

General considerations of Class II interceptive orthodontic treatment

Class II malocclusion is one of the most prevalent malocclusion in a Pakistani population. A Distocclusion may be unilateral or bilateral and involves a distal relationship of the mandible to the maxilla or the mandibular teeth to maxillary teeth. This relationship may result from dental, skeletal or a combination of both.

Results of randomized clinical trials indicate that Class II malocclusion can be corrected effectively with either a single or two-phase regimen. There is substantial variation in treatment response to growth modification treatments (headgear or functional appliance) and no reliable predictors for favorable growth response have been found. Interceptive orthodontics does not reduce the need for either premolar extractions or orthognathic surgery, while some consultants would disagree with this notion. However, two-phase treatment results in significantly longer treatment time. Clinicians may decide to provide interceptive treatment based on other factors, primarily the soft tissue profile which has engulfed the current paradigm of treatment planning. Evidence suggests that, for some children, interceptive Class II treatment may improve self-esteem and decreases negative social experiences, although the improvement may not be different longterm. Some studies indicate interceptive treatment for Class II malocclusions can be initiated, depending upon patient cooperation and management.

General considerations when planning orthodontic intervention for Class II malocclusion are: facial growth pattern; amount of AP discrepancy; growth stage; projected patient compliance; space analysis; anchorage requirements; and patient or parent desires.

Professor Ulfat Bashir
BDS, MCPS, FCPS
Editor in Chief,
Pakistan Orthodontic Journal