

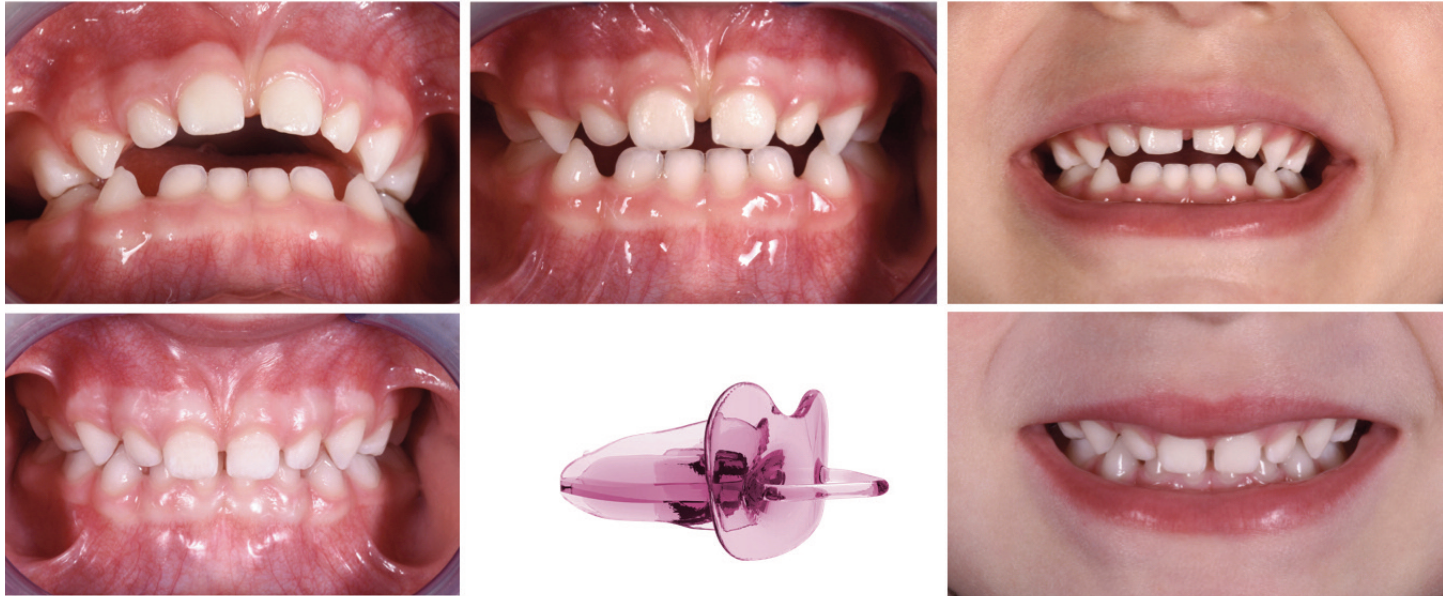
CASE REPORT_1

**DDS Filippo Cardarelli • Dentist
Specialist in Orthodontics**



Dott. Filippo Cardarelli - Graduated with honors in Dentistry and Dental Prosthetics at the University of Aquila. Specialized with honors in Orthodontics at the University of Milan. He attended numerous advanced courses in Italy and abroad. Author of publications in national and international journals. Author of a new functional orthodontic technique: Elastodontic Therapy[®]. Speaker in Italy and abroad. Private practice in Isernia, Milan, Chiasso (CH), where he deals exclusively with orthodontics and aesthetic dentistry and collaborates with Dr Lorenzo Vanini in the resolution of particularly complex orthodontics cases to be treated with Elastodontic Therapy[®].

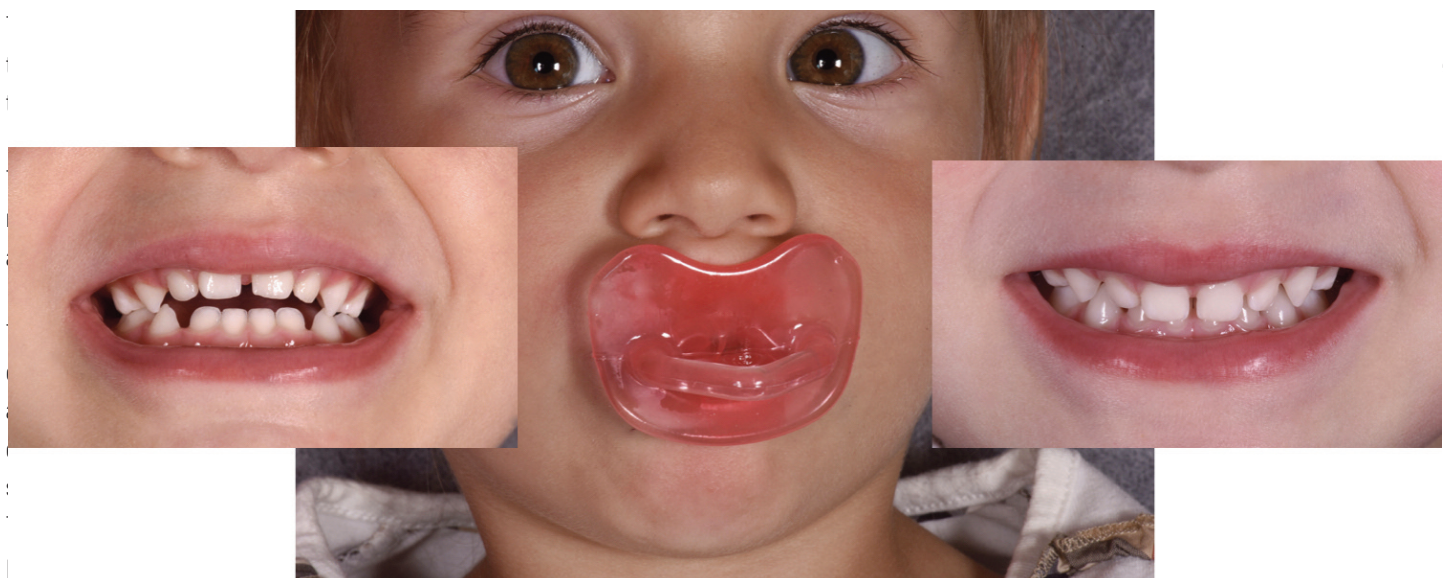
M.D.E. female, age 2, has an open bite anterior malocclusion, prolonged finger sucking, anterior bite, atypical swallowing, upper arch contraction.



Elastodontic therapy with A.M.C.O.P. devices is innovative because it gives the clinician the opportunity to treat functional malocclusions as soon as they appear in the first years of growth as the case in question. The aim of the work is to evaluate the importance of skeletal and dental changes induced by functional orthodontic therapy undertaken at an early age, during the most active stages of skeletal and dental growth with a new pacifier-shaped A.M.C.O.P. DC elastodontic device.

The therapy examined was performed at the age of 2 years with the use of the device exclusively at night, through the **A.M.C.O.P. DC** we saw how in just 5 months they had the resolution of the open bite and the right expansion of the upper arch; a liberating, stimulating and guiding effect was obtained, recreating a correct relationship between the arches, creating the premises for an ideal skeletal growth.

The therapeutic protocol demonstrates how the treatments must be precocious and it is therefore an absurdity to wait for the escape of the permanent teeth.



A very important factor to consider is the Timing in fact the best results are obtained precisely during the most active phases of skeletal growth and above all when the malocclusion still appears in a "miniaturized" version.

Materials and methods

Parents report difficulty in breathing and recurrent colds. The treatment plan involves the use of an A.M.C.O.P. DC pacifier-shaped elastodontic device, which does not require taking the impression and is ideal for patients of 2-3 years with obvious malocclusions. The particular device is carried passively every night and about 1 hour during the day for about 6 months in order to restore a bilateral molar and canine Class I relationship and the correct maxillary and mandibular development with the correction of open bite. Once the correction of the molar ratio is obtained, the closure of the anterior open bite the device will be taken by the patient for another 6 months in order to continue lingual re-education and stabilize the result obtained.

Results

The results obtained show the great importance of elastodontic therapy for the purpose of restoring normal occlusion in a very short time given the plasticity of skeletal structures at the age of 2 years. The A.M.C.O.P. DC device can be used effectively for malocclusion of I, II and III dental and skeletal classes, as long as there is sufficient skeletal growth in the same direction.

Early treatment of these malocclusions is of primary importance as it prevents the formation of irreversible or true and appropriate third-class bone atrophies and it is easier to obtain orthopedic effects when the sutures are in an active proliferation phase.

The optimal period to start therapy is before the eruption of permanent dental elements, as soon as malocclusion occurs and it is therefore very important to monitor the case, so as to be able to counteract any future skeletal alterations always with elastodontic devices in order to accompany the growth and drive eruption of permanent teeth.

Conclusions

Preventive orthodontics using elastodontic devices represents an important step forward in the field of orthodontics in the developmental age since it is able to solve most orthodontic problems by transforming many of these cases into ideal occlusions from an aesthetic and functional point of view. This case demonstrates how the correction of functional malocclusion, frequent in children at this age, is our first therapeutic goal



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