

Class I, Anterior Open Bite, Extraction
Male, 14: 9 yrs.

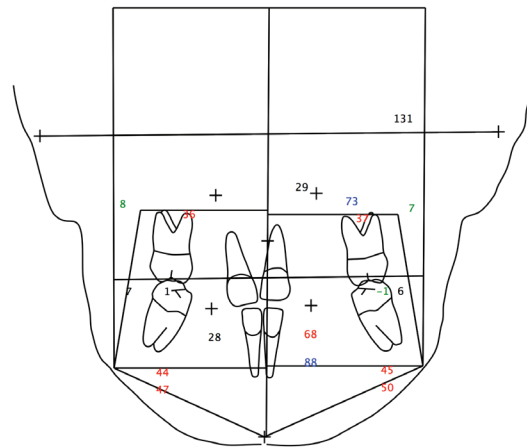
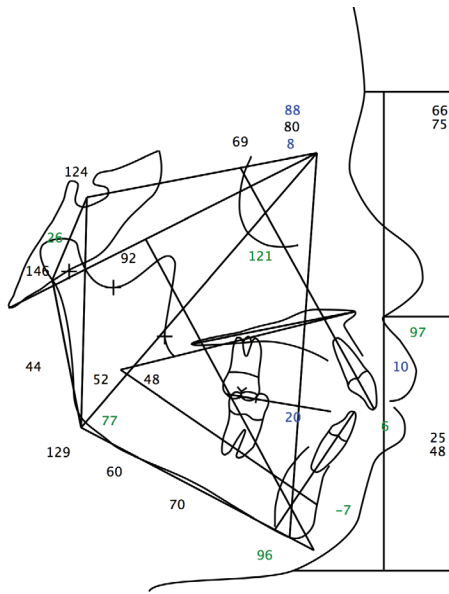


Initial extraoral photos



Intraoral photos before treatment.

Pre Tx



Case summary:

14:9 yo Male with Class I, Anterior Open Bite malocclusion. His vertical pattern is mildly high, his sagittal pattern is mildly Class II and his transverse dimension is normal. His anterior open bite was due to a thumb sucking habit he had as a child. Due to his protruded lips, lack of mental sulcus definition and lower crowding, I decided to extract four premolars (see details at the end).

Tx Strategy by Stages:

Stage I: Leveling and aligning taking advantage of the "passive space closure".

Stage II: Coordinate upper and lower arches, consolidate all remaining spaces and finish leveling the occlusal plane.

Stage III: Achieve optimal intercuspation of the buccal segment using vertical triangular elastics.

Appliance:

CCO System

Auxiliaries:

Elastics 3/16" 4oz (Piano).

Wire Sequence:

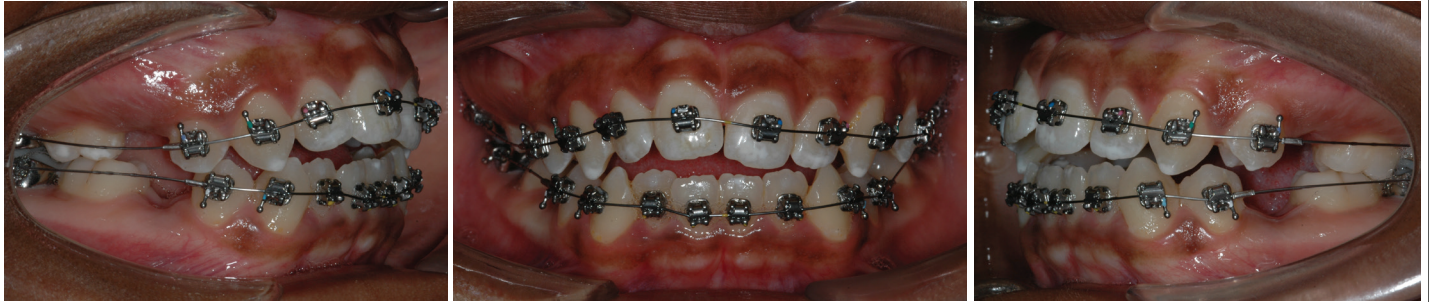
Stage I: 0.014" INITIALLOY Medium.

0.018" INITIALLOY Medium.

0.020" x 0.020" BioActive Medium Coordinated.

Stage II: 0.019" x 0.019" BioActive Medium Coordinated.

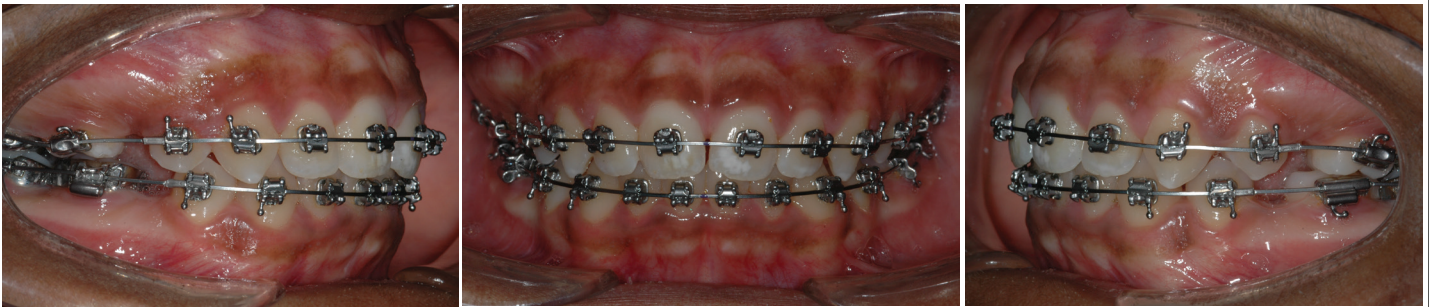
Stage III: 0.019" x 0.019" SS Braided Medium Coordinated.



Stage I. EXPERIENCE CCO System with upper and lower 0.014" INITIALLOY Medium wires.



Stage I. EXPERIENCE CCO System with upper and lower 0.018" INITIALLOY Medium wires. 8 weeks in treatment.



Stage I. Upper and lower 0.020" x 0.020" BioActive Medium Coordinated wires. 16 weeks in treatment.



Stage II. Upper and lower 0.019" x 0.025" SS Medium Coordinated wires. Upper and lower remaining spaces were consolidated using Power Chain and short Class II elastics 3/16" 4oz.



Stage II. Upper and lower 0.019" x 0.025" SS Medium Coordinated wires. Upper and lower occlusal planes leveled and paralleled. All spaces are closed. Vertical triangular elastics 3/16" 4oz to improve intercuspation.



Stage III. Upper 0.019" x 0.025" SS Braided Medium Coordinated wire and vertical triangular elastics 3/16" 4oz.



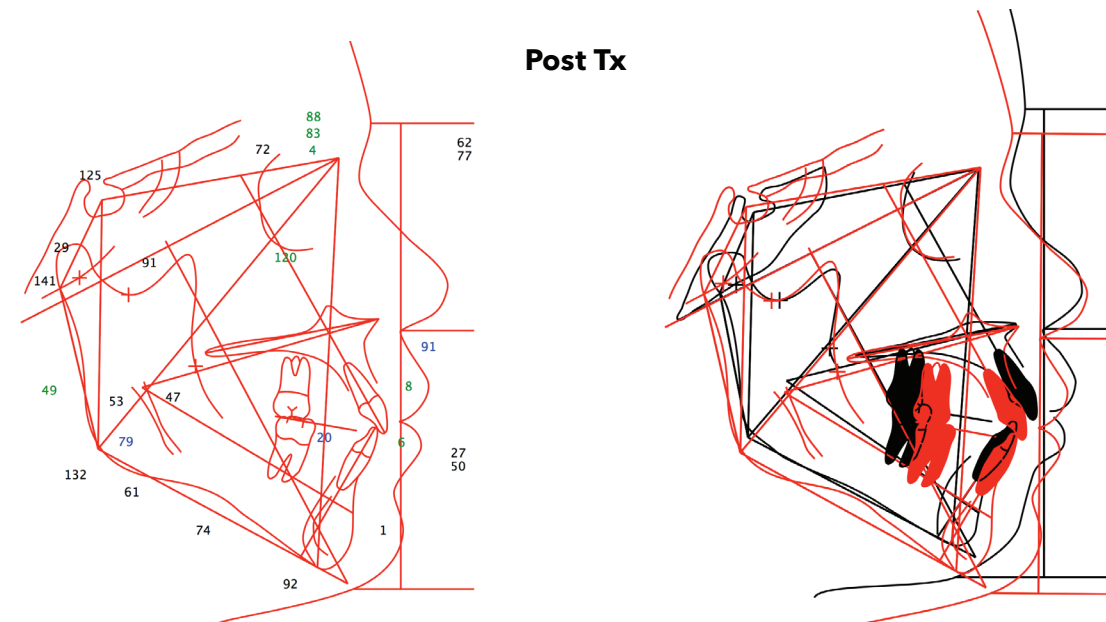
Intraoral final photos.



Extraoral final photos.



Intraoral photos 1 year post Tx.



As you can see, upper and lower 5' were extracted. Why? Because of dental esthetic reasons. Patient has large canines and small 5', specifically in the upper arch. If 4' are extracted, once the spaces are closed, the canine next to the small 5 would not look good. Then, the transition from the 3 to the 4 is more pleasant. Anchorage was not a problem! In fact after Stage I, good OJ/OB was achieved. All remaining spaces were closed with minimum anchorage.