

<b>Student Number:</b>	000
DATE:	1/1/21
Patient Initials:	AS
Chief Complaint:	Wishes better aligned front teeth Wishes better bite
AGE:	21
Med Hx:	NAD
Dent Hx:	NAD
Other Relevant Hx:	Patient has difficulty in breathing and snoring

**EXTRA ORAL:**

Skeletal Base:	Class II
Lower Facial Height:	Increased
Mandibular Plane:	Increased
Lip Competence:	Incompetent
Lip Length:	Increased
Upper incisal show (rest):	Full incisor
Upper gingival show (smile):	3mm
TMD Signs/Symptoms:	No pain, no mobility, no clicking, no deviation on opening, no restriction on movements.

**INTRA ORAL:**

**TEETH PRESENT:**

	n	n	n	n	n	n	n	n	n	n	n	n	n	n	
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
	n	n	n	n	n	n	n	n	n	n	n	n	n	n	

CARIOUS/RESTORED/PERIODONTALLY AFFECTED/ NORMAL (C/R/P/N)

**LOWER LABIAL SEGMENT:**

INCLINATION:	Proclined	
CROWDING:	6mm crowding	
CANINE TIP:	R: Distal	L: Distal

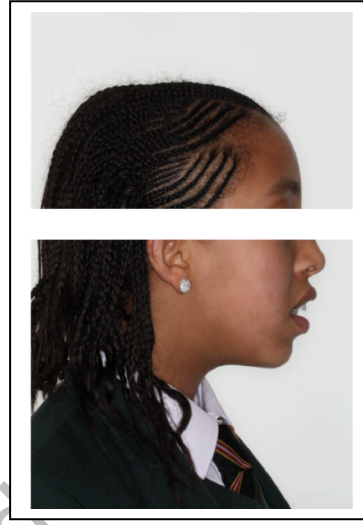
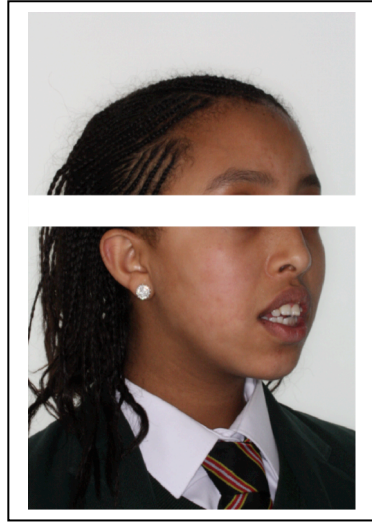
**UPPER LABIAL SEGMENT:**

INCLINATION:	Proclined	
CROWDING:	4mm crowding	
CANINE TIP:	R: Mesial	L: Distal

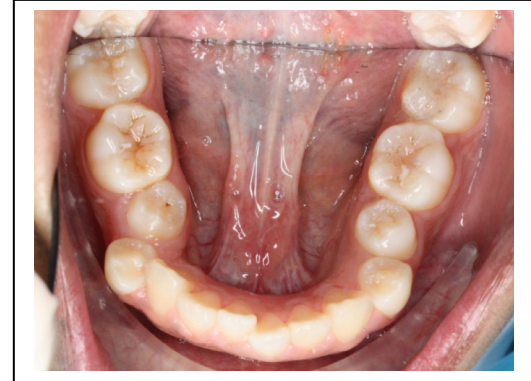
**OCCLUSION:**

INC CLASS/OJ/OB:	2 div 1	7mm	-3mm
CANINE CLASS:	L: Class II half unit		R: 1
MOLAR CLASS:	L: Class III quarter unit		R: 1
OPEN BITE:	Yes 3mm		
CROSS BITE:	Yes - no displacements		
MIDLINE UPPER:	Confluent with facial midline		
MIDLINE LOWER:	Off to the right 2mm		
ANOMALIES:	Narrow palate with high arch, Omega shaped lower arch		

**CEPH/TACTICS**  
**PHOTOGRAPHS:**



**PLEASE ENSURE  
PICTURES ARE  
ANONYMOUS**



**SUMMARY:**

12 year old female patient with a Class II div I incisal relation on a moderate skeletal II base with increased vertical proportions complicated by;

- 1) increased OJ of 7mm
- 2) moderate upper and lower arch crowding
- 3) Anterior open bite extending from UL4 to UR4 of 3mm

**PROBLEM LIST:**

SKELETAL	
1)	High angle FMPA
2)	Increased Lower Facial Height
3)	Class II skeletal base
SOFT TISSUE	
1)	Incompetent lips
2)	Tongue thrust
DENTAL	
1)	Moderate crowding
2)	AOB

**AIMS:**

SKELETAL	
1)	Accept the Class II skeletal base
2)	Control the vertical growth to some degree
SOFT TISSUE	
1)	Attain lip competency
DENTAL	
1)	Alleviate crowding
2)	Attain Class I incisal relation
3)	Correct AOB

**DENTAL PANORAMIC TOMOGRAM:**



SKELETAL –	NAD
DENTAL –	NAD

**TREATMENT PLANS PROPOSED:**

- 1) No treatment – Prognosis: Poor, attrition as well
- 2) Upper & lower fixed appliances with head gear and extraction of upper 4s & lower 5s
- 3) Upper and lower fixed appliances with orthognathic surgery of maxilla

**Advised Treatment step by step procedure:**

Records required – Photographs, Models, OPG and Cephalogram

Any auxiliary dental/surgical procedures – Scale and polish

**If using Fixed Appliances:**

Ideal appliances –	Fixed appliances, MBT prescription 022 slot
Position of brackets –	Posterior brackets can be placed more occlusally
Bond 7s? –	Avoid in the early stages
Bite blocks –	Avoid
2 <sup>nd</sup> appointment –	Religate and align the anterior teeth
3 <sup>rd</sup> appointment –	Begin Piggy back to align the lateral incisors
Space closure/creation –	Extraction of upper 4s and lower 5s will allow for the space
Levelling procedures –	This will be attained by using stainless steel
Working arch wires –	18x25ss upper and 18x25ss lower

***If using Aligners:***

Which teeth not to move –	
Attachments upper posteriors –	
Attachments lower posteriors –	
Attachments upper anteriors –	
Attachments lower anteriors –	
Staging planned –	
IPR details –	
Inter arch elastics planned –	
Adjunctive procedures –	

***Expectations:***

AP correction –	Full correction possible
Vertical correction –	Difficult to attain perfect bite
Transverse correction –	Full correction possible
Space closure/creation –	All spaces from extractions will be closed
Finishing/refinements –	Gingivoplasty may be needed
Restorative procedures –	NIL
Est. Treatment Length –	18-24 months

**Retention Regimen:**

Main concerns –	Vertical growth pattern, return of mouth breathing
Retainers advised –	Upper and lower fixed and removable
Full time wear –	6 months
Part time wear –	After this
Concerns on cooperation –	Yes
Modifications on retention –	NIL

**Prognostics and Attention Points:**

Skeletal limitations –	After the age of 18 years, growth may stop, any loss of overbite can occur in this interim period.
Soft tissue limitations –	Increased gingival show is difficult to correct without surgery
Dental limitations –	NIL
Crowding alleviation –	Crowding alleviation will occur by the space created by the extracted units
Space closure –	Space closure mechanics using power chain and springs would be used
Antero-Posterior correction –	Overjet control can be corrected by light class II elastics
Vertical correction –	Anterior box elastics as well as posterior intrusion with head gear would be required here
Concerns on prognosis –	Yes
Other dental considerations –	Oral hygiene during treatment
Time constraints –	NIL
Morale –	As the treatment can extend over a longer period, morale needs to be monitored
Other –	NIL

**COMMENTS –**

- The patient can be reviewed by a sleep dentist as well as an ENT clinician prior to treatment.
- In the long term, possibility of gingivoplasty or Botulinum Toxin to reduce the gummy smile tendency.