9<sup>th</sup> International Conference on

## Dentistry and Dental Implants May 09-10, 2016 New Orleans, USA

## Using V-Bendson NiTi wires for non-surgical correction of class III malocclusions

Suhail A Khouri University of Connecticut, USA

Orthodontic correction of class III malocclusions in adult and growing adolescent and adult patients has long challenged orthodontists due to the extreme difficulty in disengaging the locked out maxillary teeth without surgery. Currently available treatment modalities include various functional appliances, maxillary protraction and cervical headgears, and reversed twin blocks, for growing prepubertal patients. Although these approaches are successful for this group of patients, nevertheless such clinical triumphs depend totally on patient's compliance and they have high genetically determined potential for relapse. That is why establishing normal over jet in Class III patients is often onerous with orthodontic therapy alone. On the other hand, orthognathic surgical treatment offers dental, skeletal, and esthetic improvement in deep bite skeletal Class III patients, however; the trauma, high cost, and possibility of growth related relapse of this approach, discourage many patients and their parents from accepting it. With the advent of super elastic wires and the unprecedented ability of Bendistal Pliers place permanent V-bends to activate them, enhanced by the composite build-ups bite raisers, has evolved into a treatment protocol that showed efficiency and effectiveness in incisors intrusion, and the correction of deep overbite patients. Utilizing this particular concept to intrude and disengage the locked out maxillary incisors teeth in class III patients, has demonstrated efficiency in allowing mandibular incisors retraction, and the ultimate correction of this major malocclusion. This lecture introduces a new methodical treatment approach that aimed at simple correction of class III malocclusions without orthognathic surgery, or relying on patient's cooperation, and presents patients who are successfully treated with this V-Bend technique.

suhailkhouri@sbcglobal.net

## Computerized Tomography Examination Guide (CTEG) of impacted maxillary canines to aid in choosing the type of orthodontic treatment planning

Fadia Al-Hummayani King Abdulaziz University, Saudi Arabia

**Objective:** The aim of this study was to correlate the position of impacted maxillary canines with Cone Beam CT (CBCT) and produce a guide called Computerized Tomography Examination Guide (CTEG) to help in choosing the proper type of orthodontic treatment plan either orthodontic traction, surgical intervention or surgical extraction.

**Methods:** This study is a retrospective CBCT radiographic review of 21 patients with impacted maxillary canines. A total of 23 maxillary impacted canines were analyzed using ten (10) items from their CBCT radiographs; according to these items, a score is developed to suggest the proper orthodontic treatment plan and statistical correlation was done between the suggested treatment plan done by the Computerized Tomography Examination Guide (CTEG) and actual treatment performed to those impacted maxillary canine to test the (CTEG) guide validity.

**Conclusions:** The original treatment plans were 100% in agreement with the Computerized Tomography Examination Guide (CTEG). This study suggests that this guide could help in choosing the type of orthodontic treatment planning in quick and safe way and it is especially helpful for clinicians that are not familiar with CBCT analysis.

falhummayani@kau.edu.sa