

Preserving Vertical Dimension during Skeletal Anterior Open Bite Treatment in a Hyperdivergent Growing Patient

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Abstract

Background. Anterior open bite (AOB) due to the combination of its etiological factors is challenging to the orthodontist.

Case report. A 9.11 years old boy sought orthodontic treatment with chief concern absence of overlap between front teeth and palatally erupted maxillary lateral incisors. Following clinical examination, beside typical radiographic examinations, consultation with ENT specialist was recommended since the mother confirmed suspicion for oral breathing. The radiographic examination revealed a skeletal class II malocclusion, hyperdivergent growth pattern while the ENT diagnosis was allergic rhinitis. A bonded expander was the first appliance followed by a palatal arch and tongue crib to assist atypical

tongue thrust. After eruption of all permanent teeth a multibracket 022 appliance was used. The aim of this case report is to describe orthodontic treatment of skeletal AOB in hyperdivergent growing child.

Conclusion. At the end of the treatment proper alignment class I molar and canine relationship, positive OVB were obtained.

Keywords: Skeletal anterior open bite, hyperdivergent