

Anterior Crossbite - a case report-



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Introduction

The crossbite is characterized by a malocclusion due to the lingual position of the maxillary anterior tooth in relation to the mandibular anterior tooth. To do the treatment plan of anterior crossbite is essential to distinguish the skeletal and dental problems. These usually involves only one or two dental pieces, which makes them easier to solve. In specific cases, it is possible to adopt a less invasive interceptive methods.

Objective

Demonstrate a treatment plan for anterior cross-bites in cases involving a few dental pieces.

Description of case

A 13 years old male, had crossbite of 1.2/4.3 and 2.2/3.3 teeth. The treatment plan suggested to repositioning the 1.2 and 2.2 is using a composite resin inclined plane. Due to the social impact, the patient chose one at a time. After 2 weeks the inclined plane was removed from 1.2 tooth and it was uncrossed. During the follow-up period, the treated tooth was examined clinically and radiographically and the patient never complained of pain and / or discomfort.

SURGICAL TECHNIQUE

1. Check centric relation occlusion;
2. Prophylaxis with brush paste and glass polishing;
3. Placement of A3,5 resin composite at 45 angle and a posterior disocclusion 3-4 mm, so as to occlude the buccal aspect of the mandibular tooth with wide enough to withstand occlusal forces mesiodistal;
4. Polishing the inclined plane;
5. Follow-up periodic control until the tooth was in the right position.

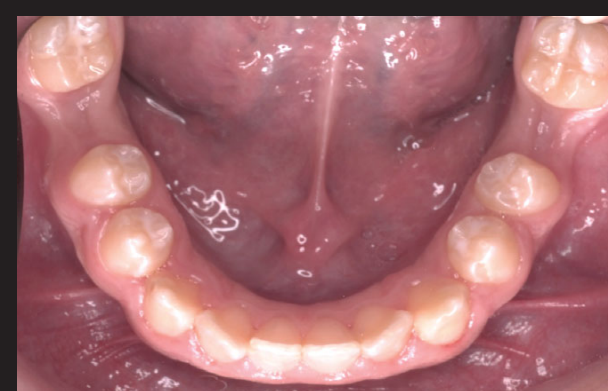
Initial intraoral photos:



Photos during treatment:



Final photos:



Right side



Left side



Discussion

The treatment of anterior crossbite with composite resin inclined plane is generally well accepted by patients, unlike removable appliances, where the lack of initial adaptation encourages the placement not to use, and the usage time and high activation make it less advantageous. Inclined plane still have the advantages of easy technical and reduced time to clinical procedure, also reducing the patient's exposure to the monomer of polymethyl methyl present in removable appliances. This method is a safe, fast, easy and acceptable aesthetic alternative for the correction of anterior crossbite. The procedure is economical, does not involve discomfort and can be performed in few reference.

Conclusion

As demonstrated in this case, the use of composite resin inclined plane is a simple and effective method for the treatment of anterior crossbite of one or two dental pieces.

References

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