

## Deep bite and Invisalign

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### Abstract

Deep bite is one of the most common malocclusion seen in children as well as adults and is difficult to treat successfully. Bishara defined deep bite as malocclusion in which the mandibular incisor crowns are excessively overlapped vertically by the maxillary incisors when the teeth are in centric occlusion.

Unfavorable sequel of this malocclusion predisposes a patient to periodontal involvement, abnormal function, improper mastication, excessive stresses, trauma, functional problems, bruxism, clenching and temporomandibular joint disturbance.



Diagnosing the cause of the deep bite is vitally important in determining what biomechanics will be used in its correction.

### Causes of a deep bite:

- Upright or retroclined maxillary and/or mandibular incisors
- Hypererupted maxillary incisors
- Steep curve of Spee in the mandibular arch
- Brachyfacial or horizontal skeletal pattern.

### Biomechanics for deep bite correction

- Procline upright or retroclined maxillary and/ or mandibular incisors
- Level the curve of Spee in the mandibular arch
- Intrusion of maxillary and/or mandibular incisors
- Selective extrusion of premolars

The advantage that aligners have over fixed appliances is that you can start correcting the overbite on both arches from the beginning rather than wait 4-6 months to bond the lower arch.

In the lower anterior there is intrusion and 'relative intrusion' to help correct the overbite. In the upper, there is intrusion and torquing of the incisors that are useful in correcting the overbite.

In the lower buccal segments there is extrusion of the bicuspid with simultaneous intrusion of the lower anterior to help level the curve of Spee to help correct the overbite.

We will analyse the treatment modalities of the deep bite with Invisalign.

### Biography:

Manuela Daian has finished her dentistry studies in Bucharest at the University for Medicine and Pharmacy Carol Davila. In 1999 she received her graduate training in Orthodontics at the same University. She started her career as an orthodontist in Greece and since 2009 she has been working in the Netherlands. She is aware that continuous training is very important. During the years she has enriched her knowledge by following seminars and courses at home and abroad. In addition to practical work, she is also involved in the educational field. In the period 2012-2014 she was also active in training of orthodontic assistants at the Academie Tandartsenpraktijk in Amersfoort and she has given scientific presentation on oral hygiene during orthodontic treatment, impacted cuspids and tooth auto transplantation. She is an Invisalign, Damon and Incognito certified orthodontist.

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