

CASE REPORT_3

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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[®]. 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[®].

R. G. female, 9 years of age, has malocclusion of the upper arch contraction type with slight SX cross bite and absence of space for the 12 and 22 eruption, mandibular contention with no space for 33-43, toothless dislocation, atypical swallowing.



The A.M.C.O.P. Bio-Activators they are the synthesis of all existing functional activators and are suitable for functional and personalized rehabilitation of the patient. They provide a broader and more correct view of the treatment, since the device acts as a harmonious growth of the dentocranio-facial system and stabilizes the result obtained. The A.M.C.O.P. are made with a thermoplastic material able to interact actively with the occlusion, the muscles of the tongue, the orbicular muscle but at the same time they are able to create a so-called elastodontic space which represents the ideal space between the musculature of the tongue (**germinating force**) and those of the lips (**centripetal force**) within which the displacement of the dental elements takes place; therefore it is not the device itself that determines the tooth movement but it is the balance that is established between the musculature of the lips and that of the tongue that creates a neutral space within which the dental elements themselves are positioned. The rehabilitative action of the Bio-Activator is reflected on the whole stomatognathic system: teeth, alveoli, masticatory muscles, TMJ, cheeks, lips, tongue, soft tissues, salivary glands, mandibular and maxillary bones, innervation and vascularization and therefore the dento system -craniofacial and cervico-postural. It therefore corrects spoiled habits and cranio-facial dysmorphisms, true causes of malocclusions.

Materials and methods

Parents report difficulty in breathing and recurring colds. The treatment plan involves the use of an AMCOP S Integral elastodontic device, which allows the correct development of the arches, their coordination and the correct lingual function. The device is worn every night in a passive way and about 1 hour during the day for about 8 months in order to restore a bilateral first class molar and canine relationship and the correct maxillary and mandibular development with the correction of the posterior cross bite and the creation of the correct space for the 12 and 22 eruptions. Once the correction of the molar ratio is obtained, the resolution of the cross bite and after the leakage of 12 and 22 the device will be brought by the patient for another 8 months or so to continue lingual re-education and stabilize the result obtained.

Results

The results obtained highlight the great importance of elastodontic therapy for the purpose of restoring normal occlusion very quickly, given the plasticity of skeletal structures during the peak of growth. The A.M.C.O.P. Integral device is also used as a neuromuscular re-educator in order to obtain a dental and at the same time muscular result so that the case remains stable over time. Early treatment of these malocclusions is of primary importance as it prevents the formation of skeletal and muscular pathologies 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, but in the case of 9-year-old patients it is still possible, given the skeletal growth in progress, to obtain skeletal and dental results at the same time, what changes with respect to a 2-year therapy is therapeutic speed and it is also necessary to analyze the lingual and / or postural component that are often associated with malocclusions.

Conclusions

Through the use of the A.M.C.O.P. it was possible to solve the skeletal and dental malocclusion, to restore the correct growth, to align the upper and lower median with an aesthetic but above all functional result since the muscles of the lips and those of the language contextually.



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