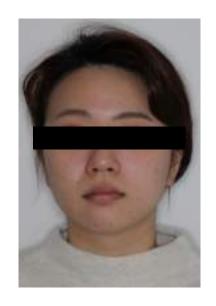


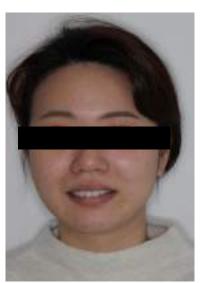
# APPENDIX 1 CASE PRESENTATION FORMS

**CANDIDATE NUMBER: A11** 

**CASE NUMBER: CASE 2** 

**Year: 2024** 

















### **RÉSUMÉ OF CASE**

NAME: Nana. T

BORN: 7. 8.1999

SEX: Female

PRE-TREATMENT RECORDS: AGE: 21 Y 3M DATE: 13.11.2020

CLASSIFICATION: Adult malocclusion- Class III

**TEETH MISSING BEFORE TREATMENT: 27** 

TREATMENT PLAN: Non ext distalization and IPR

APPLIANCE: FLB(AMERICAN ORTHODONTICS)

TREATMENT STARTED: AGE: 21 Y 4M DATE: 11.12.2020

TREATMENT FINISHED: AGE: 22Y 9M DATE: 9.5.2022

ACTIVE TREATMENT TIME: 1Y 10M

POST-TREATMENT RECORDS: AGE: 22Y 9M DATE: 6.6.2022

RETAINERS: a)upper: Clear Retainer
DATE: 6.6.2022

a)lower: Clear Retainer

RETENTION ENDED: a)upper: Clear Retainer
DATE: 8.3.2024

a)lower: Clear Retainer





# DIAGNOSTIC DESCRIPTION OF THE MALOCCLUSION

### A. SUMMARY

The patient's chief complaint was an overjet and spaced arch.

Class III with spaced arch.

Distalization of the maxillary arch was required to correct the excessive overjet.

### **B. EXAMINATION OF HEAD AND FACE**

From lateral view, convex profile.

From frontal view, Noting particular.

Muscle strain of mentalis was shown, when patient lip close.

### C. FUNCTIONAL EXAMINATION

Noting particular

### D. INTRAORAL EXAMINATION

Class III molar and canine relationship.

Overjet + 6.5 mm, Overbite + 3.0 mm

There is a space in the upper left premolar area.

The upper left second molar is missing.

### E. DENTAL CASTS

Mandibular arch: Arch length discrepancy: 0.0mm

Maxillary arch: Arch length discrepancy: +1.5mm

Occlusion Sagittal: Angle class Ⅲ, overjet +5.5mm

Occlusion Vertical: Overbite: +4.0mm

Occlusion Transversal: Noting paticular





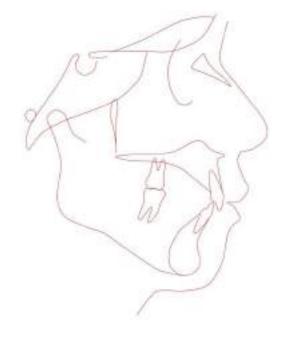
## TRACING OF LATERAL SKULL RADIOGRAPH BEFORE TREATMENT

CANDIDATE NUMBER: A11

CASE NUMBER: 2

DATE: 11. 12. 2020

AGE: 21Y 4M



## TRACING OF LATERAL SKULL RADIOGRAPH AT COMPLETION OF TREATMENT

**CANDIDATE NUMBER: A11** 

CASE NUMBER: 2

DATE: 9. 5. 2022

AGE: 22Y 9M





## LATERAL SKULL RADIOGRAPH BEFORE TREATMENT

CANDIDATE NUMBER: A11

CASE NUMBER: 2

DATE: 11. 12. 2020

AGE: 21Y 4M



## LATERAL SKULL RADIOGRAPH AT COMPLETION OF TREATMENT

**CANDIDATE NUMBER: A11** 

CASE NUMBER: 2

DATE: 9. 5. 2022

AGE: 22Y 9M





## PERIAPICAL OR PANORAMIC RADIOGRAPHS BEFORE TREATMENT

CANDIDATE NUMBER: A11 CASE NUMBER: 2 DATE: 11. 12. 2020 AGE: 21Y 4M



## PERIAPICAL OR PANORAMIC RADIOGRAPHS AT COMPLETION OF TREATMENT





# CEPHALOMETRIC MORPHOLOGICAL ASSESSMENT 1

Maxillary Position S-N-A

Mandibular Position

S-N-Pg

Sagittal Jaw Relation

A-N-Pg

### **Vertical Skeletal Relations**

Maxillary Inclination

S-N / ANS-PNS

Mandibular Inclination

S-N / Go-Gn

Vertical Jaw Relation

ANS-PNS / Go-Gn

### **Dento-Basal Relations**

Maxillary Incisor Inclination

1 - ANS-PNS

Mandibular Incisor Inclination

1 - Go-Gn

Mandibular Incisor Compensation

1 - A-Pg (mm)

### **Dental Relations**

Overjet (mm)

Overbite (mm)

Interincisal Angle

1/1

Pretreatment	Mean SD	
91.0°	82°± 3.5°	
83.5°	80°± 3.5°	
7.5°	2°± 2.5°	
4.5°	8°± 3.0°	
27.5°	33°± 2.5°	
23.0°	25°± 6.0°	
102.0°	110°± 6.0°	
101.5°	94°± 7.0°	
3.0mm	2± 2.0	
6.5mm	3.5± 2.5	
3.0mm	2± 2.5	
133.0°	132°± 6.0°	













TREATMENT STEPS INTRA-ORAL OCCLUSAL VIEW COLOUR PHOTOGRAPHS

UPPER ARCH













TREATMENT STEPS INTRA-ORAL OCCLUSAL VIEW COLOUR PHOTOGRAPHS
LOWER ARCH





# RÉSUMÉ OF THE TREATMENT CARRIED OUT INCLUDING

ANY DIFFICULTIES ENCOUNTERED

### TREATMENT GOUVERNANCE

- 1.Diagnosis
- 2.Holding arch was attached to the maxilla and anchor screws were inserted. Distalization of the maxillary molars was initiated.

To prevent the molars from tilting distally, hooks were attached to the incisal and cervical sides of the holding arch to control the direction of traction.

3. Indirect bonding with lingual appliances(FLB).

14 had to be remade because the device did not fit well.

4. Leveling & Aligning both arches.

(Copper- NiTi: .013, .016 × .016)

5. En mass retraction of upper anterior teeth using sliding mechanics.

 $(TMA: .0175 \times .0175, .017 \times .025 SS: .016 \times .022)$ 

To prevent bowing effect, anti bowing curve added closing wire.

6. Detailing

 $(TMA: .0175 \times .0175, .017 \times .025)$ 

7. Retaining.





# CEPHALOMETRIC MORPHOLOGICAL ASSESSMENT 2

Maxillary Position S-N-A

Mandibular Position

S-N-Pg

Sagittal Jaw Relation

A-N-Pg

### **Vertical Skeletal Relations**

Maxillary Inclination S-N / ANS-PNS

Mandibular Inclination

S-N / Go-Gn

Vertical Jaw Relation ANS-PNS / Go-Gn

### **Dento-Basal Relations**

Maxillary Incisor Inclination

1 - ANS-PNS

Mandibular Incisor Inclination

1 - Go-Gn

Mandibular Incisor Compensation

1 - A-Pg (mm)

### **Dental Relations**

Overjet (mm)

Overbite (mm)

Interincisal Angle

 $\underline{1}/\overline{1}$ 

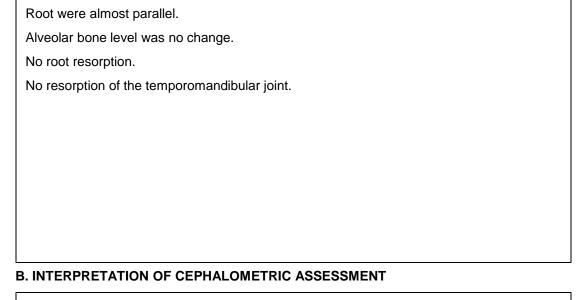
Pretreatment	Posttreatment	Mean SD
91.0°	91.0°	82°± 3.5°
83.5°	83.0°	80°± 3.5°
7.5°	8.0°	2°± 2.5°
4.5°	4.5°	8°± 3.0°
27.5°	28.5°	33°± 2.5°
23.0°	24.0°	25°± 6.0°
102.0°	101.0°	110°± 6.0°
101.5°	98.5°	94°± 7.0°
3.0mm	1.0mm	2± 2.0
6.5mm	4.0mm	3.5± 2.5
3.0mm	3.0mm	2± 2.5
133.0°	136.5°	132°± 6.0°





# RADIOGRAPHIC ANALYSIS AT COMPLETION OF TREATMENT

### A. INTRAORAL / PANORAMIC RADIOGRAPH



### 1.Sagittal Skeletal Relations:

Mandibular Position (S-N-Pg) was slightly decreased. Therefore, Sagittal Jaw Relation was slightly increased.

### 2. Vertical Skeletal Relations:

Mandibular Inclination (S-N / Go-Gn) and Vertical Jaw Relation (ANS-PNS/Go-Gn) were slightly increased.

### 3.Dento-Basal Relations:

Maxillary incisors were well positioned relative to line ANS-PNS. Mandibular incisor well positioned relative to line Go-Gn.

### 4.Dental relations:

Normal overjet and overbite

Interincisal angle increased but was within the normal range.

### **5.Esthetic Profile:**

Nasolabial angle was slightly increased. Profile was good.





# DESCRIPTION OF THE TREATMENT RESULT

### TREATMENT RESULT ORIENTATION

- 1. Overjet and spaced arch were improved.
- 2. Class I canine and Class I molar relationships were obtained.
- 3. Normal overjet & overbite were obtained.

The maxillary dentition was distalized to improve the overjet, which was the patient's chief complaint.

The overjet improved, but a slight clockwise rotation of the mandible occurred.