

ORTHODONTIC TREATMENT OF YOUNG CLASS III PATIENTS

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Class III malocclusion is in particular common in among populations in Asia. Studies based on Chinese samples show that the incidence of Class III malocclusion in the Chinese population is about 5 per cent, of whom half is pseudo Class III. Since the treatment need and demand in this malocclusion group is generally high the proportion of Class III patients in the Asian orthodontic clinics is high.

Usually the Class III malocclusion is divided into pseudo Class III and skeletal Class III. However within the respective groups there patients with different facial morphological characteristic which have to be taken into account in the treatment planning.

Various approaches have been recommended in the management of young patients with Class III malocclusion. Early treatment versus late treatment is still an issue of debate. In the orthodontic literature promising treatment results after early treatment of Class III are presented. However many studies are retrospective, which usually means that the patient selection criteria is not given in detail, the inevitable dropout of patients is not taken into account, and subsequently the results are usually biased describing the outcome in successfully treated patients only. Today there are some prospective studies on early Class III treatment,

including description the sampling criteria and a matched untreated control.

This lecture will be mainly based on the outcome of a series of ongoing prospective studies on early Class III treatment at the Faculty of Dentistry in Hong Kong. One part of the lecture will focus on the treatment of skeletal Class III malocclusion with reverse headgear evaluating the immediate treatment response in various aspects and the follow-up post-treatment changes, and compared to the growth changes of a matched untreated control group. Another part of the lecture will address issues related to treatment of pseudo Class III malocclusion, such as : identification of diagnostic criteria, and the effects of early treatment by 2x4 appliance, and compared to matched untreated control group.

The changes of overjet in the early treatment of skeletal Class III and pseudo Class III patients were similar. The dental and skeletal pattern of the treatment and follow-up changes in the two groups will be compared.

Finally our current overall treatment approach in Class III malocclusion will be presented.