



## Anterior openbite; simple, complex and syndromic. Diagnostic and therapeutic approach.

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### Abstract :

Anterior openbite present a wide variety of clinical forms and etiologies. It is necessary to distinguish:

- The alveolo-dental open-bites, essentially of functional origin: digital interposition, nasopharyngeal obstruction...
- Open-bites frequently observed in subjects with a "long face" typology characterized by a global facial vertical excess associating skeletal anomalies of the "maxillo-mandibular hyperdivergence" type, a symphyseal vertical excess, dental inclusion more or less extended laterally and posteriorly and often accompanied by a series of oro-facial dysfunctions (abnormal low position of the tongue, atypical swallowing, permanent labial inoclusion, mixed or essentially oral ventilation,...) cephalic posture in extension, more or less severe spinal anomalies.

- Openbites of mandibular ramus development disorders = posterior vertical insufficiency (PVI)
- Openbites constituting a symptom of a complex malformative syndrome: Crouzon syndrome, maxillo-nasal dysplasia of Binder...

Their diagnosis requires a clinical and radiological exploration of all spinal-cranio-facial and dento-alveolar structures. Depending on the location, the importance of the openbite, the association with dysfunctions, the association with skeletal disorders... their treatment will call for orthodontic, orthopedic, surgical, ENT, speech therapy, and physiotherapy treatments.

Two original orthopedic solutions for the treatment of severe openbite are presented, one in a case of Binder syndrome, the other in a case of amelogenesis imperfecta.