

# Comparing the impact of slow and rapid maxillary expansion on the upper airway

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<b>Registration date</b> 09/11/2023	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 09/11/2023	<b>Condition category</b> Oral Health	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Transverse maxillary deficiency is a condition where the upper jaw (maxilla) is narrower than it should be. It is commonly observed in daily clinical practice, often accompanied by a narrowing of the nasal airway. Several methods have been used to expand the upper maxilla and treat this condition, including slow maxillary expansion with light force and rapid maxillary expansion. Several studies have highlighted the role of rapid maxillary expansion in increasing the size of the nasal cavity and improving respiratory airway volume. However, the role of slow maxillary expansion still requires further investigation and study to determine its effectiveness in achieving similar outcomes. Additional research is needed to explore the effects of slow maxillary expansion on the nasal airway and respiratory function.

### Who can participate?

Patients aged 8-11 years with transverse maxillary deficiency

### What does the study involve?

Patients are randomly allocated to slow maxillary expansion or rapid maxillary expansion. In the slow expansion group, the Hyrax expander is applied and activated twice a week. In the rapid expansion group, the Hyrax expander is applied and activated twice a day.

### What are the possible benefits and risks of participating?

The benefits include determining whether slow maxillary expansion has a similar effect on increasing respiratory airway volume as rapid maxillary expansion, which has more side effects. The potential risks are discomfort or pain during the process, gingival (gum) irritation, temporary speech changes, and root resorption.

### Where is the study run from?

Damascus University (Syria)

### When is the study starting and how long is it expected to run for?

June 2022 to May 2024

Who is funding the study?  
Damascus University (Syria)

Who is the main contact?  
Dr Mahmoud Alzarie, mahmoud.alzar3i@damascusuniversity.edu.sy

## Contact information

### Type(s)

Public, Scientific, Principal investigator

### Contact name

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## Additional identifiers

### Protocol serial number

2904

## Study information

### Scientific Title

In patients with maxillary transverse deficiency, what are the effects of slow maxillary expansion compared to rapid maxillary expansion on upper airways as measured by cone beam computed tomography?

### Study objectives

Null hypothesis:

There is no significant difference in the effects on upper airways, as measured by cone beam computed tomography (CBCT), between slow maxillary expansion and rapid maxillary expansion in patients with maxillary transverse deficiency.

Alternative hypothesis:

Slow maxillary expansion has different effects on upper airways compared to rapid maxillary expansion in patients with maxillary transverse deficiency, as measured by CBCT.

### Ethics approval required

Ethics approval required

### Ethics approval(s)

approved 06/06/2022, Scientific research and postgraduate studies council of Damascus University (-, Damascus, 80789, Syria; +963 (0)993303359; ap.srd@damascusuniversity.edu.sy), ref: 2904

## **Study design**

Randomized controlled trial

## **Primary study design**

Interventional

## **Study type(s)**

Treatment

## **Health condition(s) or problem(s) studied**

Transverse maxillary deficiency

## **Interventions**

Patients are randomly selected using a simple manual method, where each patient was asked to draw an envelope containing either Model 1 or Model 2, and then write their name on the envelope they selected, keeping it sealed and hidden from the researcher to ensure unbiased distribution. Based on this, the distribution was as follows:

In 1: Slow maxillary expansion group.

In 2: Rapid maxillary expansion group.

In the slow expansion group, the Hyrax expander is applied, and the expander is activated twice a week.

In the rapid expansion group, the Hyrax expander is applied, and the expander is activated twice a day.

The treatment duration is 6 months with no follow-up.

## **Intervention Type**

Procedure/Surgery

## **Primary outcome(s)**

Changes in the upper airways measured using CBCT at T0 before applying device and at T1 after applying the device for 6 months

## **Key secondary outcome(s)**

The following distances were measured perpendicular to CorPL and SrPL at T0 (before applying the device) and T1 (after applying the device for 6 months)

### **Skeletal measurements**

1. Anterior maxillary expansion: RPyP-LPyP
2. Posterior maxillary expansion: RPaFoP-LPaFoP
3. Pterygoid expansion: PtR-PtL

### **Dentoalveolar measurements :**

1. Molar expansion: at the molar cusp, CR-CL; at palatal root apex, AR-AL
2. Molar tipping: the difference between (AR-AL) and (CR-CL)

## Abbreviations:

RPyP: Right piriform point. The most lateral and caudal point of the nasal piriform aperture at the boundary with the palatal cortex. This landmark was primarily identified in coronal CT slices passing through the anterior edge of the nasopalatine foramen within the palatal cortex.

LPyP: Analogue to RPyP, left side.

RPaFoP: Right palatine foramen point. The most posterior point of the right greater palatine foramen in the maxilla within the palatal cortex.

LPaFoP: Analogue to RPaFOPr, left side.

PtR. Pterygoideous right. The most caudal point of the apex of the right pterygoid process of the sphenoid.

PtL. Pterygoideous left. Analogue to PtR, left side.

CR: Cuspid right. Mesio-palatal cusp tip of the right maxillary first molar.

CL: Cuspid left. Mesio-palatal cusp tip of the left maxillary first molar.

AR: Apex right. The apex of the palatal root of the right maxillary first molar.

AL: Apex left. The apex of the palatal root of the left maxillary first molar.

SrPL: Sagittal reference plane: The sagittal CT slice passing through the middle point of the segment OVpR-OVpL

CORPL: Coronal reference plane: The plane passing through OVpR-OVpL the oval point right and left (OVPr/OVPl)

## Completion date

15/05/2024

## Eligibility

### Key inclusion criteria

1. Patients aged 8-11 years
2. Maxillary transverse constriction

### Participant type(s)

Patient

### Healthy volunteers allowed

No

### Age group

Child

### Lower age limit

8 years

### Upper age limit

11 years

### Sex

All

### Key exclusion criteria

1. Patients with systemic diseases or craniofacial syndromes
2. Patients with poor oral health
3. Patients with dental crossbite

**Date of first enrolment**

18/07/2022

**Date of final enrolment**

15/10/2023

## Locations

**Countries of recruitment**

Syria

**Study participating centre**

Damascus University

Syria

80789

## Sponsor information

**Organisation**

Damascus University

**ROR**

<https://ror.org/03m098d13>

## Funder(s)

**Funder type**

University/education

**Funder Name**

Damascus University

**Alternative Name(s)**

University of Damascus, , DU

**Funding Body Type**

Government organisation

**Funding Body Subtype**

Universities (academic only)

**Location**

Syria

## **Results and Publications**

**Individual participant data (IPD) sharing plan**

The datasets generated and analyzed during the current study during this study will be included in the subsequent results publication.

**IPD sharing plan summary**

Published as a supplement to the results publication