

## CASE REPORT\_2

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**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<sup>®</sup>. 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<sup>®</sup>.

**B. P, female, age 3, presents a malocclusion of class III skeletal, III molar class and canine Dx and Sx, anterior inverse bite.**



Orthopedic-orthodontic therapy in the first dentition plays a role of primary importance in the context of today's dentistry; its purpose is the removal of the factors considered responsible for dental malocclusions, the restoration of normal dento-skeletal growth thus making a correct and functional dental alignment possible.

The therapy involves the use of the **A.M.C.O.P. TC** which is an elastodontic device expressly dedicated to the treatment of Class III malocclusions in deciduous, mixed and permanent dentition, in an age between 3 and 12 years and therefore has the purpose of avoiding mandibular sliding and freeing the premaxilla to obtain a correct anterior ratio, thus creating a Class I occlusion such as to prevent overjet recurrence and overbite. Another function is to act by stimulating maxillary growth and inhibiting the mandibular growth, modifying the overjet; it is therefore a myofunctional regulator that tends to correctly rebalance the muscular forces: it rehabilitates the posture of the tongue, rehabilitates swallowing and stimulates proper breathing.

## Materials and methods

This type of malocclusion in parents is present in the family. The treatment plan involves the use of an A.M.C.O.P. TC elastodontic device, to be worn passively for 1 hour during the day and every night for the first 6 months and then for another 10 months only at night in order to restore a relationship bilateral I-class molar and canine and the correct maxillary advance and inhibit excessive mandibular growth. In a second step, the resolution of the skeletal problem is monitored with six-monthly visits so as to re-intervene should the problem arise again. Once the correction of the molar ratio is obtained, and the anterior one the device will be brought by the patient only during the night to stabilize the result obtained and guide the eruption of the permanent dental elements

## Results

The results obtained highlight 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 3 years. The A.M.C.O.P. TC device can be used effectively for dental and skeletal class III malocclusions, provided 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 growth and guide the 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 in to ideal occlusions from an aesthetic and functional point of view.



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