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Early Treatment Of Mild Skeletal Class III Malocclusions Using Reverse Twin Block: Case Report

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ABSTRACT

The skeletal Class III malocclusion is one of the most difficult to treat by an orthodontic or orthopedic approach, and case selection is especially important before undertaking treatment. Early treatment of Class III malocclusion is often indicated to growth modification and counter the unfavorable developmental pattern. Early orthodontic treatment provided to patient during the mixed dentition and occasionally during the late primary dentition. Growth modification should be commenced before the pubertal growth spurt, that better potential growth can be achieved. Functional correction of class III malocclusion is achieved in the twin block technique by reversing the angulation of the inclined planes. A 9 years old girl was referred to department of pediatric dentistry RSGM FKG UNPAD with the chief complaint of inwardly placed upper front teeth. An intraoral examination revealed anterior crossbite on both central and lateral incisor with reverse overjet 1.5 mm and overbite 3 mm. Patient was treated using a modified functional appliance of skeletal growth, reverse twin block with maxillary three-way screw appliance. Bite registration done in maximum retrusion position. This case report aims to correct mild skeletal Class III malocclusion with anterior crossbite using reverse twinblock appliance. There were changes on both central and lateral incisor after treatment for 11 months. Patients can reach edge to edge bite when appliance removed. Patient are still ongoing treatment with reverse twinblock appliance. Reverse twinblock can be used as early treatments for mild cases of skeletal Class III malocclusion in mixed dentition period. This appliance is well acceptable by children.

Keywords: Early Treatment, Class III Malocclusion, Reverse Twin Block.

INTRODUCTION

The prevalence rates of Class III was reported to be around 1–3% in the Caucasians and around 13-14% among the Chinese and Japanese. Class III malocclusion is far more prevalent in Asian countries than in the West. The incidence of anterior crossbite is 2.3-