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Severe skeletal class III dentofacial deformity management

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A skeletal Class III malocclusion is rare as compared to other type of malocclusions, with an incidence of possibly less than 5 percent.

Although various treatment modalities are available, which aim at the correction of a Class III malocclusion during the growth period, these have proved unsuccessful in maintaining the results for a long time. Retention appliances are required to be worn until growth is complete. And relying on the patient to cooperate over long and extent treatment protocols is a potential problem in achieving successful,stable treatment results. Surgical intervention may be still needed in a few cases.

The decision for camouflage or surgery must be made before treatment begins, because the orthodontic treatment to prepare for surgery often is just the opposite of orthodontic treatment for camouflage.

Diagnosis reflects a greater emphasis on soft tissue considerations in modern treatment, and is essential when camouflage versus surgery is considered.

Material and methods: patients with skeletal class III dentofacial deformities were treated surgically. Etiology, diagnosis, orthodontic preparation and surgical techniques will be discussed as well as complications.

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Post-treatment radiographic and clinical evaluation of matched-taper single-cone versus warm vertical compaction technique: A one-year follow up study

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Objectives: This study evaluated the long-term post-treatment response of two root canal filling techniques.

Materials and methods: Thirty-two mandibular first molars in patients diagnosed with pulp-periapical pathosis were instrumented and filled with either: (1) Matched-taper single- cone technique using ProTaper gutta-percha or (2) Warm vertical compaction technique with gutta-percha. AH Plus sealer was used in both groups. Periradicular alveolar bone density of the preoperative radiographs was compared to one-year postoperative recall radiographs using digital x-ray software. One-year postoperative subjective and objective pain assessments were evaluated and pain index was formulated.

Results: Matched-taper single-cone technique showed a higher change in bone density (-1.67) than the warm vertical compaction technique (+0.99), a difference that was statistically non- significant. Gutta-percha warm vertical compaction exhibited less pain index than the matched- taper single-cone technique.

Conclusions: Radiographically, both techniques had similar changes in periradicular bone density. Most of the recorded teeth with pain had periodontal problems or absence of permanent restorations.

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