

病案号： BZ000011-2021000001

种植体支抗难高角病例的下颌平面逆时针旋转

逆境

潘杰

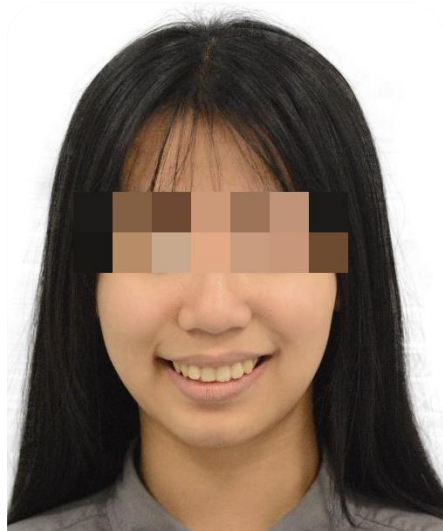
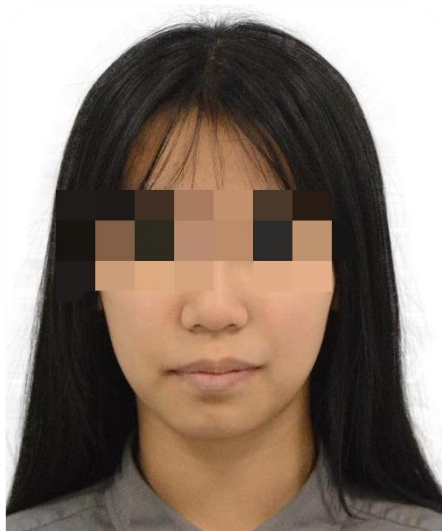
基本资料

患者陈某某，女，20岁。矫治医生：潘杰

主诉：嘴突、下巴缩。

现病史：患者自替牙嘴突、下巴缩，近年来自觉嘴突希望改善面容前来治疗。

既往史：否认系统性疾病，无药物过敏史，无金属过敏史



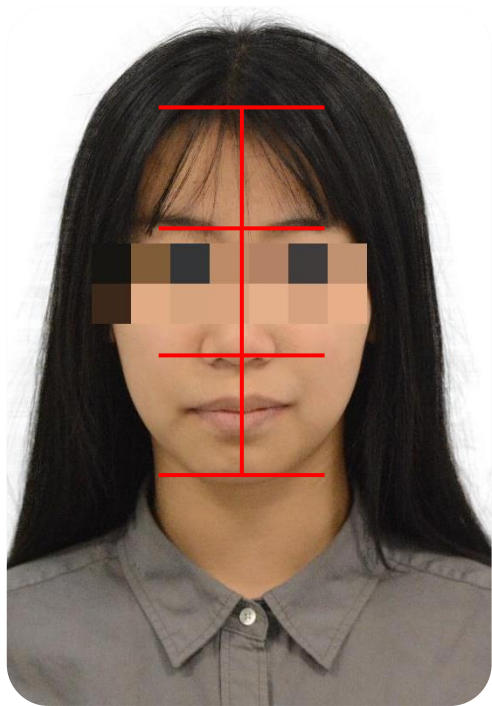
姓名：陈某

性别：女

年龄：20岁

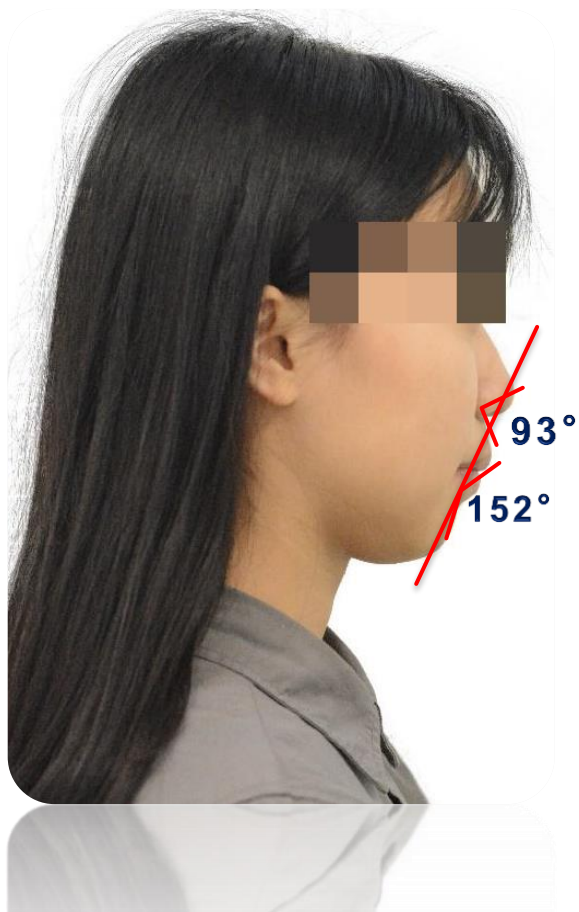
主 诉：右侧咬合差且下巴缩

现病史：自替牙右侧后牙咬合差，自觉嘴突且下巴缩，要求矫正。



- 面部基本对称
- 比例协调
- 右侧口角下垂
- 颏唇沟不明显
- 颏肌紧张

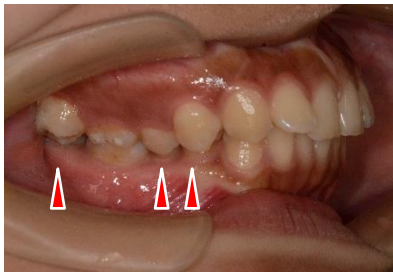




- 凸面型
- 高角
- 双唇前突
- 颈部后缩



- 左侧磨牙I类
- 右侧磨牙II类



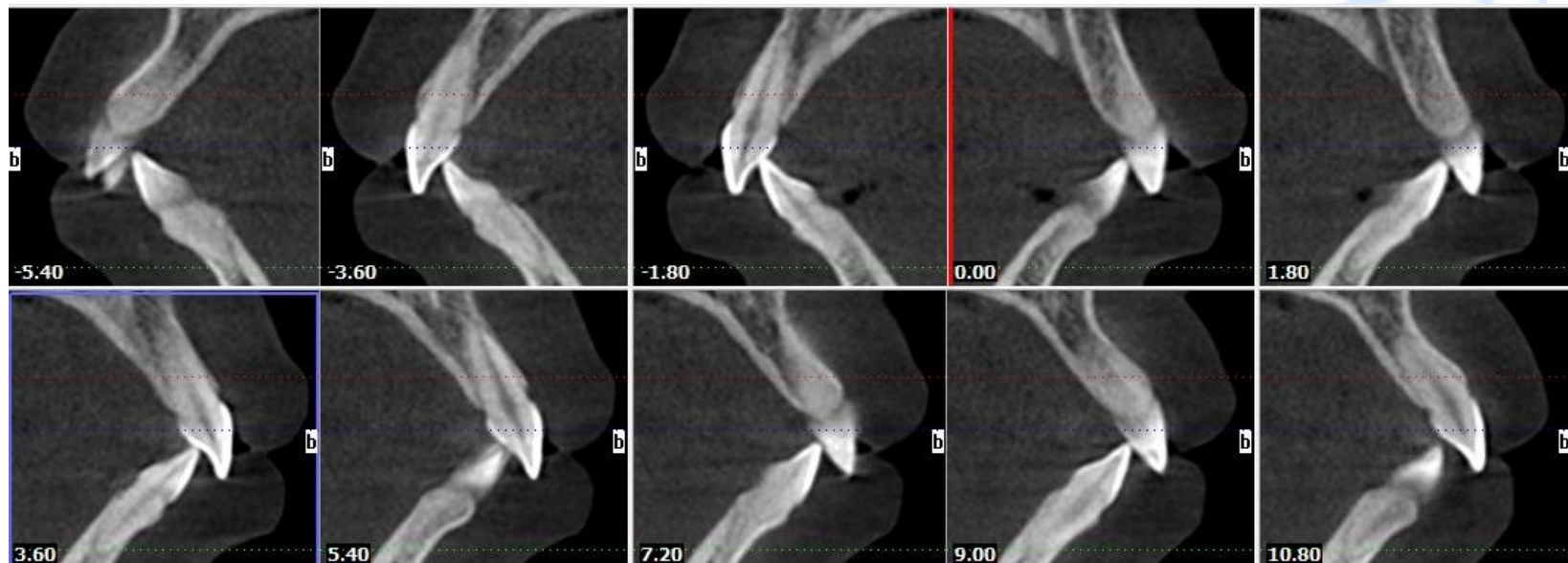
- 上前牙直立
- 右上下4、5、7正锁



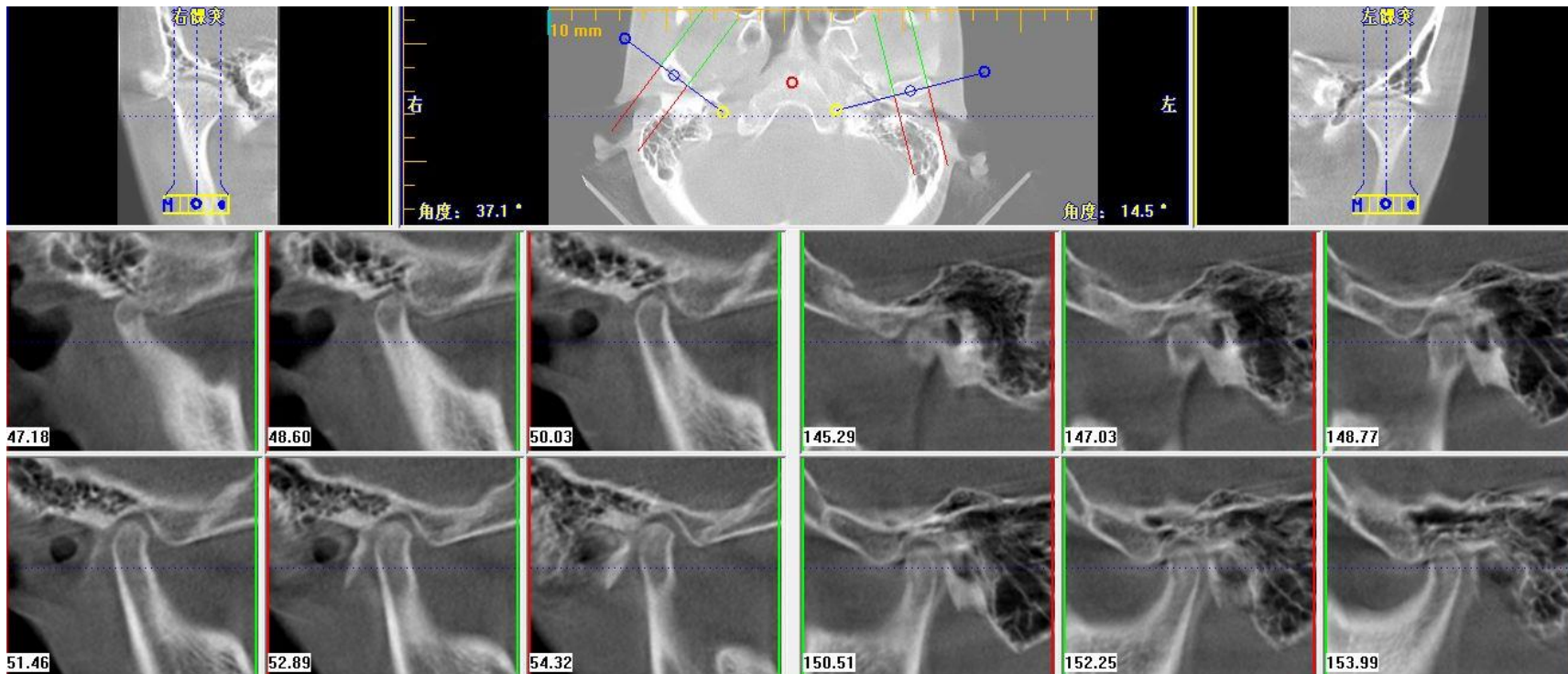
牙根形态正常

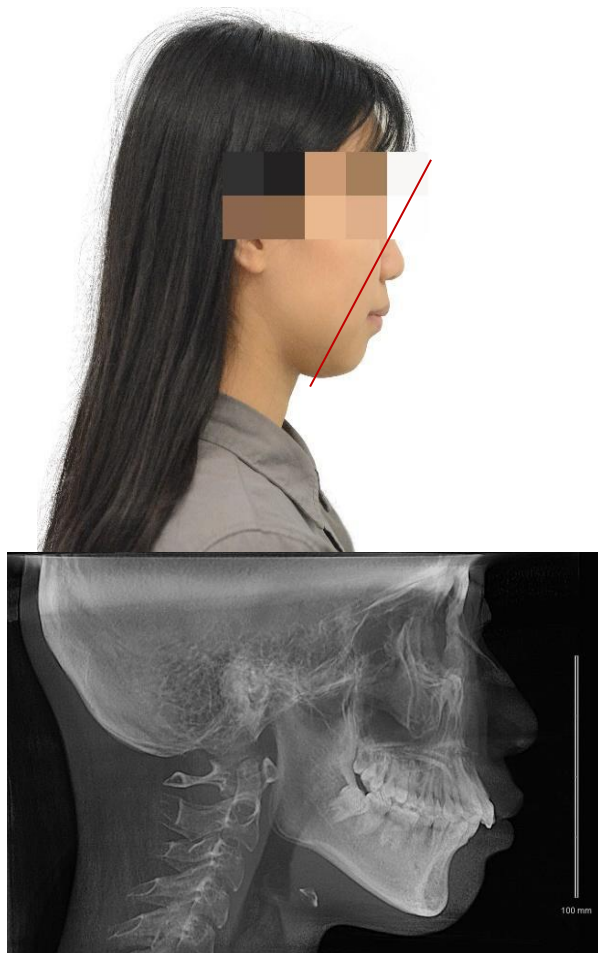


上下前牙唇侧骨皮质薄



TMJ影像未见明显异常

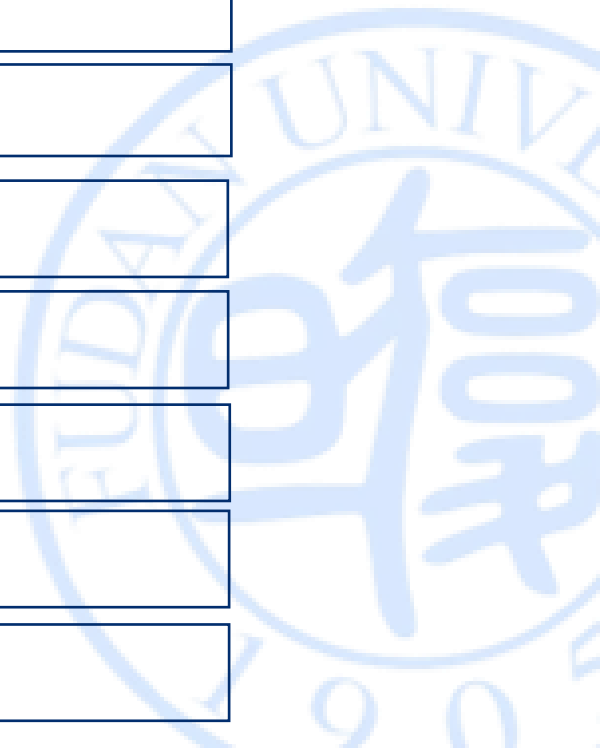




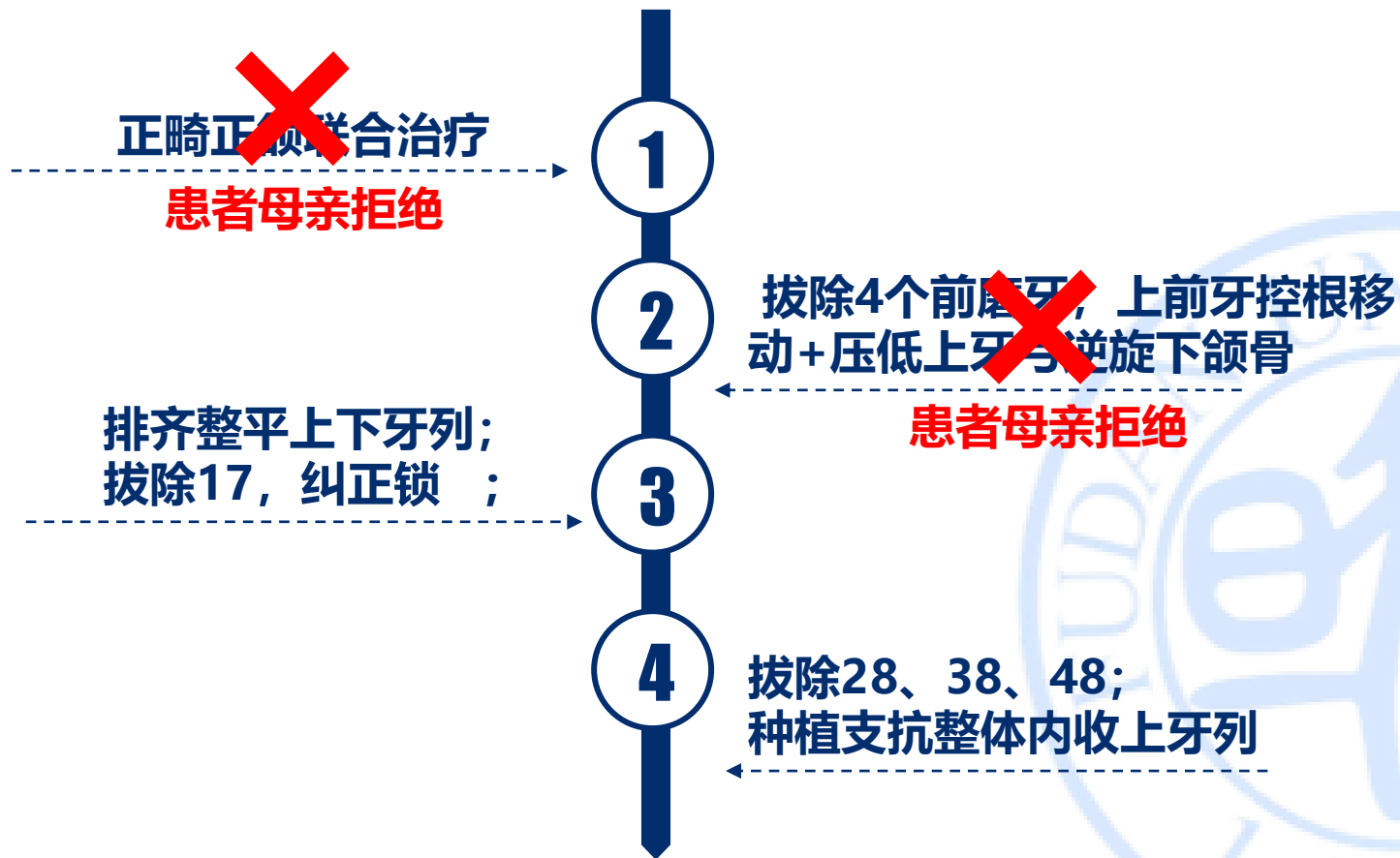
测量项目	测量值	正常值
SNA	87.4	83.1±2.7
SNB	78.6	80.3±2.6
ANB	8.8	2.7±1.8
MP-SN	37.8	32.6±4.9
FH-MP	33.2	25.5±4.8
U1-SN	98.5	103.4±5.5
L1-MP	98.0	96.3±5.4
U1-L1	128.3	129.1±7.1
UL-E(mm)	5.6	-1.6±1.5
LL-E(mm)	7.2	-0.2±1.9

问题列表

01	安氏II类
02	骨性II类 (ANB=8.8)
03	骨源性凸面畸形
04	上颌前突
05	下颌后缩
06	右上下第二磨牙锁
07	上前牙直立
08	高角



治疗计划



9个月



9个月



14个月，咬合关系良好



14个月，咬合关系良好



侧貌无明显改善



治疗前



9个月



12个月



本人第1例拔牙逆旋下颌骨病例



治疗前



12个月



22个月



36个月结束



治疗计划更改



~~正畸正颌联合治疗~~
患者母亲拒绝

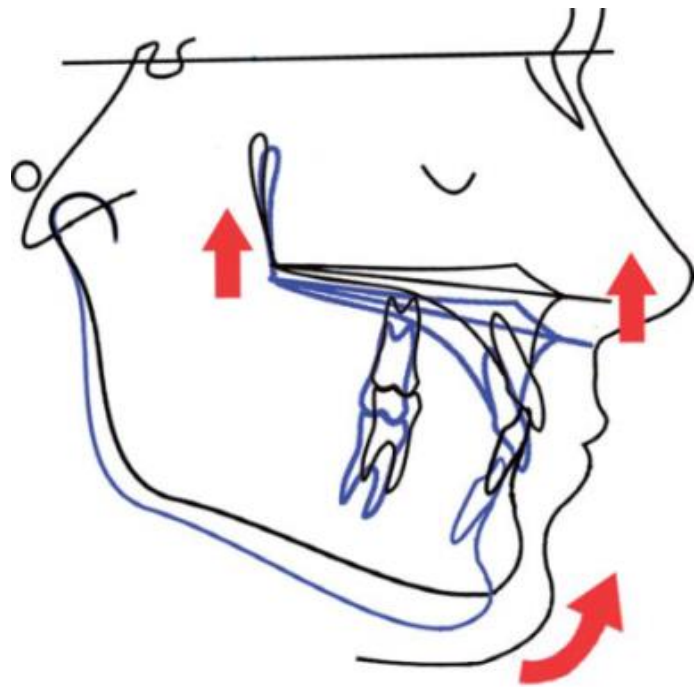
~~拔4个前磨牙 上前牙控根移动
+ 压低上牙弓 逆旋下颌骨~~
患者母亲拒绝

拔除17, 纠正锁 ; 拔除28、38、
48; 种植支抗整体内收上牙列

患者求拔4个前磨牙 上前牙控根移动
+ 压低上牙弓 逆旋下颌骨
医生拒绝

尝试非拔牙种植支抗整体内收上下牙
列、压低上下双牙弓、逆旋下颌骨

垂直向控制与侧貌改变



AJODO CASE 1 (拔牙双牙弓压低)

Vertical control of a Class II deep bite malocclusion with the use of orthodontic mini-implants

Min-Ho Jung
Seoul, Korea



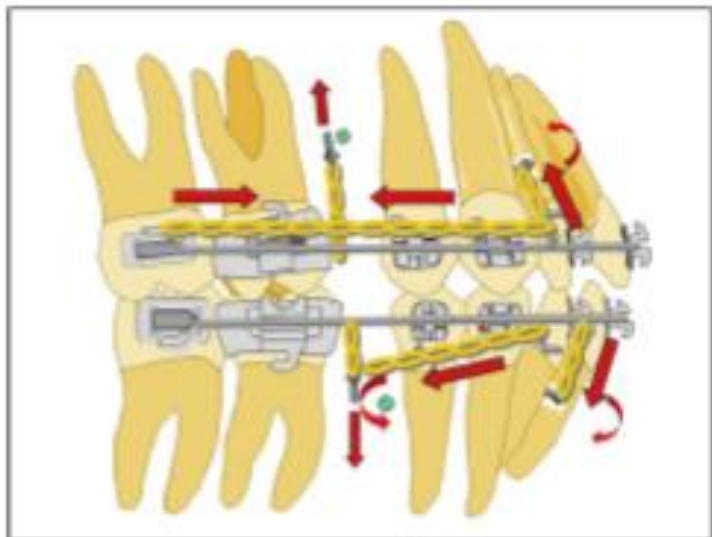


Fig 4. Schematics of the force vector during treatment. **A**, Intrusion was started in the lower anterior region. **B**, Total arch intrusion and retraction of the anterior teeth using the second premolar extraction spaces were initially planned. **C**, During space closure and intrusion, edge-to-edge bite was produced by the counterclockwise rotation of the mandible and proclination of the lower incisors. To improve overjet and lower incisor torque, lower incisor retraction with the use of OMIs was carried out.

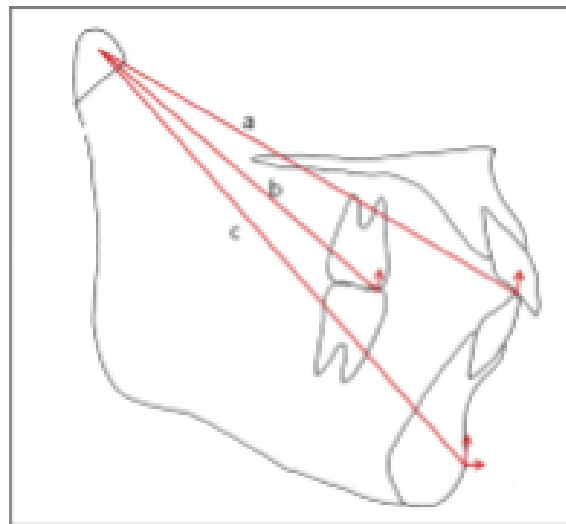
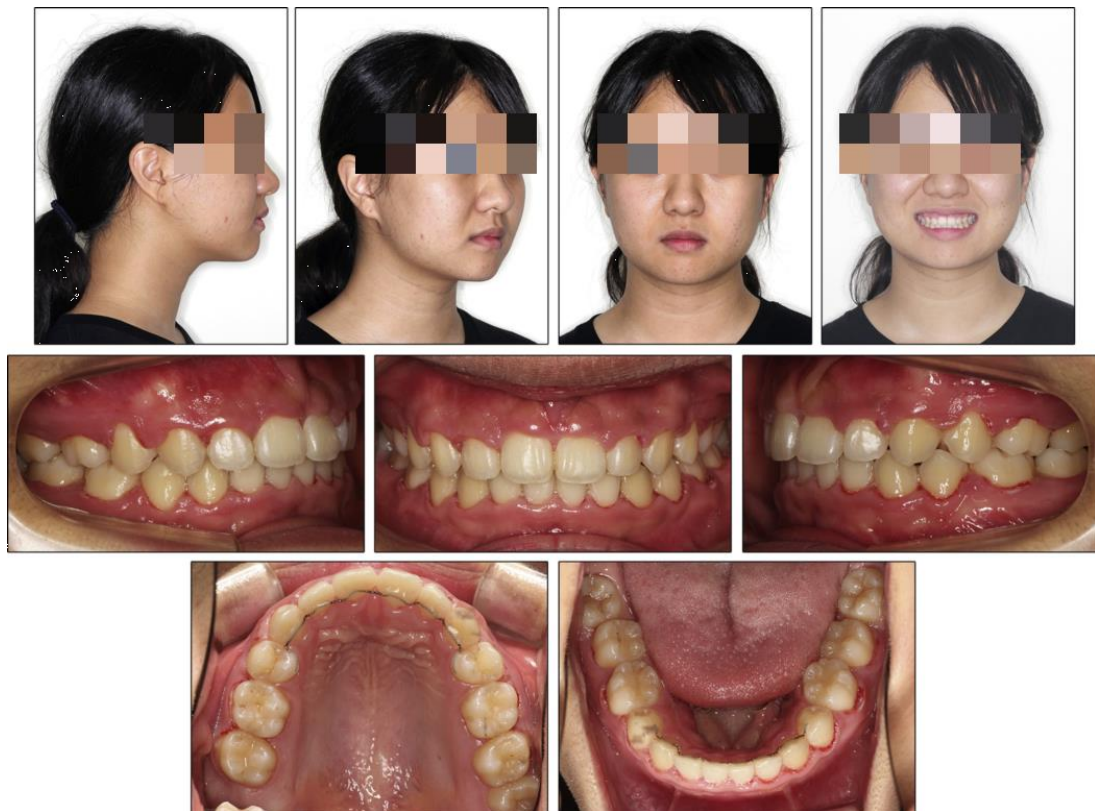


Fig 12. A schematic of mandibular rotation. Because the center of mandibular rotation is located in the condyle, the amount of incisor movement (a) is always larger than the amount of molar movement (b). For the same reason, the amount of pogonion movement (c) is much larger. Counterclockwise mandibular rotation also produces anterior movement of the pogonion. Reduction of lower anterior facial height and forward movement of the pogonion can improve chin deficiency synergistically.



To improve the facial profile of a Class II patient with chin deficiency, orthodontists have traditionally used incisor retraction or jaw surgery. In patients with deep bite, heavy anterior occlusal contact can make it difficult to use intrusion for profile improvement. This case report shows the successful treatment of a patient with Class II deep bite and chin deficiency by means of intrusion of the maxillary and mandibular dentition with multiple orthodontic mini-implants. (Am J Orthod Dentofacial Orthop 2019;155:264-75)

AJODO CASE 1 (拔牙双牙弓压低)

Nonextraction treatment with temporary skeletal anchorage devices to correct a Class II Division 2 malocclusion with excessive gingival display

Makoto Nishimura,^a Minayo Sannohe,^b Hiroshi Nagasaka,^c Kaoru Igarashi,^d and Junji Sugawara^e
Sendai and Saitama, Japan, and Farmington, Conn

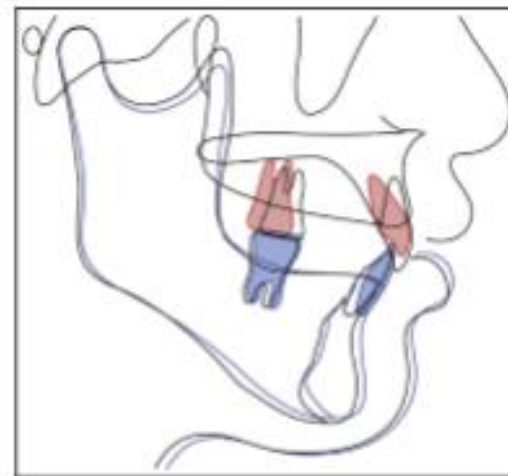


Fig 6. Treatment goal.

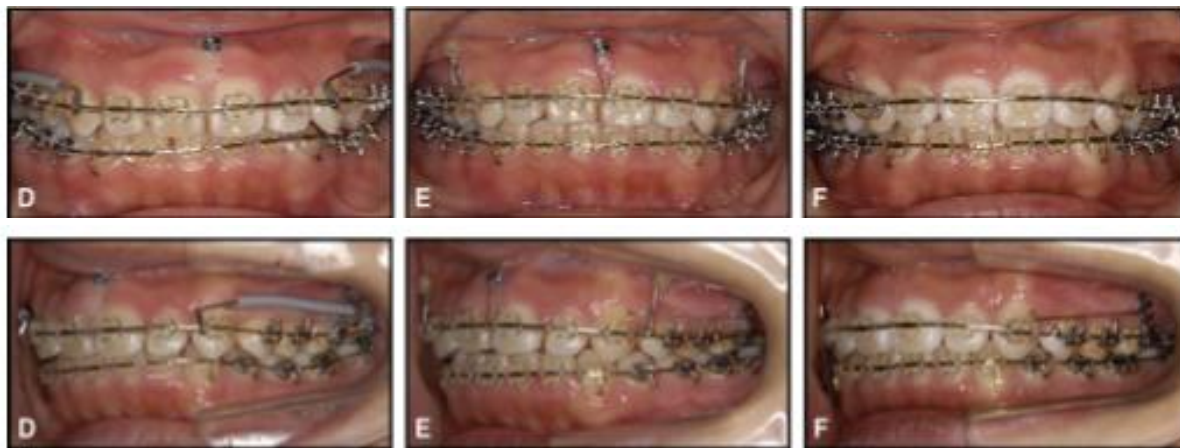


Fig 8. A-F, Treatment progress intraoral photographs, lateral view.

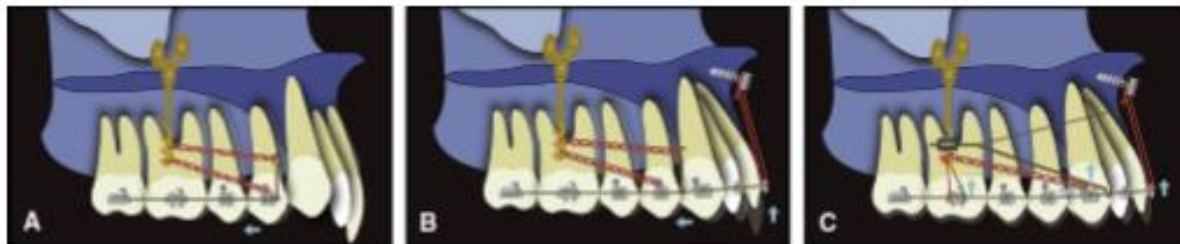


Fig 9. A-C, TSAD mechanics for distalization of molars and intrusion of incisors and maxillary dentition.



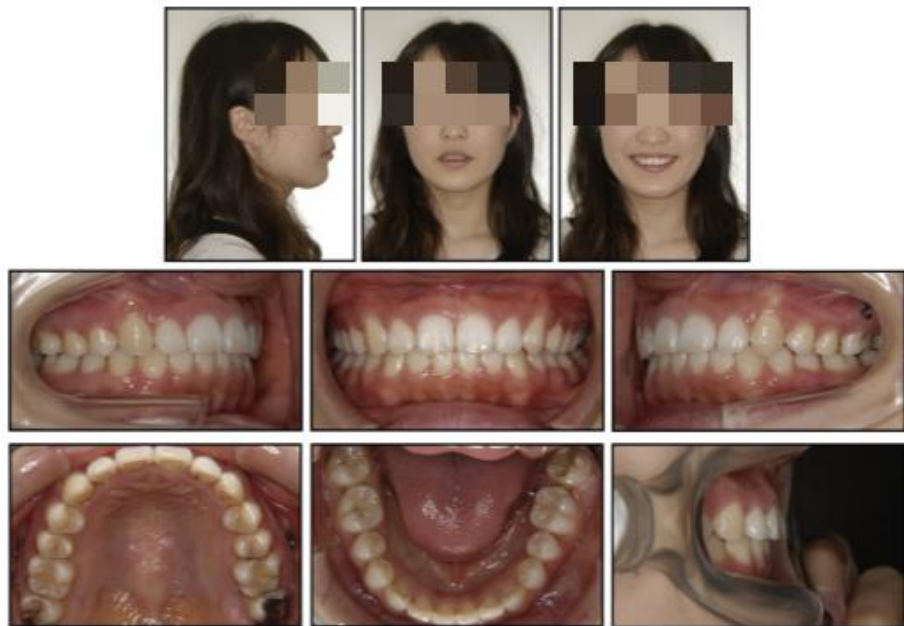


Fig 10. Posttreatment facial and intraoral photographs.

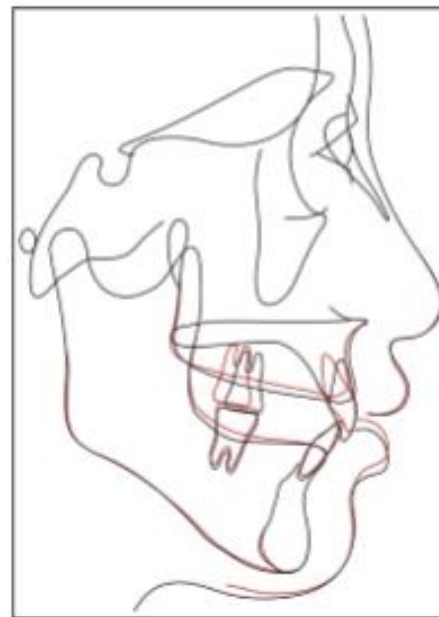
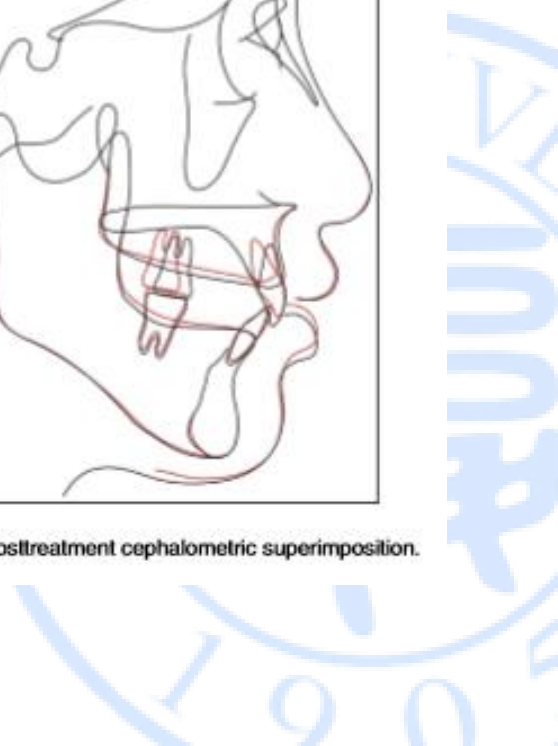


Fig 13. Posttreatment cephalometric superimposition.



24个月， 逆旋10个月



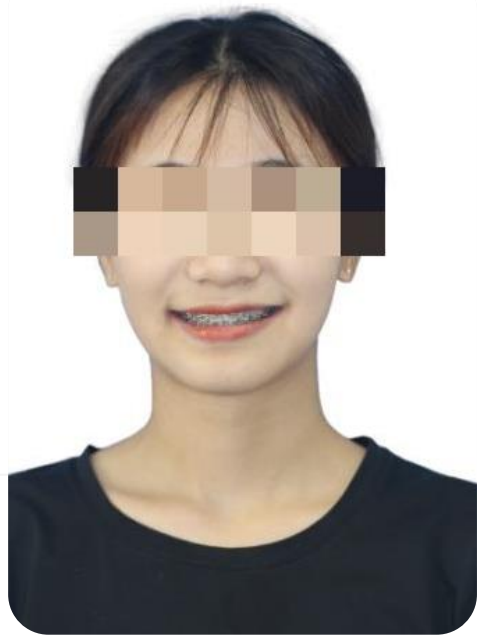
21个月， 逆旋7个月



29个月，逆旋15个月



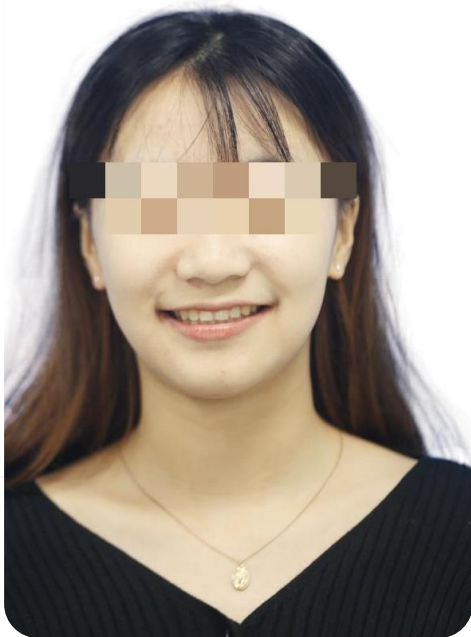
29个月，逆旋15个月



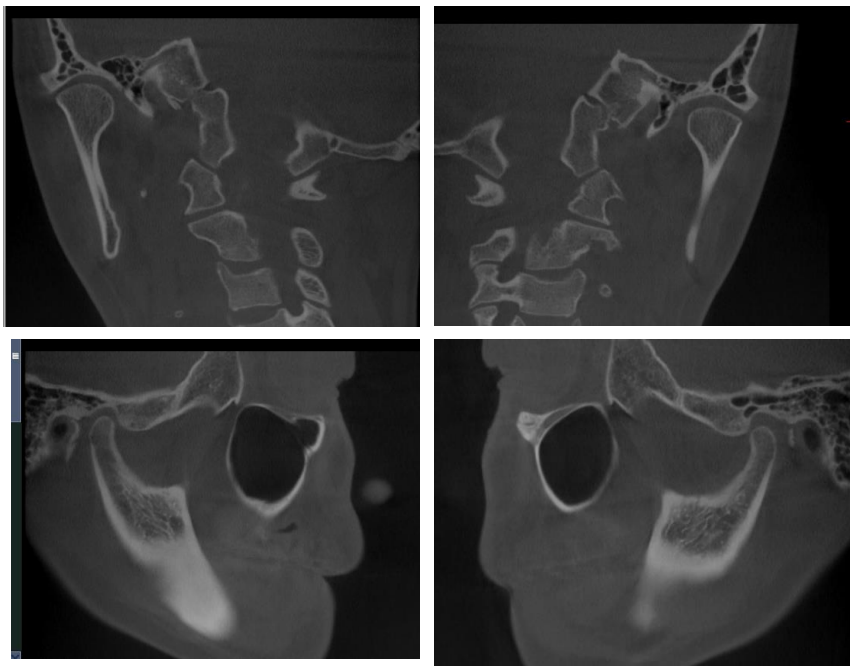
31个月，逆旋17个月，治疗结束



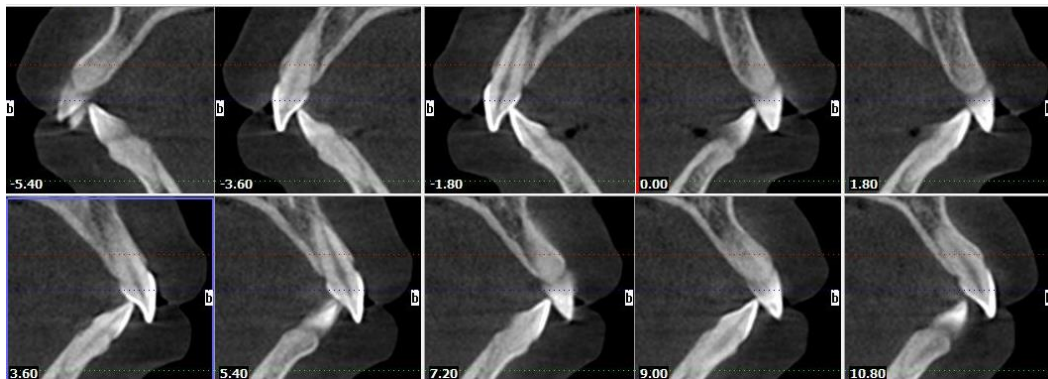
31个月， 逆旋17个月， 治疗结束



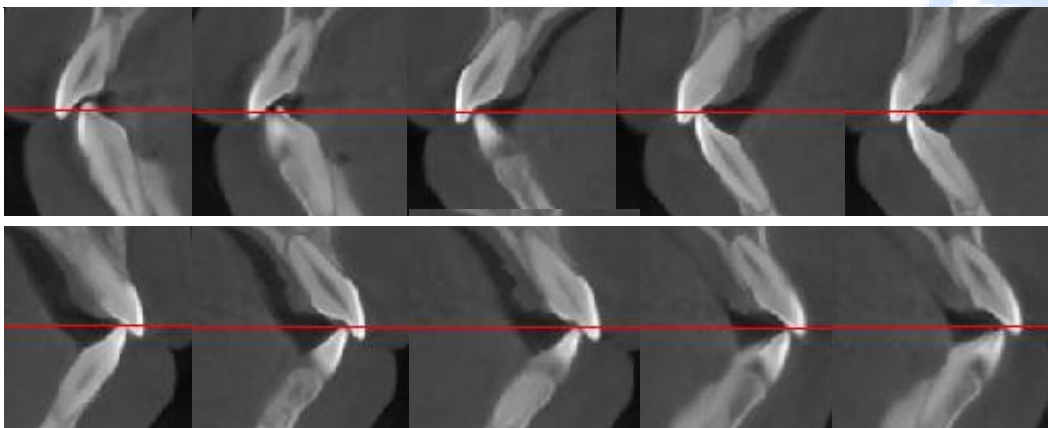
治疗后无TMJ关节症状，影像学治疗前后无明显变化



治疗前

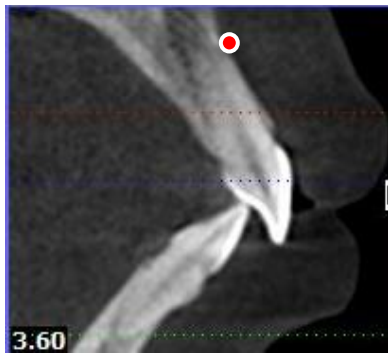


治疗后

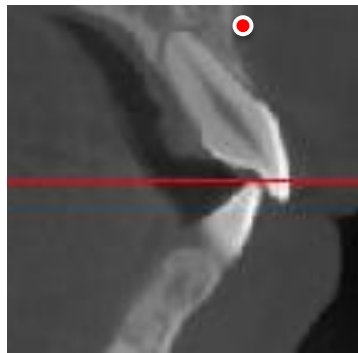


上前牙牙根完全控根移动至腭侧骨板，但上前牙牙根有吸收

治疗前



治疗后



上中切牙根尖部与A点的距离变大，清晰显示控根移动效果

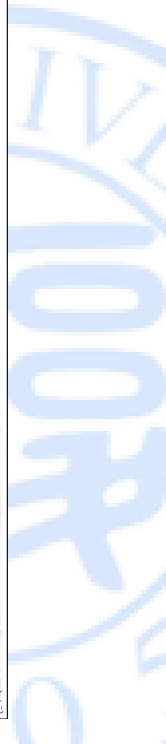
全口牙槽骨吸收较治疗前未加重

CHEN ZHI LIN
997590



2019-11-30
17:10:56

上海市口腔病防治院





测量项目	治疗前	治疗后	差值	正常值
SNA	87.4	87.0	-0.3	83.1±2.7
SNB	78.6	82.1	3.2	80.3±2.6
ANB	8.8	4.9	-3.9	2.7±1.8
MP-SN	37.7	33.8	-3.9	32.6±4.9
FH-MP	33.0	30.3	-2.7	25.5±4.8
U1-SN	98.5	113.1	14.6	103.4±5.5
L1-MP	98.0	90.3	-7.7	96.3±5.4
U1-L1	127.3	122.8	-4.5	129.1±7.1
UL-E	5.6	-1.4	-7	-1.6±1.5
LL-E	7.2	0.5	-6.7	-0.2±1.9

逆旋前



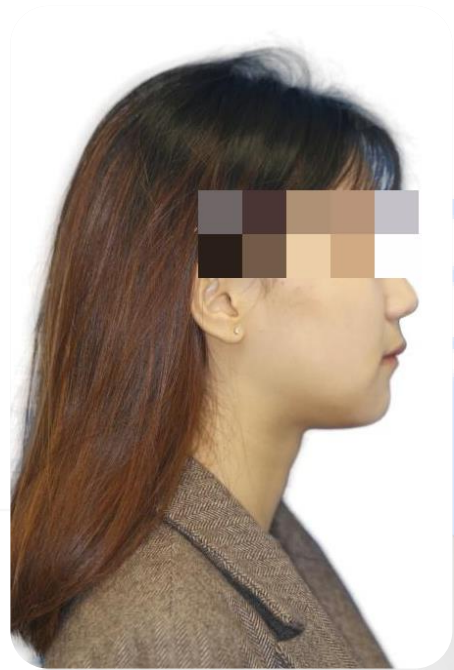
逆旋后



随访1个月



随访1个月





小结体会

病情分析

- 突面型、骨性II类 ($ANB=8.8$)
- 严重下颌后缩 ($ANB=78.6$)
- 上前牙直立 ($U1-SN=98.5$)
- 高角 ($MP-SN=37.7$)

事实上已超越非手术治疗适应征。

下颌逆旋

治疗效果

- 患者为直人性人格
- 前牙露龈笑
- 上颌前后齿槽高度过大 ($U1-PP$ 、 $U6-PP$ 、 $L1-MP$ 、 $L1-MP$ 数值大)



小结体会

病情分析

下颌逆旋

治疗效果

- 上颌前牙区植入种植钉压低上前牙
- 上颌牙槽种植钉联合腭托形成整体框架压低上后牙
- 下颌主弓丝反SPEE曲线压低下前牙
- 下颌种植钉联合舌弓整体压低下后牙
- 上颌腭托离开腭粘膜8mm
- 上下水平曲台阶增加逆旋所需前牙覆盖
- 上前牙加大正转矩增加逆旋所需前牙覆盖
- 下前牙尽量内收增加逆旋所需前牙覆盖

- 患者及其家属都认为非手术、非拔牙治疗达到了极其理想的治疗效果

因疫情一直没复查随访



一年半后复查



一年半后复查





治疗前



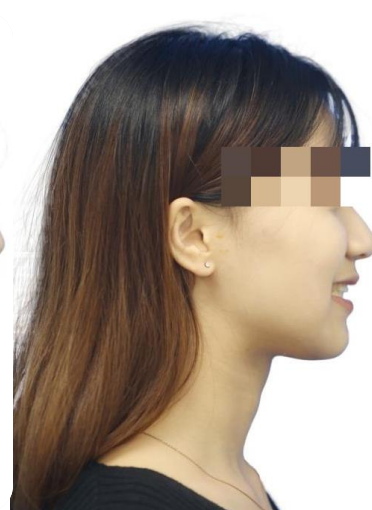
14个月



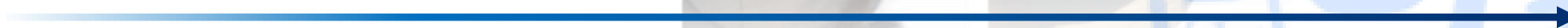
22个月



结束



结束微笑



A close-up, low-angle shot of a white sailboat's hull and rigging on the left side of the frame. The boat is moving through the ocean, leaving a white wake. The sun is low on the horizon, creating a bright orange and yellow glow that reflects on the water and the boat's surface. The sky transitions from a pale blue at the top to a deep orange near the horizon. The overall mood is one of hope and perseverance.

不忘初心，
砥砺前行！