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Management of Class III Skeletal Deformity with Le fort I Osteotomy and Bisagital Split Ramus Osteotomy (Case Report)

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ABSTRACT

INTRODUCTION Class III skeletal deformity is the result of mandibular prognathism or maxillary deficiency.^{1,2} Class III malocclusion is more common in Asia than in Caucasian. The class III malocclusion affects around 22.4% of Asia population.³ Accordingly, class III malocclusions is one of the main cause of seeking orthodontic treatment Some severe class III skeletal deformity cases can't be managed with single orthodontic treatment, sometimes we should combine with surgical treatment or we can call it orthognathic surgery. The orthognathic surgeries commonly used to treat the deformity are mandibular setback osteotomy and Lefort I maxillary advancement osteotomy.^{1,2,3}The purpose of this case report is that orthognathic surgery should be considered in the treatment plan of class III skeletal deformity with a collaboration of orthodontist and oral maxillofacial surgeon. **Case report** In this case report 22 years old male patient referred from orthodontist with chief complaint extreme protruded lower jaw. He has been receiving orthodontic treatment for almost two years. Because of his extreme skeletal class III deformity a single orthodontic treatment can't solve the problem, the patient agreed to take the surgery. **Case Management:**We managed this patient with mandibular setback osteotomy with counter clockwise rotation and Le Fort I maxillary advancement osteotomy with impaction. **Discussion:** Discussion of this case report is that orthognathic surgery should be considered in the treatment plan of class III skeletal deformity, especially in severe class III deformity with extreme maxillomandibular discrepancy. The collaboration between orthodontist and oral maxillofacial surgeon will produce a great result in both function and esthetic of stomatognathic system.

Key words : class III skeletal deformities, orthognathic surgery, orthodontist, oral & maxillofacial surgeon