

Department of Orthodontics

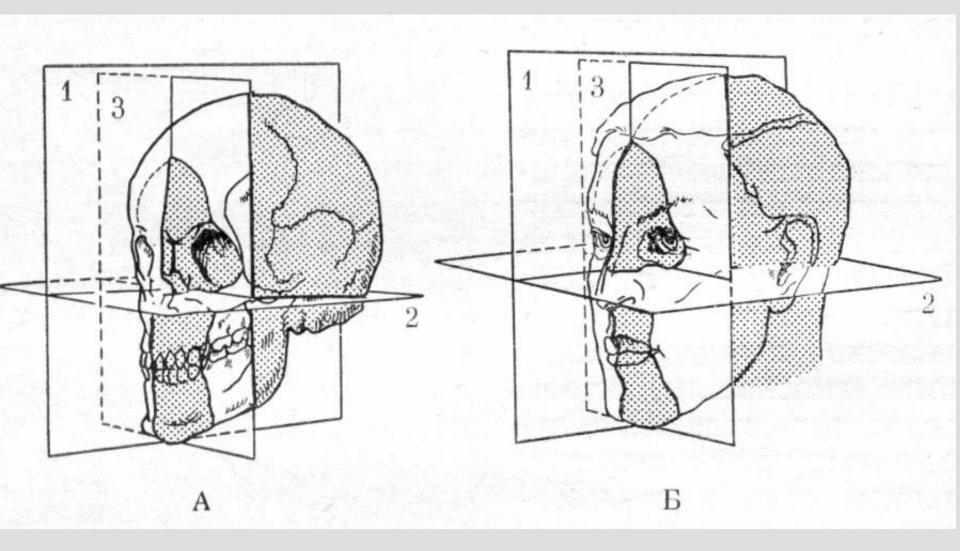


4 course

Transversal malocclusions. Etiology, pathogenesis, prophylaxis, clinical presentation and diagnostics

Plan of lecture

- Etiology
- Pathogenesis
- Clinic
- Diagnostics
- Treatment
- Prophylaxis



Describing of the bite in transversal plane:





CROSS BITE

• Anomaly of bite, that is characterized by anomaly of covering in posterior part of dental arches.



The cross bite a transverse discrepancy in arch relationship in which the palatal cusps of one or more of the upper posterior teeth do not occlude in the central fossae of the opposing lower teeth.



Location:

a) anterior





b) posteriorunilateral

- bilateral





In different classifications:

Angle:

I class – buccal position of upper or lower teeth or lingual position of upper or lower teeth

Batelman:

Two types of cross bite:

The first variant - on one side teeth articulate like while orthognathia, and on other side lower teeth overbite upper ones.

The second variant - on one side lower lateral teeth excessively overbite upper ones, and on other side - upper lateral teeth excessively overbite lower ones, that is closes down not with masticatory cusps, but with

lateral surfaces. The variant with hypofunction of one of muscles, that moving a lower jaw to forward Kalvelis:

Two types of cross bite:

The first variant - narrowed dentition

The second variant - upper and lower dentition width inconformity

- a) lateral teeth from both sides correlation disorder (bilateral cross bite);
- b) lateral teeth from one side correlation disorder (skewed or single cross bite).

WHO:

Lateral teeth cross bite. Lateral teeth lingvoocclusion.

Grigoryeva:

Cross bite in the frontal area

Laterognatic

Laterogenic

Classification of the cross bite:

By Uzhumetskene

The Ist form — buccal cross bite.

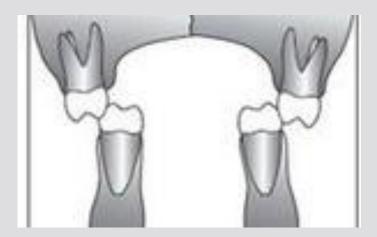
- 1. Without lateral lower jaw displacement:
- a) unilateral, conditioned by unilateral narrowing of the upper dental arch or jaw, dilation of the lower dental arch or jaw, these signs combination;
 - b) bilateral,
 - 2. With lateral jaw displacement:
 - a) parallel to the median-sagittal plane;
 - b) diagonally.
 - 3. Combined buccal cross bite combination of the 1st and 2nd varieties signs.



Classification of the cross bite:

by Uzhumetskene

- The 2nd form lingual cross bite.
- 1. Unilateral, conditioned by the unilaterally widening of upper dental arch, the unilaterally narrowed lower jaw, or combination of these disorders.
- 2. *Bilateral*, conditioned by the wide upper dental arch or jaw, narrowed lower jaw, or these signs combination.
- The 3rd form combined (buccal-lingual) cross bite.



DENTAL MIDLINES



Classification of the cross bite:

Three types of cross bite:

- 1. Dentoalveolar narrowing or widening of dentoalveolar arch of one jaw;
- 2. Gnatic narrowing or widening of the jaw base;
- 3. Jointly moving of lower jaw to one side.

Hereditary (Class III skeletal malocclussion).



Philip IV, 1655, Madrid

Diego Velazquez



Karl II, sun of Philip IV

Cross bite forming begining in early age















Position during sleeping with hand under cheek





Result of a bad habit











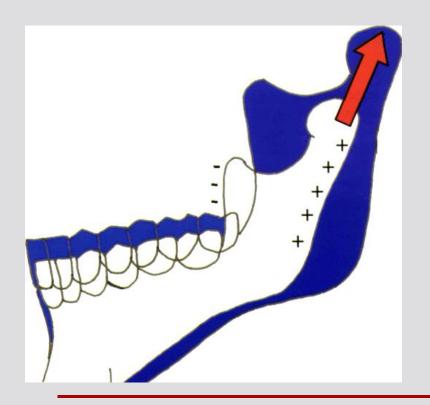
Atypical teeth position



Atypical teeth eruption' term



- Unilateral condylar hypoplasia or hyperplasia
- Juvenile rheumatoid arthritis

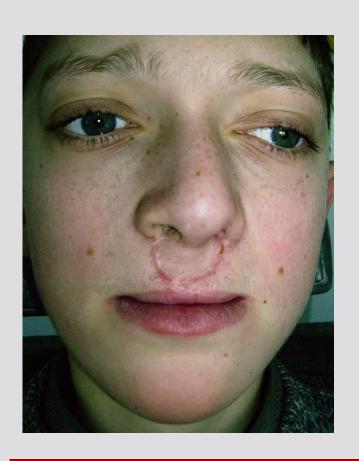




Untimely, uneven abrasion of the temporary teeth or it absence



Condition after uranoplastic



Congenital (Cleft lip and palate).



Early extraction of teeth











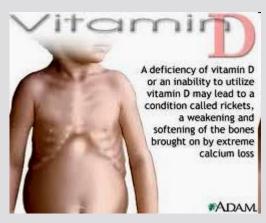
Oral breathing



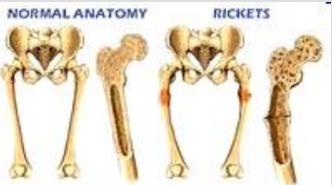
Infantile swallowing



Diseases of childhood (rachitic)







Etiology of the cross bite Ankylosis



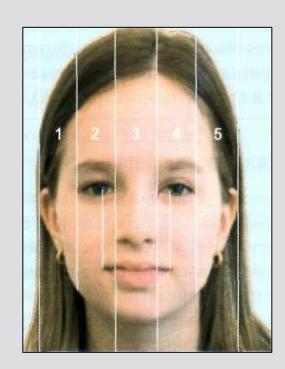
Trauma during growth



Trauma at birth (forcep injury leading to ankylosis of TMJ.)
Trauma during growth
Trauma after completion of growth

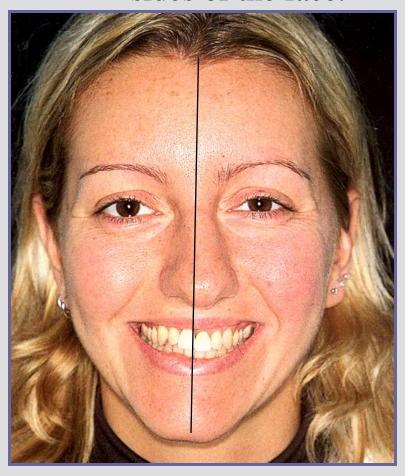
Diagnostic of the cross bite Photometric method

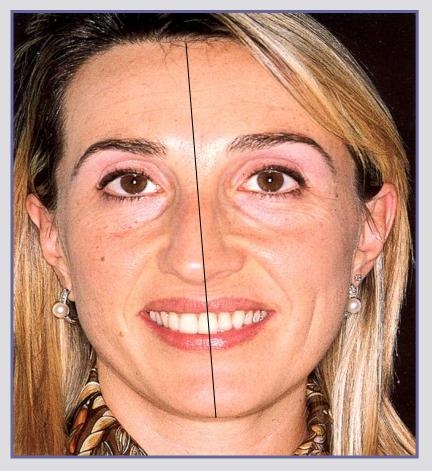


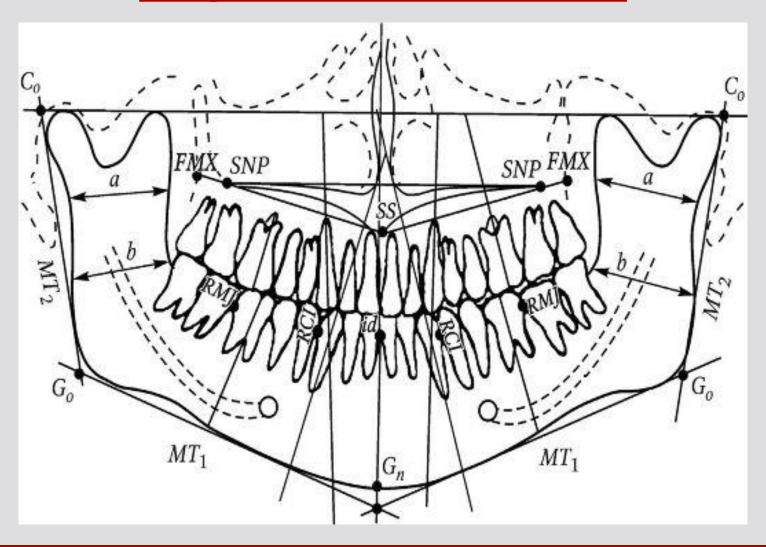


Asymmetry

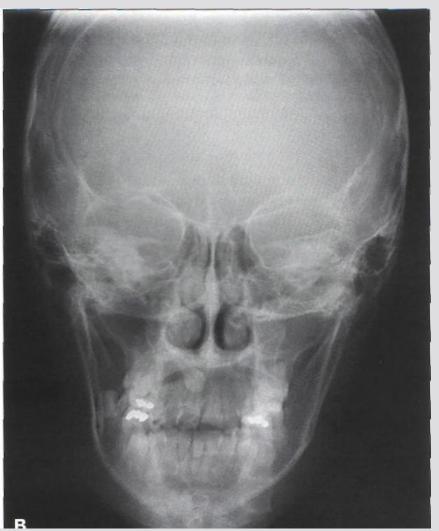
A reduction of proportion between the left and right sides of the face.

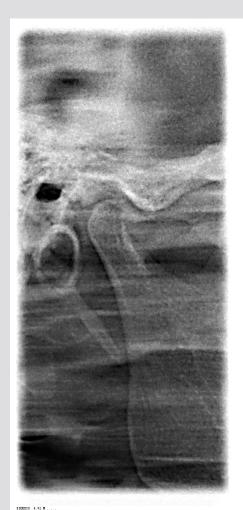




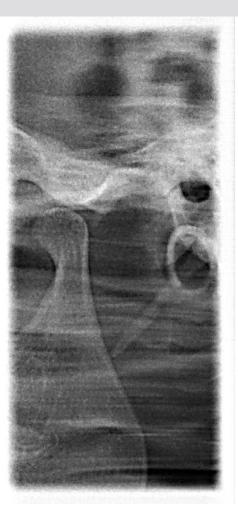




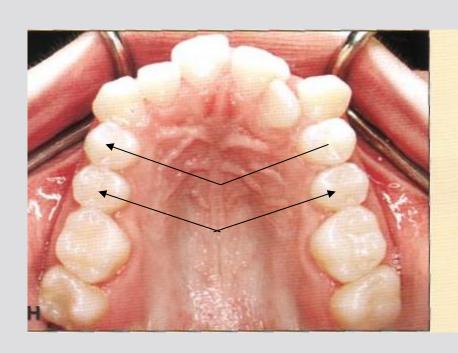


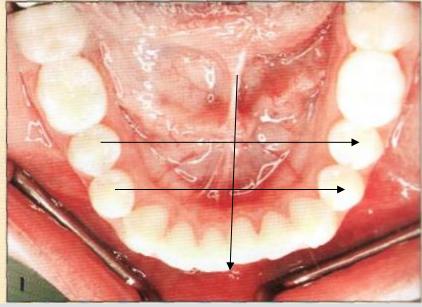












Morfometric method



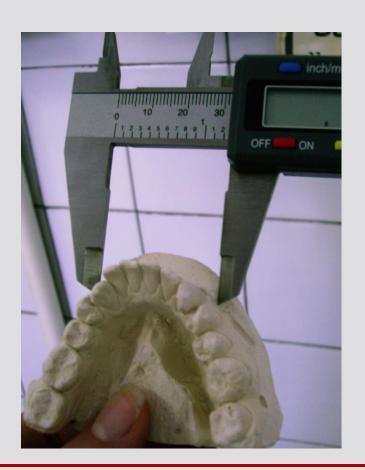




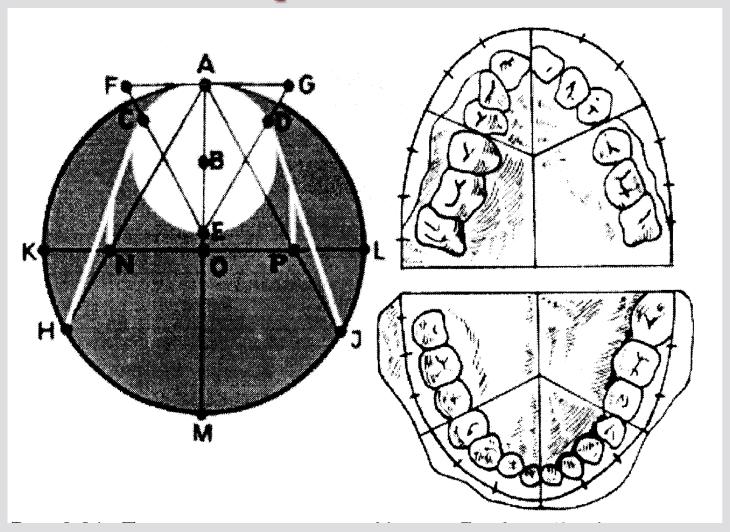


Morfometric method





Graphic method



Clinical functional test of breathing (test with cotton)



Clinical functional test of swallowing (test with a sip of water)



Clinical functional tests by L.V. Illina-Markosyan

At the first test (study in a state of rest) we examine the face of patient in front and profile, paying attention to position of lower jaw at rest, during a talk. We expose the facial signs of anomaly of a bite.

At the second test (study of usual occlusions it is offered to the patient to close teeth, without opening lips. In cases of usual displacement of lower jaw the facial signs of deformation become more expressed according to direction of displacement a jaw. Mesial or distal displacement of jaw is determined by a form of face, profile lateral — by the front form.

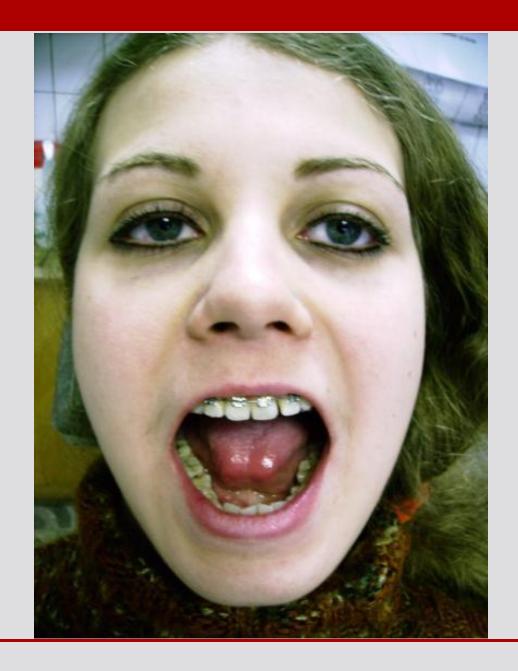
At the third test (study of lateral displacements of lower jaw) it is offered to the patient to widely open the mouth and thus we determine displacement of lower jaw aside. At its lateral displacement asymmetry of face increases, diminishes or disappears depending on its cause. We determine the correlation of middle line of face and dental rows.

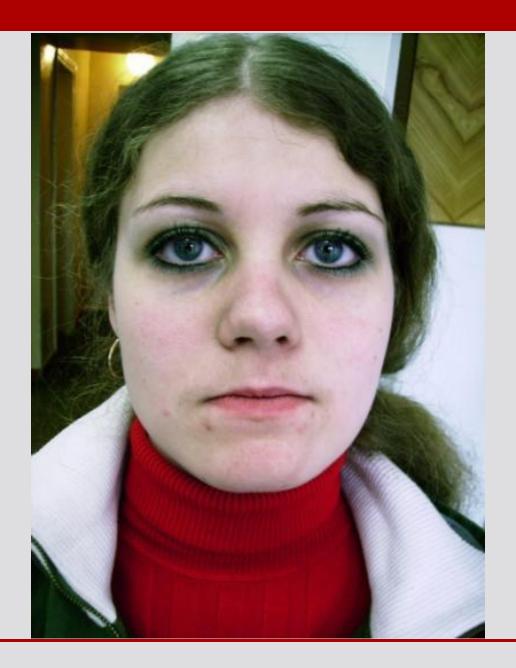
At a fourth test (comparative study of usual and central occlusion) we estimate harmony of face after establishment of lower jaw in correct position (without its usual displacement) and compare them from the aesthetic point of view with harmony of face at establishment of lower jaw in usual occlusion (with displacement of lower jaw).











Aesthetic disorders:

- 1. Without aesthetic disorders if patient has not lower jaw displacement.
- 2. With aesthetic disorders:

- a) Asymmetry of the face;
- **b)** Chin displacement;

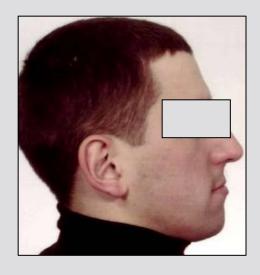


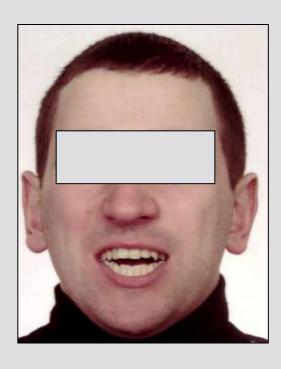
d) increasing of lower jaw angles;











Morphological disorders:

Incorrect teeth relationship in a transversal plane;











MANAGEMENT

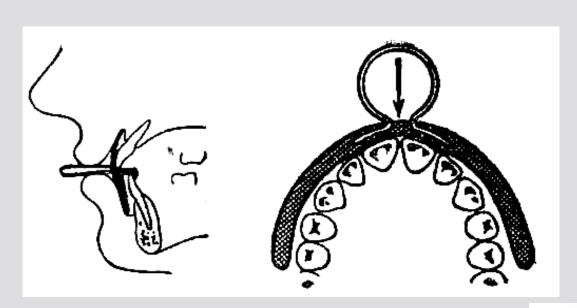
In normally growing mandible, posterior cross bites should be treated as early as possible to allow the normal growth and development of the dental arches and the TMJ.

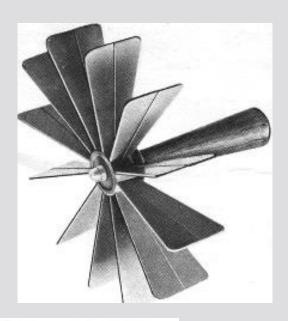
And in areas where mandibular shift is present it should be managed as soon as possible to prevent soft tissue and dental compensation

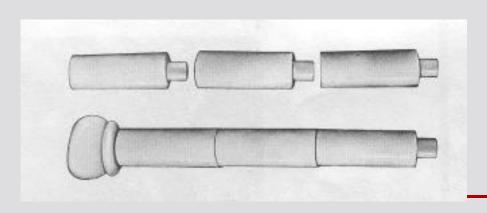
Principles of the cross bite treatment

- Etiological factors removing.
- •Restructuring of oral cavity muscles acting
- •Normalizing of lower jaw position.
- •Dental arches shape restructuring.

During temporal dentition

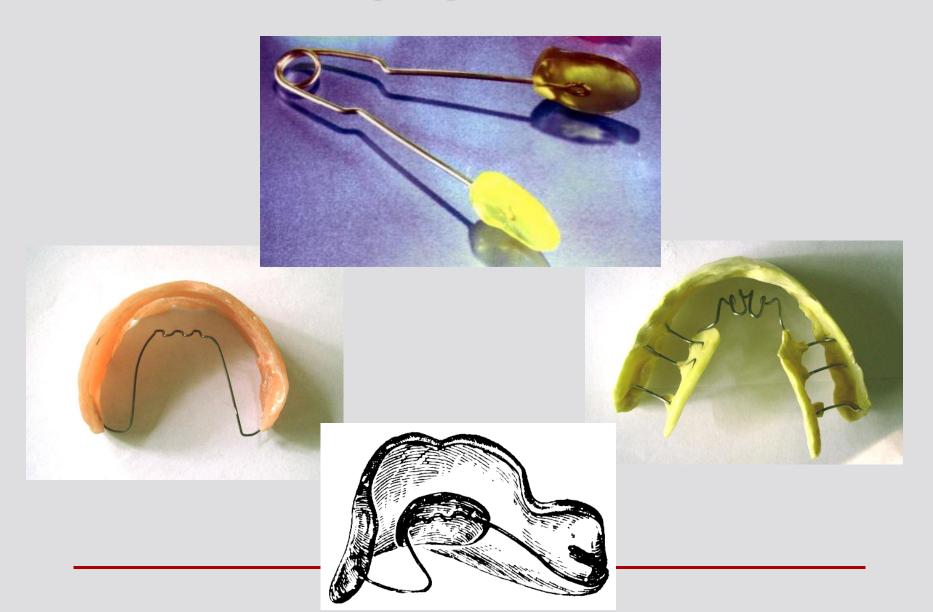








During temporal dentition















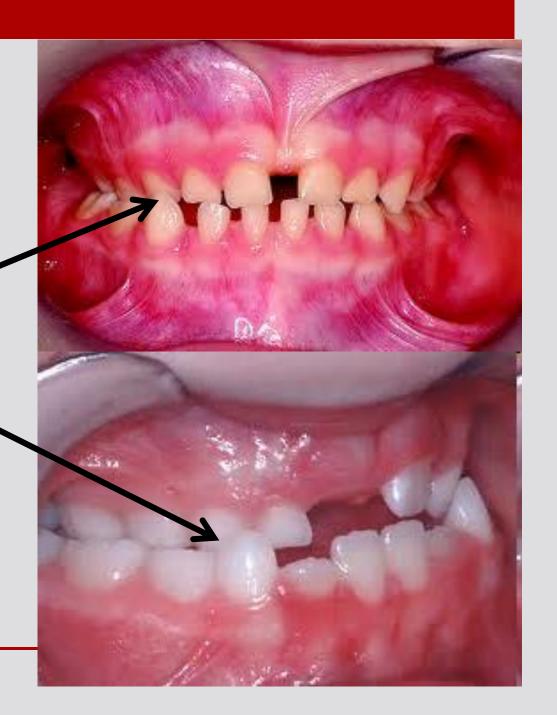








Teeth _ abrasion



Removable appliances

Z-spring

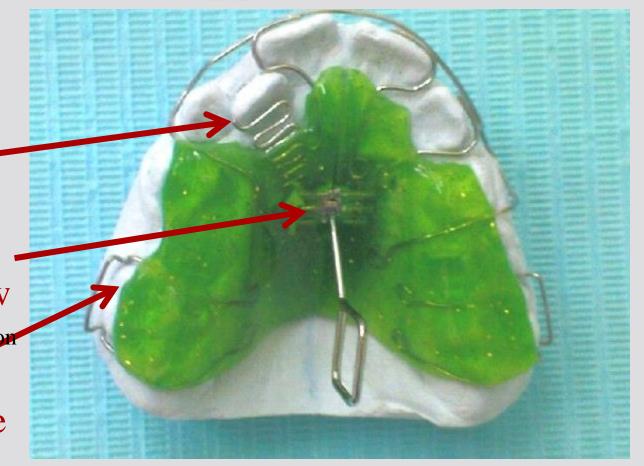
Repositioning of individual teeth within the arch.

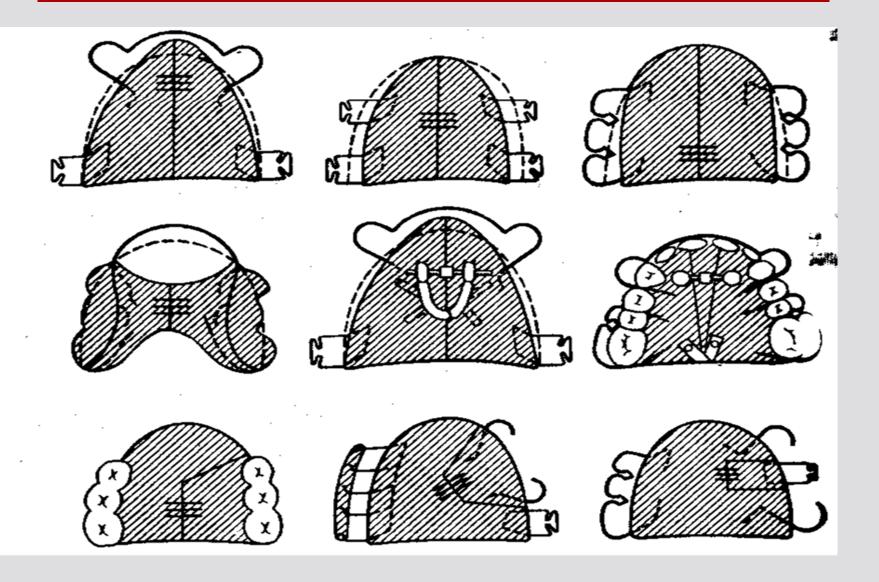
Mid-line screw

for arch expansion

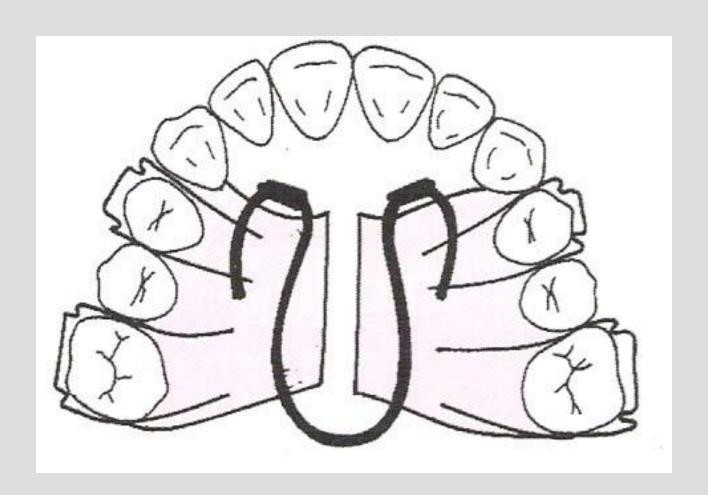
Posterior bite plane

to disocclude teeth

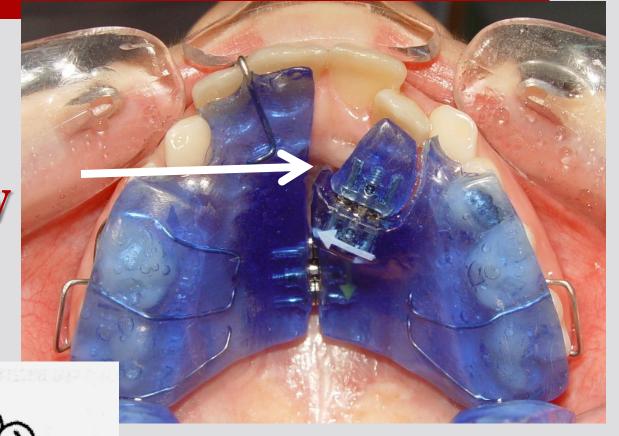


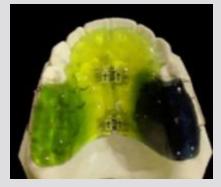


COFFIN SPRING



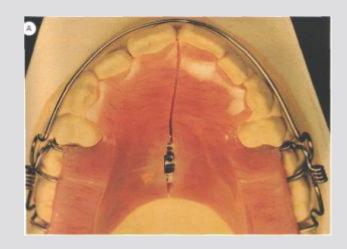
Mini-screw

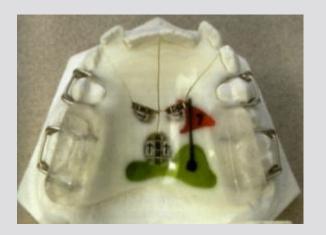














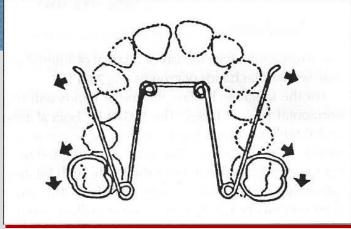


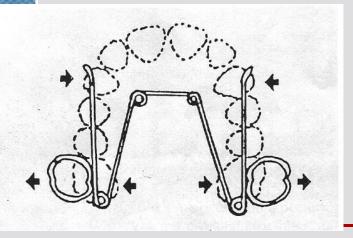






QUAD HELIX







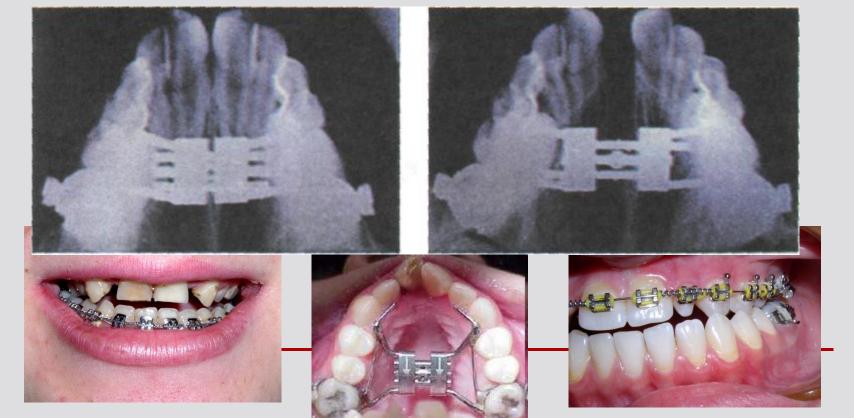


RAPID MAXILLARY EXPANSION









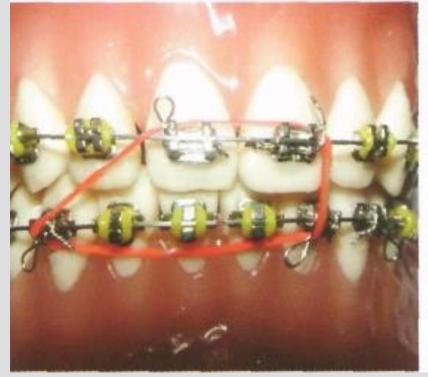














Cross elastics







surgery



