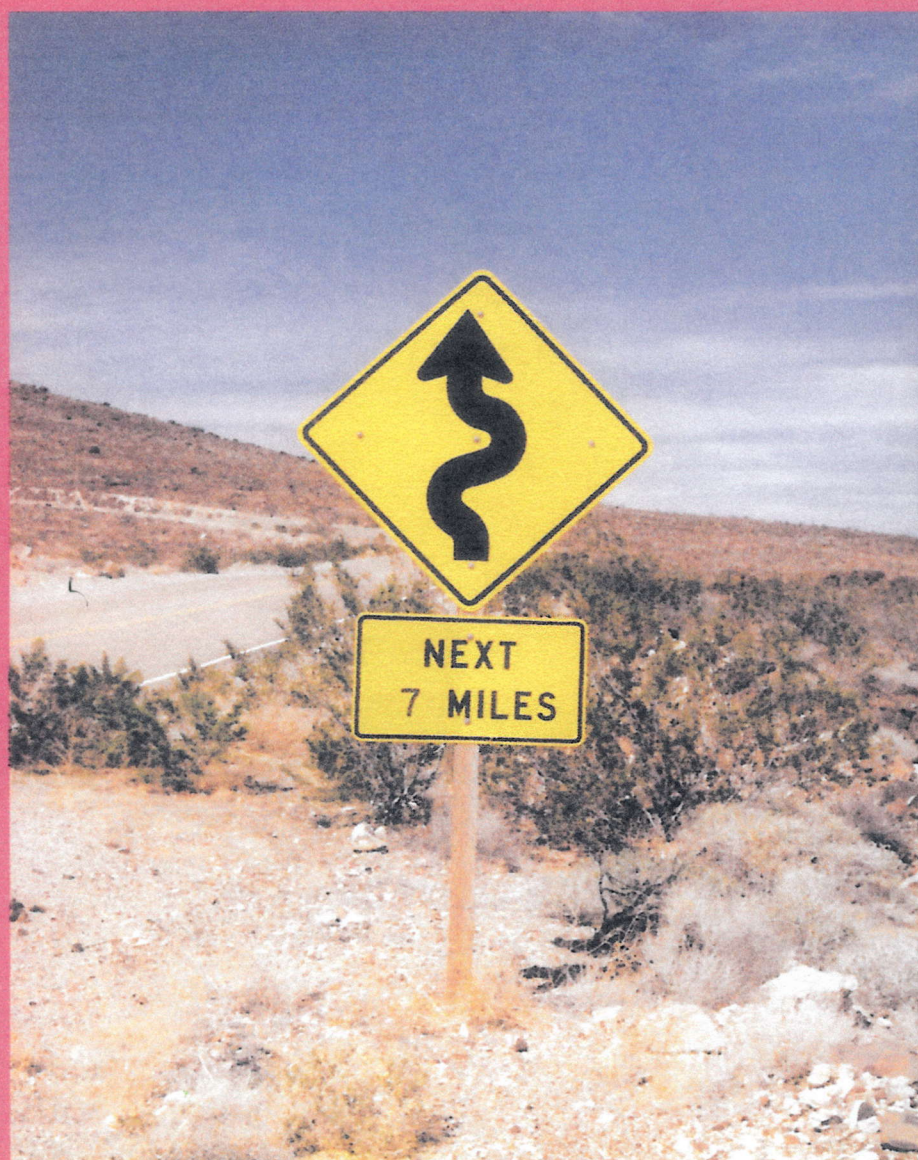


American Association of Orthodontists

106TH ANNUAL SESSION



Meetings:
May 5-9, 2006

Exhibits:
May 7-9, 2006

Las Vegas,
Nevada, USA

Sands Expo and
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Book of Abstracts Volume 14

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Oral Research



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2006 Oral Research Abstracts

Comparing Soft Tissue Outcomes: One And Two Phase Class II Treatment

Jeremy R. Fry, P. Sinclair, C. Tulloch, W. Proffit

Los Angeles, CA, USA

The purpose of this study was to determine the soft tissue treatment outcomes of phase 1 and phase 2 treatment of children with severe (7 mm overjet) Class II malocclusions utilizing patient data from the UNC randomized trial. Results were analyzed for 3 treatment groups: early bionator (n=43), early headgear (n=48), and no early treatment (n=51) and measured by 11 soft tissue analyses: vertical (5), lip contour (3), anteroposterior (2), and facial convexity (2). Following phase 1, there were no significant differences in soft tissue outcomes between the headgear and bionator groups. Early groups showed improved lip contours compared to the control group. After a phase 2, any previous soft tissue improvement was eliminated. The results indicated that 2-phase treatment started before adolescence in the mixed dentition was no more clinically effective at producing improved soft tissue outcomes than 1-phase treatment started during adolescence in the early permanent dentition.

Timing And Effects Of Orthodontic Loading On Mini-Implants For Skeletal Anchorage

Umberto Garagiola, K. Nishiyama, G. Szabò

Milano, Italy

The aim of this work is to determine the best timing of orthodontic loading on titanium mini screws to obtain a rigid skeletal anchorage for tooth movements. Four study groups were assessed. In 44 patients 84 mini-implants were inserted with a healing period of 4, 8, 12, 16 weeks, used for orthodontic anchorage from 3 to 6 months. No screws loss, no anchorage failure, no abutment loss and only two peri-implantitis and mucosal inflammations were noted in two smoker patients. No differences among the 4, 8, 12, 16 loading periods were showed. The use of mini-implants produces a satisfactory result in a short period of time with two minimal surgical procedures, and enables to insert an appliance in any aimed position. If there are a good quality bone and optimal oral hygiene the mini-implants are able to successfully resist relatively high forces and it is possible to short healing period and apply an immediate loading without waiting the osseointegration.