

Letter to the Editor

Letter to the Editor - Open Bite Malocclusion: Analysis of the Underlying Components

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Anterior open bite (AOB) can be considered one of the most challenging malocclusions to treat. Its complexity arises from the multi-factorial etiology, the involvement of various components and the uncertain stability.

There is abundance of literature on the AOB classifications, the different etiologies and the possible treatment options. However, most of the articles focus on treatment of AOB malocclusions, neglecting the deeper search into the components involved into that malocclusion which is essential for proper treatment planning.

AOB can be attributed to skeletal or dental underlying causes/components, yet it may result from a combination of both. Analysis of these components would allow the orthodontist to depict the underlying causative factor of the presenting AOB malocclusion and customize a proper treatment plan. This is expected to result in

a successful outcome, better stability, improved esthetics and more importantly enhance patient satisfaction.

Treatment of AOB should not be viewed as simple as placing a tongue crib for growing individuals, and treating adult patients with posterior segments intrusion or orthognathic surgery. Tongue size & position, incisal show at rest and on smiling, mandibular plane steepness and lip competence should all be closely monitored before planning what should be done. There is still a need for a detailed systematic analysis of all these components and relating these findings to the possible treatment options to serve as a guide for orthodontists in dealing with such difficult cases. This is currently our area of interest and we are working as a team to establish a schematic approach, aiming to specifically recognize the exact components of AOB malocclusion and target our treatment accordingly.

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