

POWER REASON

EVIDENCE BASED SYMPOSIUMS

Ljubljana, Slovenia
4TH-5TH December 2020

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4TH December 2020

The role of Orthodontics in the regeneration of the degenerated dentition.



Dr Birte **Melsen**

Degeneration of the dentition occurs as a result of loss of teeth and reduction of the periodontium. Both factors lead to spontaneous migration of teeth resulting in aggravation of existing and development of new malocclusions. The role played by the orthodontists in regeneration of a maintainable reconstruction has been reinforced by recent developments in appliances and diagnostic tools and even more by an improved understanding of the tissue reaction to orthodontic and periodontal treatment. Orthodontic treatment can benefit patients with a degenerated dentition in several ways: By distributing the available teeth in an optimal position for final reconstruction; by regeneration of an alveolar process in an edentulous area making it suitable for an implant, and by improvement of the periodontal status, quantitatively as well as qualitatively; quantitatively by intrusion mechanics and qualitatively by generating an occlusion which is compatible with normal function. Mini-implants can be used when conventional anchorage is impossible, but can also serve as bone maintainers, as parts of temporary replacements and as handles when bone segments have to be displaced. The biomechanics necessary for the optimal usage of the TADs will be discussed. The presentation will present examples of the above-mentioned principles with a focus on Bio-mechanics.

4TH December 2020

Class II treatment with no-compliance strategies and skeletal anchorage

Dr Cesare **Luzi**



For decades the use of extra-oral tractions and functional appliances has represented the most common solution for treatment of class II malocclusions. At present, the advent of straight-wire mechanics and no-compliance devices had completely changed our approach to the problem.

The possibility of eliminating the variable of patient compliance, both for maxillary molar distalization and for mandibular advancement, has given the opportunity of generating more predictable and reliable results reducing treatment duration. The recent introduction on the market of TADs has furthermore improved treatment protocols allowing absolute anchorage control, and their association to no-compliance for class II correction opened a new frontier in treatment strategies increasing treatment success rates. The aim of the presentation is to focus on diagnosis and treatment timing of class II malocclusion, in order to understand no-compliance protocols and related anchorage control. Several treatment strategies will be described through case reports highlighting the use of different appliances (Pendulum, Distal-Jet, Powerscope, Herbst, etc.) and their possible association to orthodontic miniscrews to optimize treatment results. Asymmetric cases with their individual treatment plan will be described in detail.

5TH December 2020

Facial asymmetry



Dr Maja **Ovsenik**

Preventive and early treatment in orthodontics is still the subject of debate and controversy regarding cost-effectiveness in the analysis of functional and psychosocial benefits. It is considered that the ideal time for treatment is in the late mixed dentition period, while others concluded that early orthodontic treatment would be beneficial and desirable, especially to enhance skeletal and dental development and to correct habits, function, and malocclusion in their early stages, especially transverse discrepancies which may lead to temporomandibular joint problems or facial asymmetry. Diagnosis of facial asymmetry is routinely based on the analysis of patient's facial photography by determining a symmetry plane and measuring linear and planar differences between the two hemifaces. As it is very difficult to evaluate facial asymmetry in small growing children from facial photography, constructing two mirror facial halves is one possibility of the assessment. However, the main drawback of this method is that facial photographs show a 3D structure in two dimensional perspective, the landmarks used to define the facial midline and to construct the symmetry plane can not be exactly defined, and thus, the precision of the method is highly questionable. PA involves irradiation risk and is therefore not appropriate to be used in small growing children. The use of three-dimensional method will be described to evaluate facial asymmetry in growing children.

5TH December 2020

Extraction in CL II treatment



Dr Morten **Laursen**

Extractions in CL II malocclusions are often debated and questions are; why do we extract and when are extractions needed? The indications can be biologic and aesthetic aiming for good occlusion with harmonious position of the incisors in the face and in the bone. The mandibular gingival biotype and the alveolar envelope are determinant factors in the decision to extract. Space closure can be performed on continuous wires or with sectional and segmented technique. The choice of approach depends on the initial malocclusion and aims to prevent side effects from the appliance. Furthermore, anchorage control is required from the beginning of treatment and temporary anchorage devices (TADs) are helpful, when conventional dental anchorage will lead to unwanted anterior movement of the lower incisors, compromising the periodontium.

The lecture will focus on:

- When to extract? Biologic and aesthetic considerations for extraction in class II treatment.
- Space closure techniques. Predictability in space closure.
- Anchorage control with dental anchorage and TADs.



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