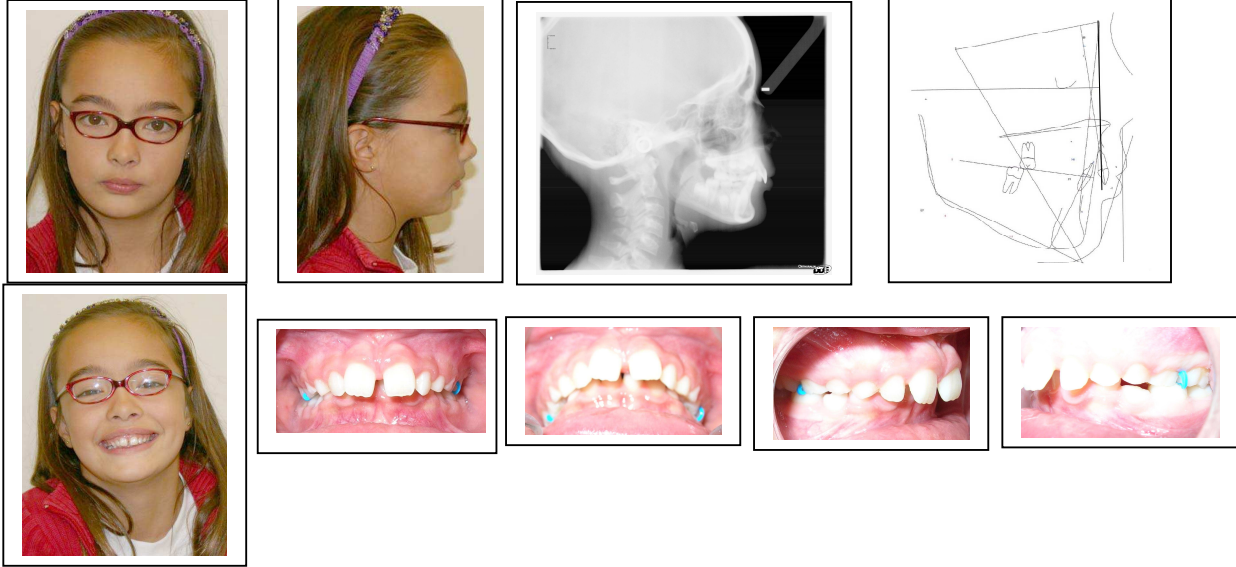


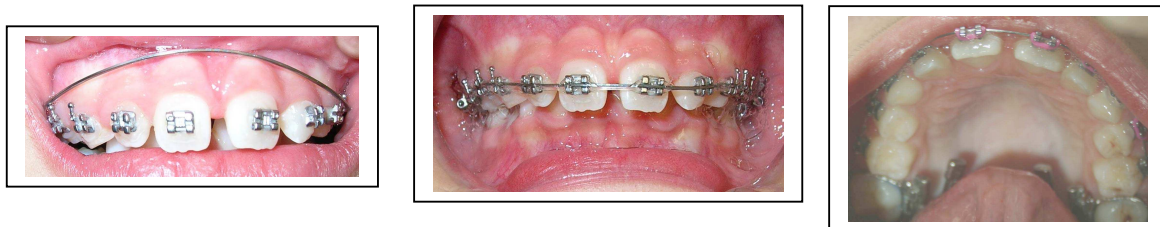
Case: Young girl 10.5 dental years; severe CLII dental/skeletal deep bite ; OB = 10mm; OJ = 9mm ; Wits = +8
Soft tissue and skeletal dysfunctions



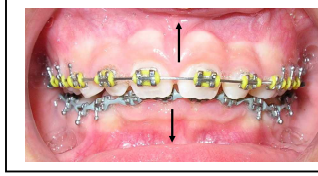
1st month: MAX: HA NiTi transpalatal expander; bracket all teeth including baby teeth; 16 HA NiTi wire



3rd month: MAX: 17x25 RCS NiTi, L-L chain M1 to M1



5th month: MAX: same 17x25 RCS NiTi, no CH; MAND: New 17X25 RCS NiTi, L-L chain M1 to M1.
MAND is freed-up and can advance = Lip closure.



Bite opening in the first 8 months

1st month



4th month



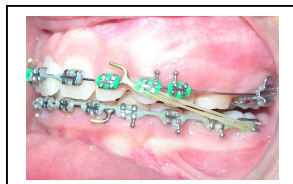
6th month



8th month



9th month : MAX: Remove NiTi transpalatal expander; new 19x25 posted steel, 5mm acc curve, 4mm expansion. MAND: new 19x25 posted steel, L-L chain M1 to M1.
Start light CLII elastics, 10 mm, to orthopedically stimulate natural mandibular growth, 24/24 hours.



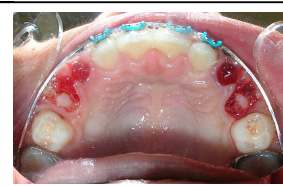
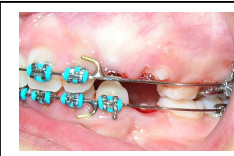
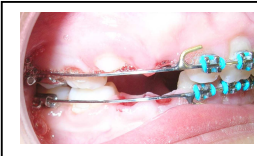
12th month: stop elastics; molars are CLI, OJ is reduced; Some baby teeth are beginning to loosen; extract 54, 53, 63, 64, 74, 83, 84.

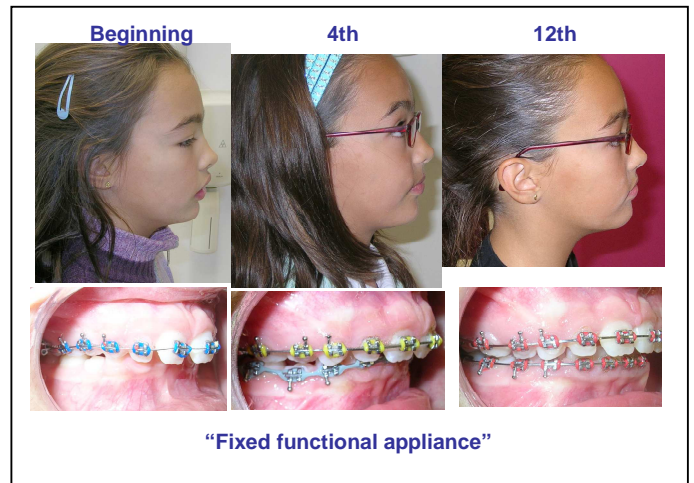
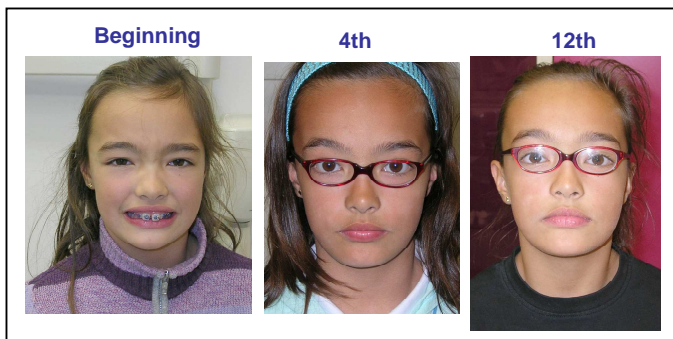
MAX: same 19x25 posted steel, 5mm acc curve, 4mm expansion. MAND: same 19x25 posted steel

Check patient every 2 to 3 months.

Note: profile change is due to bite opening and unlocking the mandible – patient postures automatically forward so that natural horizontal growth occurs.

End of 1st phase of treatment





Patient is now 13 years old

Placed 200 gr closed-coil springs for inter-maxillary CLII forces, full-time, without patient cooperation. Want to obtain an over-corrected CLII (a super CLI).



Patient at 14 years 6 months post

