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# Open Bite

Vertical issues, including anterior open bite, are great challenges for orthodontists due to the considerable treatment difficulties and instability of the correction, depending on its severity, etiology. The early treatment of this malocclusion, during the primary or mixed dentition, usually provides the best results with the least relapse because the functional correction of the open bite in the early age could drastically reduce the use of further therapies with a great advantage for stability.

# I Class Open Bite

4-year-old patient, Class I dental open bite, prolonged sucking of the pacifier, short lingual frenulum. **The therapeutic sequence includes the following steps:**

- **Motivation**
- **Speech therapy**
- **Elastodontic therapy**

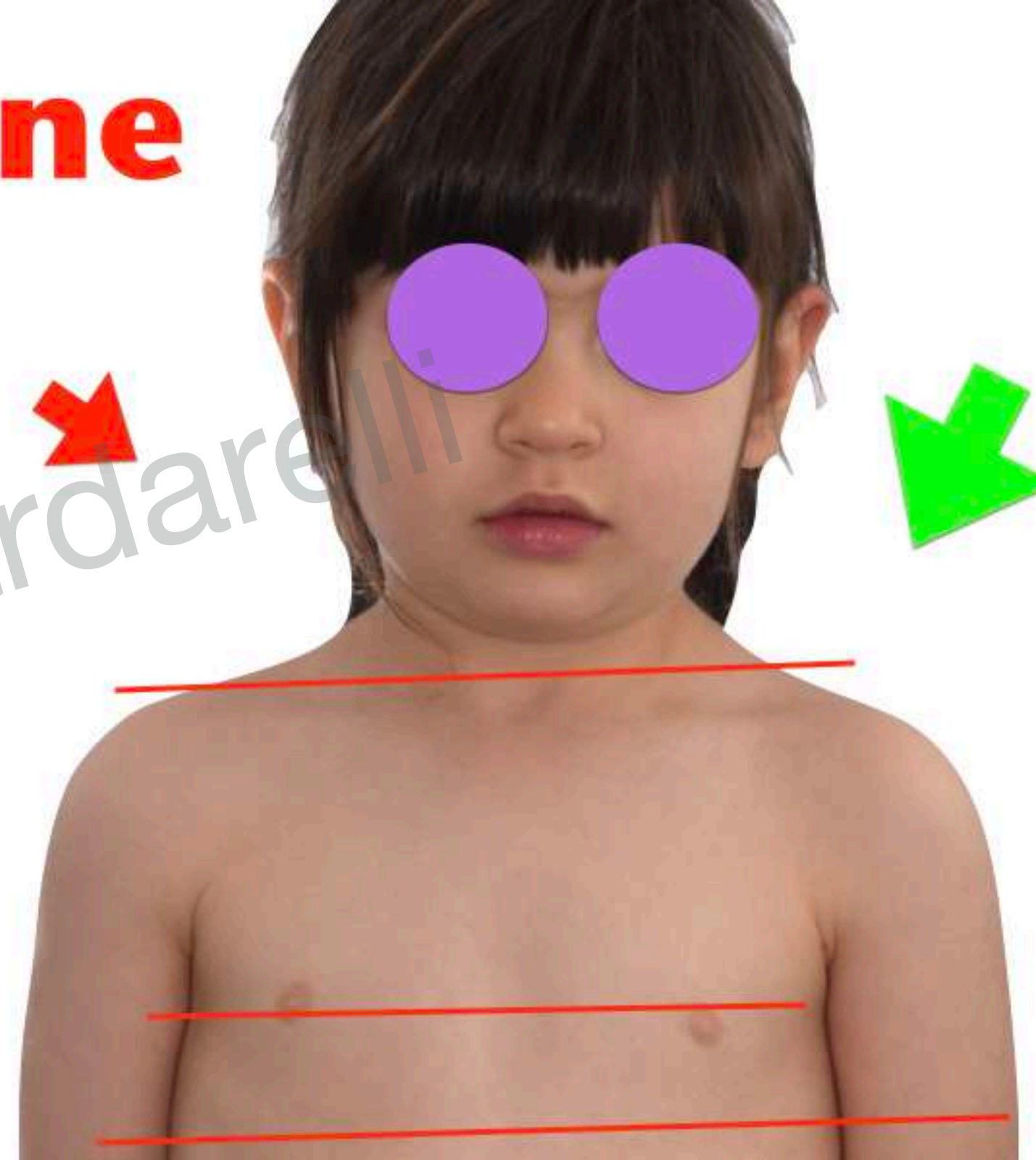




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# Postural Line



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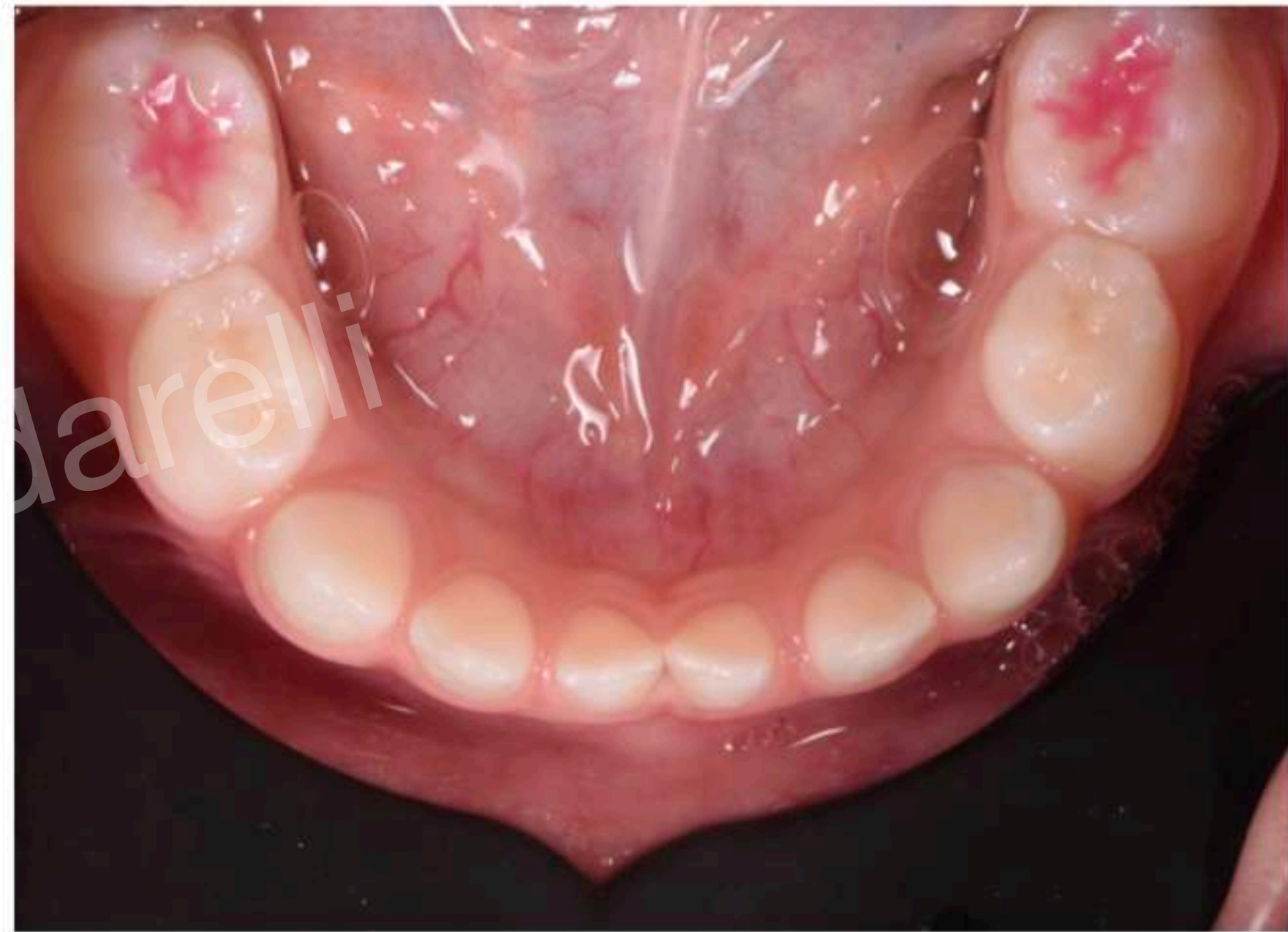
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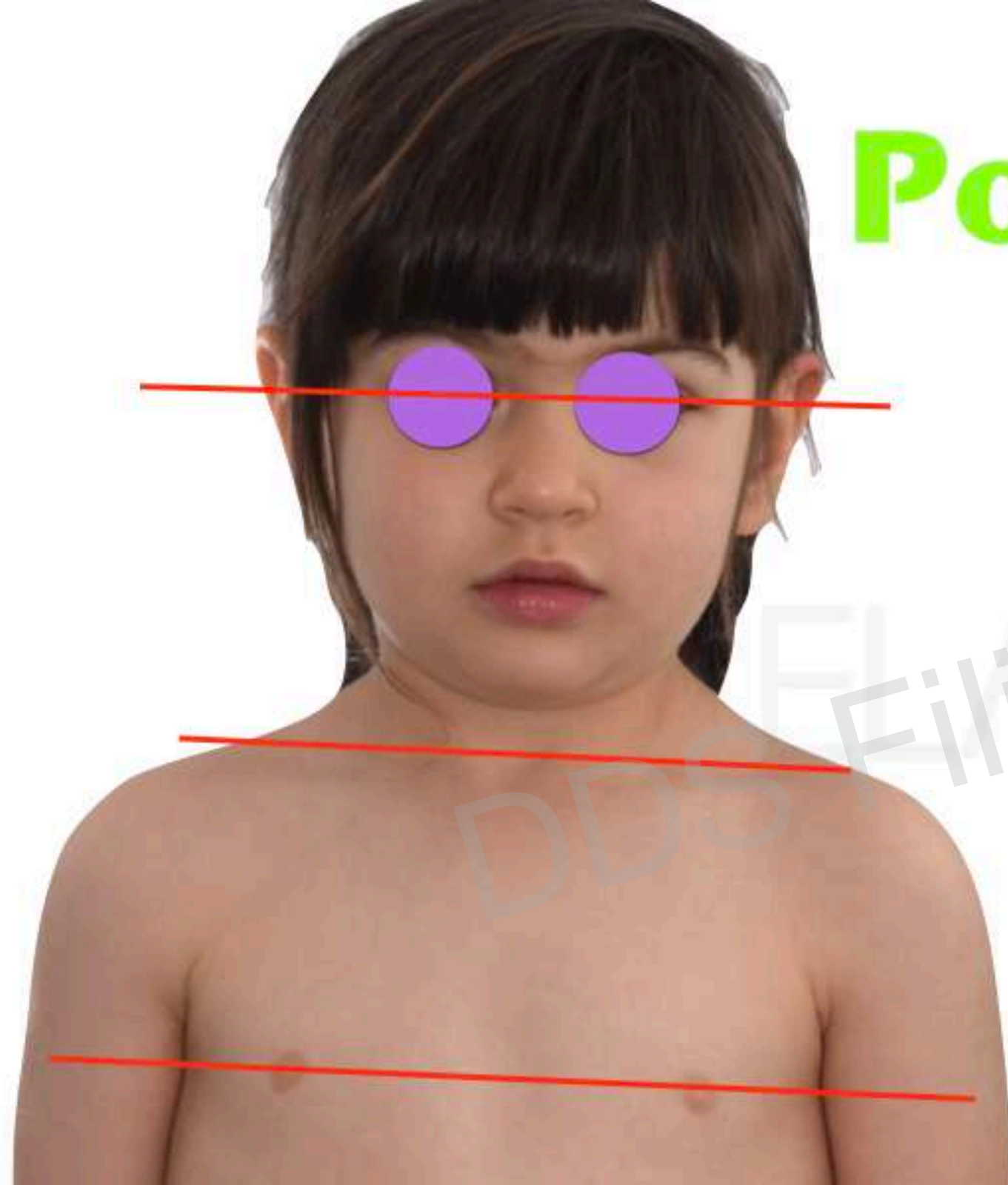




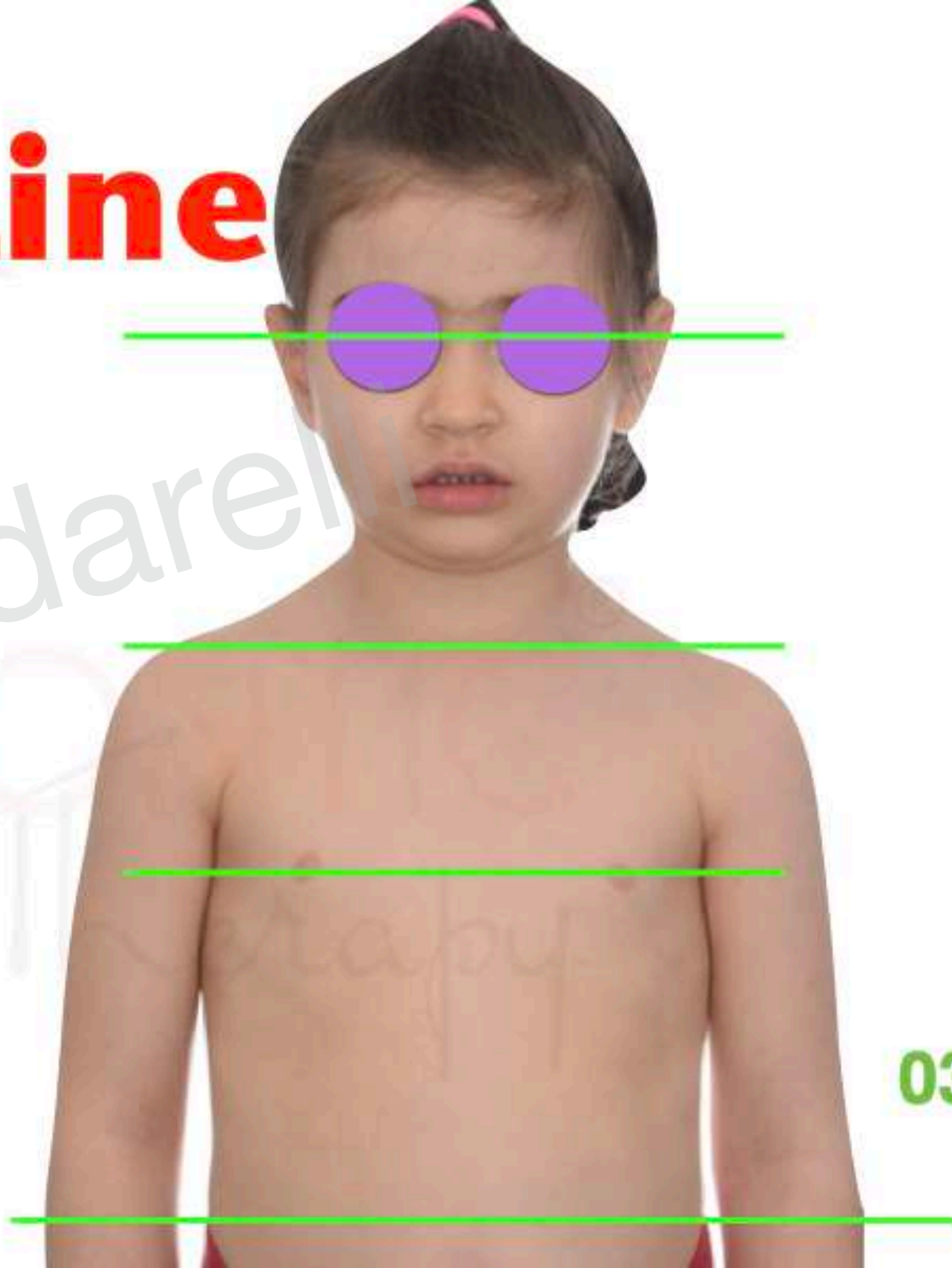
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# Postural Line



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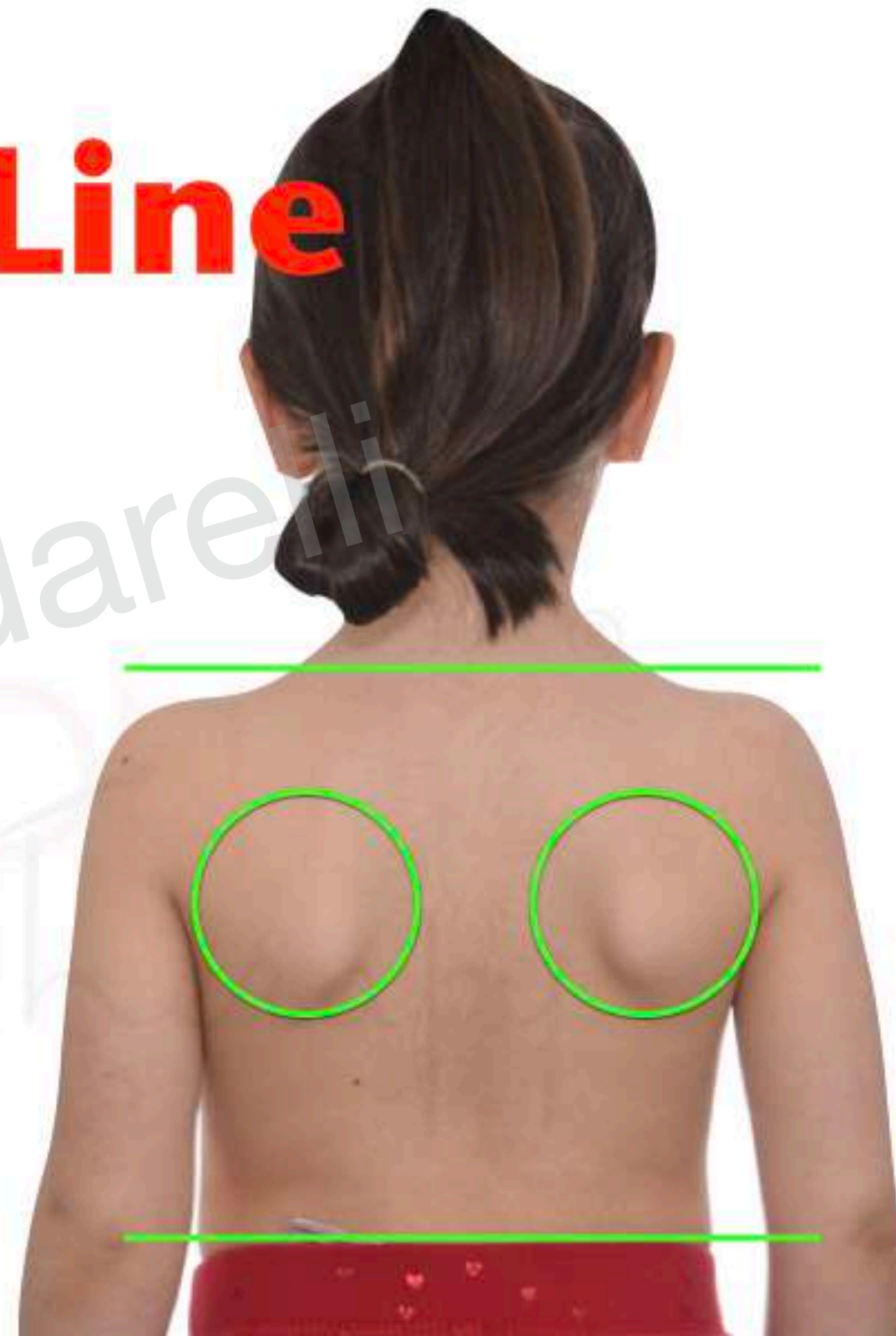
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ELASTO ODO  
Terapia



# Postural Line



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# Conclusions

Anterior open bite (AOB) is common among young children, with a prevalence ranging from 17% to 18% of children with mixed dentition [Kasparaviciene et al., 2014; Tausche et al., 2004; Silvestrini-Biavati, 2016]. When associated with sucking habits, the prevalence rises to 36.3% [Cozza et al., 2005]. A trend towards self-improvement from the primary to the late mixed dentition is predicted during pre-pubertal growth [Worms et al., 1971; Phelan et al., 2014], and it has been shown that, if AOB persists during the craniofacial pubertal growth spurt, it rarely self-corrects or even worsens [Phelan et al., 2014]. Therefore it is indicated to treat AOB early and to intercept dysfunctional habits which, if removed sufficiently in advance, become susceptible to favoring optimal development of the masticatory system.