

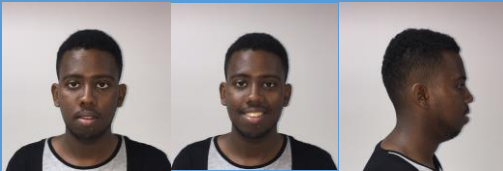
Introduction

The combination between surgery and orthodontics are the treatment of choice for skeletal class II high angle with open bite malocclusion to improve underlying skeletal discrepancies . Camouflage treatment options such as intrusion of premolars and/or molar teeth by using temporary anchorage devices (TADs) or multiloop edgewise arch wire (MEAW)

History

a male patient aged 24 years reported to University of the East post graduate clinic with chief complaint of open bite of the anteriors teeth because he had tongue thrust in the past , the patient had no relevant medical history . On clinical examination the patient had convex profile , skeletal class II overbite of -5 mm high mandibular plane angle , procline upper and lower incisors, class III molar relationships on the left and class I on the right and class II canine on both sides and multiple rotated teeth

Extraoral examination



- convex Profile.
- proportional facial heights.
- incompetent lips.
- symmetric face.
- Dark buccal corridor.

entraoral examination



The patient have asymmetric maxillary arch and asymmetric mandibular Arch, high canine both sides, open bite related to anterior teeth, midline on both arches, rotated teeth, constricted upper arch.

mechanotherapy

Extraction all wisdom teeth
 Levelling and alignment
 Multiloop edgewise arch wire
 Finishing wires



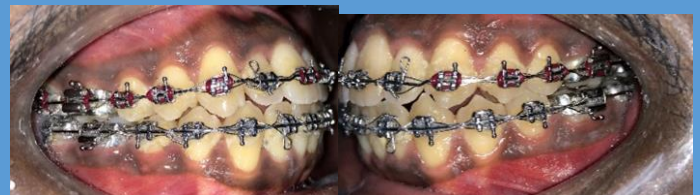
014 then 016 niti upper and lower

016 ss and couple mechanic for lower arches



016*022 ss with MEAW therapy

Vertical elastic



017*025 ss with box elastic for anterior teeth

019*025 ss with box elastic