Elastodontic Therapy with A.M.C.O.P.

CASE REPORT_4

DDS Filippo Cardarelli • Dentist
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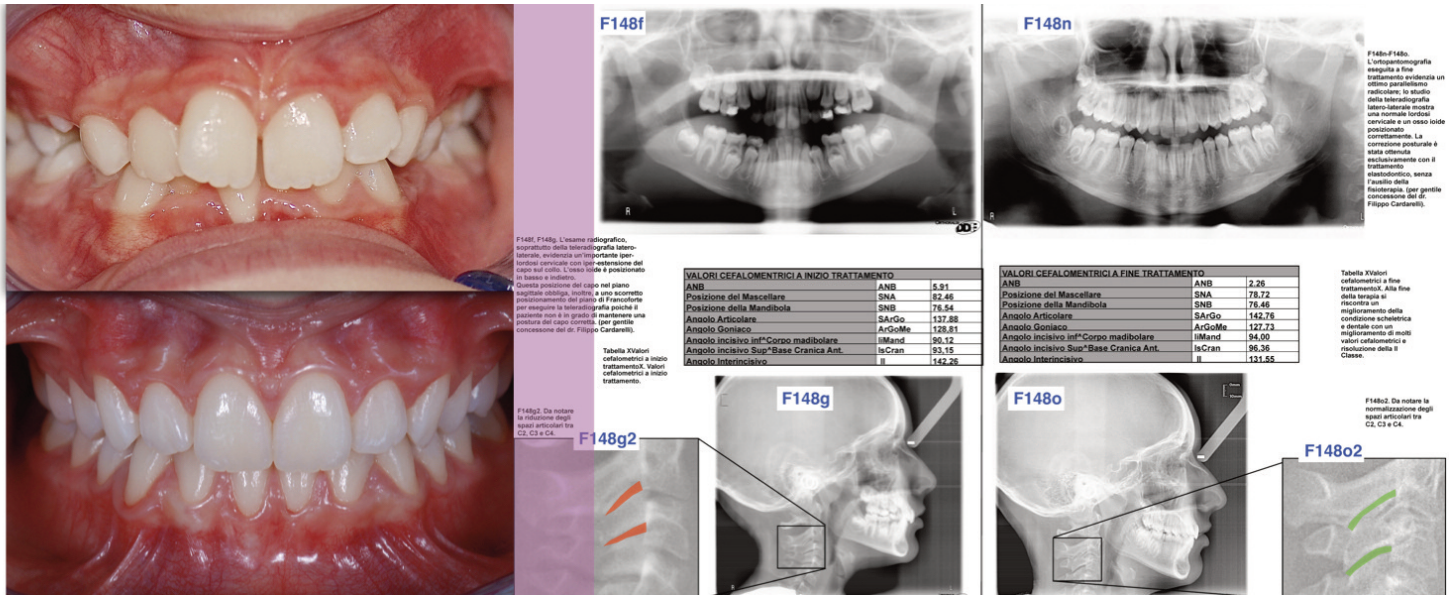
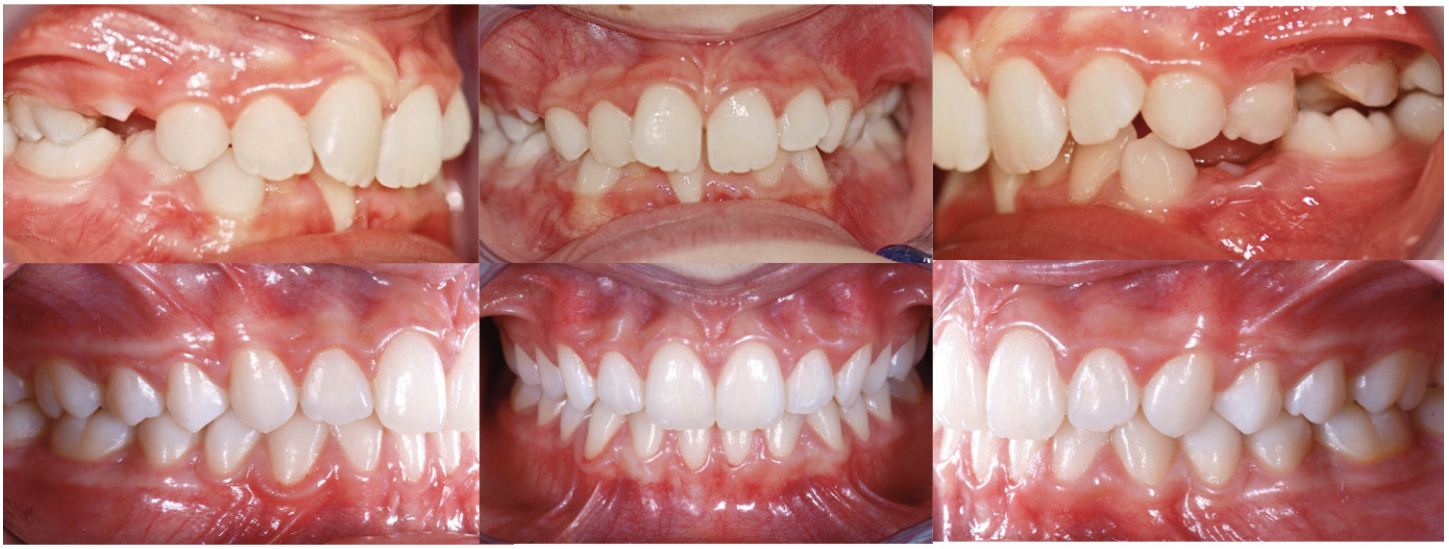
D.E female, age 9.5, has a malocclusion of Class II skeletal, II Class molar and canine Dx and Sx, deep bite.





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 intercuspidation, 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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