

## CASE REPORT\_4

**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®.

**D.E female, age 9.5, has a malocclusion of Class II skeletal, II Class molar and canine Dx and Sx, deep bite.**

**F148f** Lesame radiografico, soprattutto della laterografia latero-laterale, evidenzia un'importante iperlordosi cervicale con un'estensione del capo sul collo. L'osso ioide è probabilmente in basso e indietro. Questo protrusionismo del capo nel piano sagittale medio, oltre a un accentuato protrusionismo del piano di Frankofurte per spiegare la laterografia, spinge il paziente con il suo grado di mantenere una rotazione del capo cervicale. (per gentile concessione del Dr. Filippo Cardarelli).

**F148g** Da notare la riduzione degli spazi articolari tra C2, C3 e C4.

**F148n** L'ortopanoramografia eseguita a fine trattamento evidenzia un ottimo allineamento radicolare. Lo studio della laterografia latero-laterale mostra una normale lordosi cervicale e un osso ioide protrudono correttamente. La correzione posturale è stata ottenuta con il trattamento elastodontico, senza l'ausilio della trazione. (per gentile concessione del Dr. Filippo Cardarelli).

**Tabella Xivalori cefalometrici a inizio trattamento. Valori cefalometrici a inizio trattamento.**

VALORI CEFALOMETRICI A INIZIO TRATTAMENTO:	
ANB	5.91
Posizione del Mascellare	SNA 82.46
Posizione della Mandibola	SNB 78.54
Angolo Articolare	SArGo 137.88
Angolo Gonico	ArGoMe 128.81
Angolo incisivo inf°Corpo mandibolare	InfMand 90.72
Angolo incisivo Sup°Base Cranica Ant.	IsCran 53.15
Angolo Intercisivo	II 142.26

**Tabella Xivalori cefalometrici a fine trattamento. Alla fine della terapia si riceve un miglioramento della condizione scheletrica e dentale con un miglioramento di molti valori cefalometrici e risoluzione della II Classe.**

VALORI CEFALOMETRICI A FINE TRATTAMENTO:	
ANB	2.26
Posizione del Mascellare	SNA 78.72
Posizione della Mandibola	SNB 78.46
Angolo Articolare	SArGo 142.76
Angolo Gonico	ArGoMe 127.73
Angolo incisivo inf°Corpo mandibolare	InfMand 94.50
Angolo incisivo Sup°Base Cranica Ant.	IsCran 96.36
Angolo Intercisivo	II 131.55

**F148o2** Da notare la normalizzazione degli spazi articolari tra C2, C3 e C4.

Malocclusion is the cause of the periodontal problem at the rate of 41. Skeletal and dental malocclusion is also associated with the postural problem as evidenced by teleradiography which shows compression of the first cervical vertebrae with an increase in the cervical curve created by the posterior sliding of the mandible. The therapy through elastodontic devices allows the recovery of the vertical dimension and the restoration of the correct arch shapes; the duration of the therapy is about 18 months with restraint that always takes place with the same device for another 7-8 months. Currently 10 years after therapy, great occlusal stability is found. The resolution of the skeletal and dental malocclusion is associated with a clear recovery of the posture with consequent improvement of the cervical curve, as can be read in the final teleradiography. Once the correction of the molar ratio has been obtained, and the anterior fixture will be carried by the patient only during the night to stabilize the result obtained and guide the eruption of permanent dental elements.

## Materials and methods

Malocclusion is the cause of the periodontal problem at the rate of 41. Skeletal and dental malocclusion is also associated with the postural problem as evidenced by teleradiography which shows compression of the first cervical vertebrae with an increase in the cervical curve created by the posterior sliding of the mandible. The therapy through elastodontic devices allows the recovery of the vertical dimension and the restoration of the correct arch shapes; the duration of the therapy is about 18 months with restraint that always takes place with the same device for another 7-8 months. Currently 10 years after therapy, great occlusal stability is found. The resolution of the skeletal and dental malocclusion is associated with a clear recovery of the posture with consequent improvement of the cervical curve, as can be read in the final teleradiography. Once the correction of the molar ratio has been obtained, and the anterior fixture will be carried by the patient only during the night to stabilize the result obtained and guide the eruption of permanent dental elements.

## Results

The results obtained show the bilateral first molar and canine class and an excellent intercuspitation, the centering of the median line and of the frenuli. Elastodontic therapy was instrumental in resolving the second skeletal class as well as the excess of overbite and overjet.

The examination of the initial lateral-lateral teleradiography shows the cervical hyperlordosis with hyperextension of the head on the neck, the hyoid bone is positioned down and back, to note the reduction of the joint spaces C2 C3 C4.

The latero-lateral teradiography performed at the end of treatment shows a normal cervical lordosis and a correct position of the hyoid bone and therefore normalization of the articular spaces between C2 C3 C4

Correct posture was achieved with only elastodontic treatment.

## Conclusions

Preventive orthodontics using elastodontic devices therefore 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. Through the elastodontic devices it is possible to correct the malocclusions and at the same time solve the postural problems related to it.



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