Class III Treatment Strategies

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63-73% are skeletal

Treatment Strategies for Class III

GROWING PATIENTS (active growth)

Adults (no active growth)

Beginning of treatment:
68.10 years
Treatment time:
4 months
Chief complaint:
“biting and hearing problems”

Eduardo

Pseudo Class III

Class III
Chief complaint: reverse bite; hearing problems

Skeletal Class III (severe)
- APDI 108.2°
- Severe mandibular prognathism - SNA 4°
- Low angle
- Lower facial height diminished
- Skeletal deep bite tendency - ODI 55.7°

Dental Class III
- Anterior cross bite
- Upper incisors: strongly retruded and extremely retro inclined
- Lower incisors protruded
- No posterior support

Problem List
Treatment Strategies for Class III

Adults (no active growth)

- Pseudo Class III
- Class III
  - 63-73% of all class III

Orthodontic camouflage

Combined orthodontic and orthognathic surgery treatment
Treatment Strategies for Class III

Adults (no active growth)
Focused on the sagittal plane
Assume mandibular position is fixed

Combined orthodontic and orthognathic surgery treatment

Dogma Free Treatment Strategies for Class III

Class III malocclusion is mainly a vertical problem, who’s symptoms are reflected on the sagittal plane

We need to start taking the vertical plane into account in our treatment strategies

Dogma Free Treatment Strategies for Class III

Occlusal function determines mandibular position

Mandibular position is changeable

Posterior Occlusal Plane

Horizontal POP

Endographic Movability

Retrographic Movability

Model of Craniofacial Dynamics

Sphenoid Sinus

Condyle decompression

Growth stimulation

Anterior maxillary adaptation/integration

Lower Anterior Incisor Movement

Fusion

Slopes of Sphenoid Occipital Complex

Correction of the sagittal plane

Correction of the vertical plane

Correction of the transverse plane

Treatment Strategies for Class III

Adults (no active growth)

Orthodontic treatment (camouflage)

Combining orthodontic and orthognathic surgery treatment

Posterior Occlusal Plane Control

Multiloop EdgeWise ArchWire (MEAW)

Chief complaint: cross bite

Teeth to teeth size discrepancy (lat. incisors)

Low angle

Skeletal Class III (severe)

Anterior cross bite

Problem List

- Chief complaint: cross bite
- Skeletal Class III (severe) (APDI 8.5,7)
  - Prognathic mandibular
  - Lower angle
  - Skeletal deep bite tendency (boon,7)
- Dental Class III
  - Anterior cross bite
  - Posterior left side cross bite
  - Upper incisors: retruded and retro inclined
  - Teeth to teeth size discrepancy (lat. incisors)
Protrusion/Retrusion

Open/Close

Treatment Objectives

22-02-2008
0 M

Up:
.016 AW

Lo:
.016 AW

23-04-2008
2 M

Up:
Meaw (.016x.022 Blue Elgiloy)

Lo:
Meaw (.016x.022 Blue Elgiloy)
short 3/16" elastics (6 oz)

25-07-2008
5 M

Up:
Overlay wire (0.7 SS)

Lo:

27-10-2008
8 M

Up:

Lo:
"cheek elastics"
Mario

Beginning of treatment: 28.1 years
Treatment time: 17 months
Chief complaint: “crowding”
Chief complaint - crowding

Skeletal class III, High Angle
- Severe dolicofacial
- Prognathic mandible
- Retrognathic maxilla
- Increased lower facial height

Dental class III
- Anterior cross bite (–2mm)
- Anterior open bite (left)
- Upper incisor inclination
- Lower incisor protrusion and inclination
- Upper and lower crowding
- Missing tooth 26
Can all adult skeletal class III cases be treated in this way? 

They shouldn't!
Aesthetic reasons

Ana

Beginning of treatment: 22.1 years
Treatment time: 
Chief complaint: Aesthetics: superior spacing, lower crowding

Functional reasons

Ana

Chief complaint: upper incisor spacing and lower incisor crowding

Problem List

- Chief complaint: upper incisor spacing and lower incisor crowding
- Skeletal Class III (APDI 95.6º)
  - Prognathic mandibular
  - Skeletal deep bite tendency (58.3º)
- Dental Class III
  - Lower incisors: inclination diminished
Protrusion/Retrusion
Open/Close

Medio right
Medio left

Take Home Message

- Mandibular position can be changed
- There are non-surgical solutions for the treatment of adult skeletal Class III

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