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Early Class III Malocclusion Treatment Using Reverse Twin Block Appliance: A Case Report

Sekar Pratiwi¹, Ratna Indriyanti²

¹Pediatric Dentistry Resident, Faculty of Dentistry Padjadjaran University, Indonesia
²Pediatric Dentistry Lecturer, Faculty of Dentistry Padjadjaran University, Indonesia
Email: sekarpratiwi.drg@gmail.com

ABSTRACT

The skeletal and dental features in class III malocclusion are established early in childhood. Early correction of a developing Class III malocclusion is a complex challenge. Reverse twin block is an alternative treatment in interceptive approaches. This case report describes the use of reverse twin block for management of crossbite anterior in mixed dentition. Patient girls ages 8 years and 5 months visited RSGM UNPAD with chief complains anterior crossbite to be corrected, she had no bad habit. Intraoral showed the anterior crossbite at anterior teeth, -1 mm overjet, with molar relationship Angle class III. Based on cephalometric analysis, clinical examination, and model analysis, patient diagnosed with dentoalveolar malocclusion class III, and skeletal malocclusion type III. First phase treatment treated by reverse twin block appliance to correct anterior crossbite and second phase treatment will be using fixed orthodontic treatment to retain ideal occlusion. Anterior crossbite correction achieved after eight months with no damage to the tooth or periodontal tissue. Patient still wear the reverse twin block appliance to get posterior support and facial muscle balance. It is important to correct anterior crossbite as early as possible to allow an unrestricted growth of the maxilla and to guide the mandible to a normal position. Reverse twin block can be used successfully for early treatment of class III malocclusions in mixed dentition.

Keywords: anterior crossbite, class III malocclusion, interceptive treatment, reverse twin block.

INTRODUCTION

Noticeable characteristics of Class III malocclusion result in unpleasant aesthetics for a child, it is frequently show combinations of skeletal and dentoalveolar components. The characteristics of Class III malocclusion consequently lead parents to seek for orthodontic treatment at an early age.¹