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Forced Progeny Position and its Prothetic Solution

Jadranka Bundevska D. D. S., M.Sc., Ph.D[1], F. Tanturovski M.Sc[2]

Abstract: ***The prosthetic rehabilitation of the compulsory prognatih nibble at adult patients, who did not had suitable therapy on time, seek more complex therapy and team works. Our methodological approach toward prosthetic rehabilitation of this minor occlusion is consisted of : 1. setting correct dijagnosis according to previously made clinical and X-ray analysis; 2.reconstruction of the relations between the jaws and construction of transitory partial brace which the patient will wear for 3-6 months for adaptation of TMZ; 3. after the adaptation period of TMZ there was conduction of prsothetic therapy (fabrication of fixed or mobile prosthetic constructions) according to previously made plan.***

Keywords: compulsory prognatih nibble, transitory partial prothesis

1. Introduction

The compulsory prognathic nibble is equally contained both in the milk and in the permanent dentition and brings to demolishing of many functions of the orofacial system (speech, demolish function of the chew and the esthetic look). During this malformation the proportions and contours of the face are showing huge varialities. (1,2,3)

The main caracteristics of this anomalism are: reverse cap of all incisors and also of the eyetooth, with early contact of some of the frontal teeth and forced sliding of the lower jawbone on front with what the lower teeth are in occlusion with the upper. Depending from the state of the teeth and their morphology, with early contact, the lower jaw could slide only in front or, in front and laterally. Because of the abnormal rub between the upper and lower frontal teeth with early contact, an abrasion is developing on the incisive and the labial surfaces of the upper, and on the incisuve and the lingual surfaces of the lower incisors.

The existeance of the compulsory prognathic nibble can lead to changes and damages to TMZ and to appearance of convenient subjective weights (4,5).

The oral inclination on many frontal teeth of the upper jaw, and the influence of the inheritance are the reasons for this III class minor clusion. The previous view was that the compulsory prognathic nibble stimulate the messial develop of the lower jaw, and, this traverse in real progenic.But, the persisting of the compulsory prognathic nibble throug 30-40 years and its orthodontics prothetic correction are not in favour of this claim, and its trasformation in real mandibular prognathisam is far more a consequence of the genetical potentials of growth, and less of the functional stimulation present in this nibble (6). The specific disharmony of the face known as mandibular progenia is a condition when the patient seek for medical help with numerous methods for correction starting with orthodontical, surgical and ending with prosthetical (7,8).

Using multi disciplinted tratment, Sacar O (9) in his study describes the solving of III class after Angle with low occlusial vertical dimension,constructing mobille partial brace, helping to establish normal vertical dimension enhancing the orthodontic reduced lower frontal dentofacial high with corection of the negative cap.

In the examinations by Del(10) it is described the clinical treatment with use of maxllar and mandibular cap mobile brace at patients with third class sceletal minor clusion and distally open nibble using the same as alternative solution for other options getting satisfactory functional and esthetical requests of the patient.

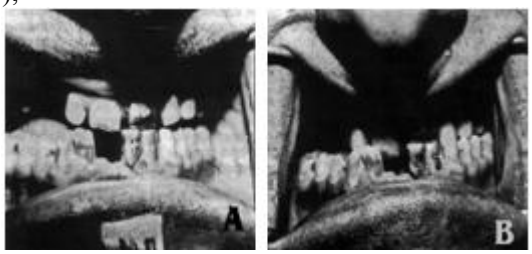
The use of this surgical corective methods lead to obtaining of new morfological and functional relations achieving diminish deformities with optimal results. (8, 11). The aim of our article is to show our particular observations in the medication of the compulsory prognathic nibble at older patients who did not had svitable therapy on time, so the compulsory prognathic nibble seek more complex therapeutic treatment.

2. Material and Method

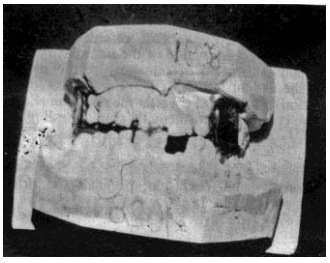
As our material there were 30 patients over 35 yerars old, at whom heve come to mesialisation of the lower jaw and reverse cap of the frontal teeth.

Our methodological approach toward the medication of the patients was consisted of:

1. Clinical analysis particularly on every case (figure 1- A and B);

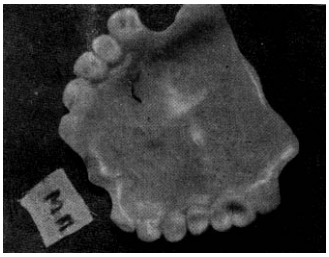


2. Construction of models for analysis and studies, and construction of nibble patterns (figure 2);

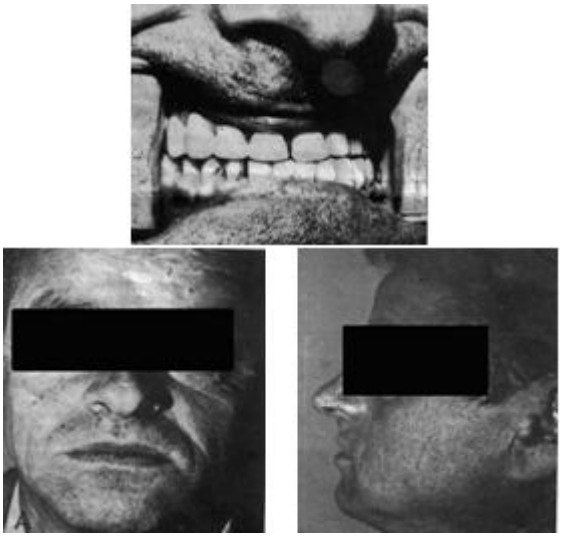


3. Reconstruction of the relationship between the jaws, and then X-ray control of the state of the condil in fosse articularis;

4. Construction of transitor partial brace which, depending of the case, the patient will wear it 3-6 months (figure 3);



5. Taking prosthtic therapy according to previous made plan(definitive mobile or fixed constrution) (figure 4, 5 (A and B)).



3. Results and Discussion

On this way 30 patients over 35 years were medicated At all patients, firstly, was removed the snag (ethiological moment of the compulsory prognathic nibble), and after was made a reconstruction of the relationship between the jaws. The next phase was a construction of transitor partial brace wich the patient will carry it for 3 to 6 months, depending of the case, with which the reconstruction of the nibble will be held and an adaption of TMZ (figure 3). At all patients,after the adaption period, were made coronas (figure 4) of all other teeth. On this way we secured the state of the lower jaw. We fill the space without teeth with partial brace or with fixed prosthetic constructions, if there were conditions for it. There was no appearance of recidives, and the subjective difficulties have disappeared, while the reached esthetical moment and function were satisfied (figure 4 and 5). By the way, we have to say that the therapy depends of the concrete case, and the opportonities of the treatment are huge and variable.

4. Conclusion

When seeting correct diagnosis according to previous made clinical and X-ray analisis, we deside if there is need for compulsory prognatihic nibble or for real prognathia; we fabricate transitor partial brace which the patients will be carring for 3-6 months; according to previous made plan there will be constructed definitive fixed or mobile construction which will satisfied the phonetical, functional and esthetic needs of the patients.

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