CE-007 ISW for the treatment of functional Class III malocclusion by crossbite arch and MEAW technique

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【Objective】 ISW (Improved Super-elastic Ti-Ni alloy wire, developed by Tokyo Medical and Dental University) for the treatment of functional and skeletal Class III malocclusion will be discussed. 【Case】 A 37-year-old adult male came to our clinical with a chief complaint of poor dental occlusion. Clinical examination revealed a bilateral Class III molar relationship with functional anterior crossbite, and mild crowding with lower midline deviated to the right. Active treatment included MEAW (Multi-bend Edgewise Archwire) technique for the lower arch combined with Class III intermaxillary elastics (IME), and ISW Crossbite arch for the upper arch were performed. Treatment was completed within 25 months and a stable occlusion was achieved after the active treatment. 【Discussion and Summary】 Differentially diagnosing a Class III case by dental, functional, or skeletal is very important before the active treatment. This case shows functional interference at the anterior portion, combine with skeletal problem, which easily induced a situation which we used to call Class III protrusion. After nine months of active correction, a desirable outcome was achieved and the patient was pleased with the treatment result.

CE-008 Treatment of Skeletal Class III case with excessively protrusive incisors

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【Objective】 Treatment of young adult female who has skeletal Class III pattern and excessively protrusive incisors will be discussed. 【Case】 A young adult female (25 years old) came to our clinic and complianed about her irregular and protruding teeth. After the check routine, skeletal Class III pattern and excessively protrusive incisors (bimaxillary dentoalveolar protrusion) was diagnosed. The treatment was begun by applying ISW wire (Improved Super-elastic Ti-Ni alloy wire, developed by Tokyo Medical and Dental University) and canine distal drive was also performed immediately by using NiTi coil springs at the first day. After that, anterior retraction was carried out. High-pull headgear was applied to maxilla and elastomeric chains were used in mandible. During the process of canine and incisor retraction, full-sized archwire was engaged at mandible for flattening the curve of Spee. Finally, MEAW technique and intermaxillary elastics was used to correct the molar relationship and arch coordination. 【Discussion and Summary】 In this case, ISW was used as a kernel technique, and patient was satisfied with the result of treatment. Clinical performances of using ISW and traditional wire technique were enormously different. To fully utilize the TiNi alloy wire, the pros and cons of this material should be understood thoroughly.