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Maxillary and mandibular occlusal planes values in the orthodontic and surgical treatment of anterior open bite

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Abstract :

Anterior open bite is defined by the absence of anterior occlusal contact. Usually well tolerated when it is old, it can be felt as uncomfortable from a functional point of view, or even unaesthetic when it is accompanied by an alteration of the smile or a lip inocclusion. Its alveolar-dental, skeletal, muscular, or mixed origin makes its orthodontic, surgical, and rehabilitation management complex.

Profile telerradiography completed by Delaire cephalometry is an aid for the orthodontist and the surgeon in the diagnosis and planning of the treatment.

In the case of open bite, the xray shows two occlusal planes, traced from the occlusal surface of the first molar to the cingulum of the central incisor in the maxilla, and to the secant edge of the central incisor in the mandible.

The orientation of each of the occlusal planes extended to the occipital bone, in relation to the optimal facial balance proposed by Delaire's analysis, allows to define the functional matrix at the origin of the open bite and to plan an adapted treatment. For example, the xray may show a mandibular occlusal plane that is very divergent from the F8 line (optimal occlusal line according to Delaire's analysis), while the maxillary occlusal plane remains parallel to F8. Delaire's analysis will confirm a growth defect of the ramus, an opening of the mandibular angle, or a clockwise rotation of the mandible. The etiology found will ultimately guide the treatment, which will be considered effective if occlusal stability is observed after several years