Resolving anterior crossbites with the quick-fix device

By S. Jay Bowman, DMD, MSD

The early resolution of a pseudo-Class III malocclusion appears to be one of the most successful and stable orthodontic procedures. The purpose of this article is to describe a simplified yet predictable mechanism for the correction of pseudo-Class III malocclusions and, with the addition of mini screws, treatment of some Class IIs.

Pseudo-Class III malocclusion

The differentiation of pseudo-Class III from a typical Class III malocclusion is a simple yet critical distinction in orthodontic diagnosis. The classic clinical presentation of pseudo-Class III is seen in a patient who exhibits an anterior functional "shift" of the mandible, resulting from lingually inclined maxillary incisors (i.e., anterior crossbite). When the pseudo-Class III mandible is manipulated into a terminal hinge axis position, often the incisors will contact edge-to-edge. Consequently, the patient must move his or her lower jaw forward in order to occlude on his or her posterior teeth. This type of shift is not indicative of a true skeletal Class III relationship.

Specifically, a decreased midface length, diminished upper-arch length, retrusive upper lip, increased maxillary-mandibular anterior displacement, retroclined upper incisors and normal vertical development typically characterize pseudo-Class III patients. Interestingly enough, Lin has reported the prevalence of Class III in a Chinese population involves one in 20 youngsters, but half of those may be characterized as pseudo-Class III. The incidence of all types of Class III malocclusions in Caucasian populations is far less frequent.

Correction of Pseudo-Class III

Hägg and co-workers have stated that "interceptive orthodontics is intended to prevent a specific problem from getting worse."

Consequently, the goals for early resolution of a pseudo-Class III malocclusion are to improve the functional shift of the mandible and to increase maxillary arch length to permit proper eruption of the permanent cuspsids and premolars into a Class I relationship.

Interactively orthodontics is intended to prevent a specific problem from getting worse."

Correction of Pseudo-Class III

Advancing and/or tipping the maxillary incisors labially can normalize the

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