of power arm using 3-D finite element analysis.

#### Methods and Materials:

Thirteen male and twenty-two female patients who underwent orthodontic therapy involving retraction of both canine in maxillary arch were included in this study. Their average age was  $19.21 \pm 9.14$  years. FEA approach was used to determine the CR of both canines of maxillary arch for each patient. Customized segmental T-loops specific for every patient were used to randomly assign one canine of maxillary arch to receive translation (TR) orthodontic movement and another canine of maxilla to controlled tilting (CT) orthodontic

movement. The closing pressure exerted by the T-loop was about 150cN.

#### Finite element study:

##### Three-dimensional finite element model:

The maxillary arch and mandibular arch were captured on a CBCT scan. The CBCT was extracted from a continuing research investigation. The maxillary CBCT image was used to build a 3D geometric representation of the teeth of maxilla, maxillary arch, and associated structures. The maxillary teeth's measurements were uniform. The CBCT picture has been submitted to software meant for editing and processing 3D image after being stored as DICOM format. The subdomains are referred to as the elements, while the tooth itself is referred to as a continuum or domain. Discretization is the term for this technique. The components could come in different shapes and be 1-, 2- or 3-dimensional. The elements must only be connected at the crucial locations, known as nodes, and must not overlap [2-3]. Meshing is the process of combining items at the node level and removing duplicate nodes. The ANSYS program was used to create the elements. The element's kind and form have an impact on how accurate the analysis is. Commercially known as SOLID 98, the element variety is a hexahedral polynomial element. These elements feature three degrees of freedom at each node, twenty nodes, and quadratic response on deflection. There are 95,611 nodes and 22,784 elements in the mesh of the model of right canine of maxilla. The 3D finite model was created using Solid Works Software from "Dassault Systems Solid Works Corporation" (Waltham, MA 02451, USA). The same program was used to create separate 3D FEMs for the power arm, archwire, bracket and periodontium. It transpired that the PDL's thickness was consistent at 0.2 mm. a maxillary first-premolar extraction situation present bilaterally with 12 teeth built using a 0.017 x 0.025 stainless steel archwire placed in a 0.022 slot orthodontic bracket was the subject of the 3D FEM model. E-chain place at canine bracket hook to maxillary first molar tube hooks. Two models were constructed with e-chain placed at power arm height 9 mm and 13 mm soldered to mesial wing to canine bracket and power arm soldered on molar tube hook distally at 5 mm and 9 mm respectively. Ansys Software from ANSYS Inc was used for Finite Element Analysis. 3D model was directly imported into the Ansys Software. The materials properties of each material were defined in the Ansys software. In order to emulate the model's constraints and stop it from moving freely, boundary limits were established. To prevent the tooth from moving freely, the nodes that are connected to the bone's outer layer are locked in every direction. By using the subsequent DOF (degree of freedom), the three-dimensional representation was constrained. The 3D FEM, symmetrical boundary circumstances and fixed supports were used, with fixed support placed at the model's base. The 3D finite model 0.17 x 0.025 SS archwire inserted in 0.022 slot bracket. Force application of 150 grams (1.47 N) through

elastomeric chain place at canine bracket hook to maxillary first molar tube hook and elastomeric chain placed at power arm soldered to mesial wing to canine bracket and power arm soldered on molar tube hook distally. It was estimated that the coefficient of friction that existed between archwire and orthodontic bracket slots was 0.2. A three-dimensional finite element algorithm was used to conduct three-dimensional FEA under these circumstances.

##### Statistical analysis:

All data was entered in MS excel sheet. SPSS version 23 was used for statistical analysis. Student -t test was used statistical analysis.  $p \leq 0.05$  was considered to be statistically significant

##### Results:

The stress areas in periodontium associated with force application at canine bracket hook level was approximately 35%, at power arm soldered to canine bracket at 9 mm level was approximately 60-65% and at power arm soldered to canine bracket at 13 mm level was 100%. The findings were significant statistically with maximum stress areas in periodontium was associated with force application at power arm soldered to canine bracket at 13 mm level and minimum stress area in periodontium was associated with force application at canine bracket hook level (**Table 1**). Maximum principle stress (tension side) observed in the periodontium after application of 150 grams of force at canine bracket hook level was  $2.7 \times 10^{-3}$  MPa. Similarly, at power arm attached to orthodontic canine bracket at 9mm level was  $8.5 \times 10^{-2}$ MPa, at power arm attached to orthodontic canine bracket at 13 mm level was  $6.4 \times 10^{-1}$ Mpa. The findings were significant statistically with maximum principle stress (tension side) observed in the periodontium at power arm soldered to canine bracket at 9mm level and minimum at canine bracket hook level (**Table 2**). Minimum principle stress (compression side) observed in the periodontium after application of 150 grams of force at canine bracket hook level was  $2.6 \times 10^{-2}$  MPa, at power arm attached to canine orthodontic bracket at 9mm level was  $7.8 \times 10^{-3}$ MPa, at power arm attached to canine orthodontic bracket, at power arm attached to canine orthodontic bracket at 13 mm level was  $5.7 \times 10^{-2}$ Mpa. The findings were significant statistically with minimum principle stress (compression side) observed in the periodontium at power arm at 9mm level and minimum at canine bracket hook level (**Table 3**). Von Misses stress observed in the periodontium after application of 150 grams of force at canine bracket hook level was  $7.7 \times 10^{-3}$  MPa, at power arm fixed to canine orthodontic bracket at 9mm level was  $2.1 \times 10^{-3}$ MPa, at power arm fixed to canine bracket at power arm soldered to canine orthodontic bracket at 13 mm level was  $1.6 \times 10^{-3}$  Mpa. The findings were significant statistically with Von Misses stress observed in the periodontium at power arm fixed to canine orthodontic bracket at 9 mm level and minimum at canine bracket hook level (**Table 4**).

**Table 1:** Stress areas in the periodontium observed in the periodontium after application of 150 grams of force at different heights of the power arm

Force application at canine bracket hook level	Force application at power arm attached to orthodontic canine	Force application at power arm attached to orthodontic canine
--	---	---

		bracket at 9mm level	bracket at 13 mm level
Stress areas in the periodontium	Approx 35 %	Approx 60-65%	100%
t value	0.986		
df	5		
P value	0.001*		

\*Statistically significant

**Table 2:** Maximum principle stress (tension side) observed in the periodontium after application of 150 grams of force at different heights of the power arm

	Force application at canine bracket hook level	Force application at power arm attached to orthodontic canine bracket at 9mm level	Force application at power arm attached to orthodontic canine bracket at 13 mm level
Maximum principle stress(tension side)	$2.7 \times 10^{-3}$ MPa	$8.5 \times 10^{-2}$ MPa	$6.4 \times 10^{-1}$ Mpa
t value	0.986		
df	5		
P value	0.001		

**Table 3:** Minimum principle stress (compression side) observed in the periodontium after application of 150 grams of force at different heights of the power arm

Stress values in Periodontium (mpa)	Force application at canine bracket hook level	Force application at power arm attached to canine orthodontic bracket at 9mm level	Force application at power arm attached to canine orthodontic bracket at 13 mm level
Minimum principle stress (compression side)	$2.6 \times 10^{-2}$ MPa	$7.8 \times 10^{-3}$ MPa	$5.7 \times 10^{-2}$ Mpa
t value		0.853	
df		8	
P value	0.001*		

\*statistically significant

**Table 4:** Von Misses stress observed in the periodontium after application of 150 grams of force at different heights of the power arm

	Force application at canine bracket hook level	Force application at power arm attached to canine orthodontic bracket at 9mm level	Force application at power arm attached to canine orthodontic bracket at 13 mm level
Von Misses stress	$7.7 \times 10^{-3}$ MPa	$2.1 \times 10^{-3}$ MPa	$1.6 \times 10^{-3}$ Mpa
t value		0.963	
df		5	
P value	0.001*		

\*statistically significant

**Discussion:**

Alveolar bone resorption and deposition are the results of a biological response to pressure in the periodontal ligament that causes tooth movements [14 - 16]. Furthermore, it was mentioned that when all of a tooth's points move in a parallel, linear pattern in accordance with the force path, the tooth is considered to be translated [17 - 19]. The authors pointed out that forces applied to a tooth can result in translation movement, rotation movement, or a mix of translation and rotation movement, depending on how the force's trajectory of action interacts with the tooth's CR' [20 - 22]. Sliding orthodontic mechanics offer an opportunity to optimize the system of forces needed for physiological movement of teeth since it is simple to adjust the vertical location of retraction pressures by attaching varying lengths of power limbs to an arch wire [15 - 18]. Using bonded power arms with hooks positioned at the same height as the centre of resistance, several researchers watched how the teeth moved naturally [21 - 23]. The findings of our study are in agreement with other studies showing difference in stress distribution in the periodontium during Maxillary Canine retraction between the forces applied at the level of canine bracket and at the level of power arm using 3-D FEA [21 - 25]. In line with our study, other literature also showed maximum stress areas in periodontium which was associated with force application at power arm soldered to canine bracket at 13 mm

level and minimum stress area in periodontium was associated with force application at canine bracket hook level [22 - 23]. In orthodontic research, the skeletal and dental reactions to mechanical forces have been examined using finite element analysis. Because of its intricate three-dimensional geometry, this approach provides the best means of accurately modelling the teeth and periodontium [19 - 20].

Periodontal strains brought on by orthodontic loading have been the subject of some research. To find these stresses, FEA has been utilized extensively. FEA is a widely used scientific method for figuring out stresses and strains in complex structures. It is also widely utilized in clinical research. The FEA approach is based on breaking down a complex framework into smaller, more manageable components called elements [20 - 23]. These elements are given parameters, such as the Young's modulus, to describe their physical response to an external force or movement. All of the disparate physical elements are joined by nodes to form a cohesive mesh. The stress-strain behaviour of each component under load can be determined using computer-solved numerical techniques. In orthodontics, the periodontium experiences stresses and strains when an ideal force is applied to a tooth [11 - 13]. Therefore, a physician must understand the force mechanism and stress distribution in the periodontium [24 - 25]. The findings of our study have similarity with the findings

of other studies [20 - 25]. It was observed that there was difference in Von Misses stress at the position of canine bracket and at the position of power arm using 3-D FEA [18 - 23]. The authors noted that according to the interaction between the force's trajectory of action and the tooth's center of resistance (CR), forces imparted to a tooth can cause translation movement, rotation movement, or a combination of translation movement and rotation movement [10 - 12]. Many different bracket compositions and strategies have been created and updated since the initial introduction of the Andrews straight wire apparatus [17-19]. In sliding orthodontic mechanics, ideal retraction pressures can be provided anywhere on the vertical plane by a power limb that propels the teeth in an already programmed trajectory to achieve physiological movement, but in closing looping mechanics, triggered loop pressures would only function at the bracket position [19 - 21]. Some researchers examined the teeth's natural movement using power limbs attached with hooks positioned at precisely the same position as the CR [11 - 14].

#### Conclusion:

Maximum stress areas in periodontium was associated with force application at power arm soldered to canine bracket at 13 mm level and minimum stress area in periodontium was associated with force application at canine bracket hook level. Maximum principle stress (tension side) and minimum principle stress (compression side) observed in the periodontium at power arm soldered to canine bracket at 9 mm level and minimum at canine bracket hook level.

#### References:

- [1] Cattaneo PM *et al. J Dent Res* 2005 **84**:428 [PMID: 15840778]
- [2] Dannan A. *J Indian Soc Periodontol.* 2010 **14**:66 [PMID: 20922083]
- [3] Cao T *et al. Am J Orthod Dentofacial Orthop.* 2015 **148**:805 [PMID: 26522041]
- [4] Abraha HM *et al. Front. Bioeng. Biotechnol.* 2019 **7**:1 [PMID: 31737614]
- [5] Ona M & Wakabayashi N. *J Dent Res.* 2006 **85**:1087 [PMID: 17122159]
- [6] Cobo J *et al. Am J Orthod Dentofacial Orthop.* 1996 **110**:256 [PMID: 8814025]
- [7] Provatidis CG. *Med. Eng. Phys.* 2000 **22**:359 [PMID: 11121769]
- [8] Pauwels R *et al. Dentomaxillofacial Radiol.* 2015 **44**: 20140238 [PMID: 25315442]
- [9] Yona S *et al. Heliyon.* 2024 **10**:e34175 [PMID: 39108874]
- [10] Likitmongkolsakul U *et al. Int. J. Dent.* 2018 **2018**:4927503 [PMID: 30245719]
- [11] Li Z *et al. Front. Pharmacol.* 2019 **10**:1263 [PMID: 31708784]
- [12] Hasegawa M *et al. Comput. Methods Biomech. Biomed. Eng.* 2016 **19**:474 [PMID: 26218656]
- [13] Gupta M *et al. J. Oral Biol. Craniofacial Res.* 2020 **10**:758 [PMID: 33117644]
- [14] Lee RJ *et al. Am. J. Orthod. DentofacialOrthop.* 2015 **147**:132 [PMID: 25533080]
- [15] Hemanth M *et al. J. Contemp. Dent. Pract.* 2015 **16**:819 [PMID: 26581463]
- [16] McCormack SW *et al. PLoS. One.* 2014 **9**: e102387 [PMID: 25036099]
- [17] Tanne K *et al. Br. J. Orthod.* 1998 **25**:109 [PMID: 9668993]
- [18] Van Schepdael A *et al. Biomech. Model. Mechanobiol.* 2013 **12**:249 [PMID: 22539046]
- [19] Field C *et al. Am. J. Orthod. DentofacialOrthop.* 2009 **135**:174 [PMID: 19201323]
- [20] Wu J *et al. Comput Methods Biomech. Biomed. Engin.* 2019 **22**:1294 [PMID: 31553278]
- [21] Ren Yet *et al. Angle Orthod.* 2003 **73**:86 [PMID: 12607860]
- [22] Lee BW. *J Dent Res.* 1965 **44**:1053 [PMID: 5213010]
- [23] Zeno KG *et al. Am. J. Orthod. DentofacialOrthop.* 2020 **157**:377 [PMID: 32115116]
- [24] Chen J *et al. J Biomech.* 2014 **47**:1689 [PMID: 24703301]
- [25] Jiang F *et al. OrthodCraniofac Res.* 2015 **18**:29 [PMID: 25865531]