

## CASE REPORT\*

BY J. A. BURRILL, D.D.S., CHICAGO, ILL.

AS a part of the symposium on Class II malocclusions I am showing two cases of Class II, Division 1, so identical from the dental viewpoint that it is hardly possible to tell the two cases apart, yet they are very different facial types.

Fig. 1 shows the original condition of the patient at the age of eleven years and two months in August, 1915. This case was treated in the ordinary manner, without any attempt to get root movement, using plain labial ex-

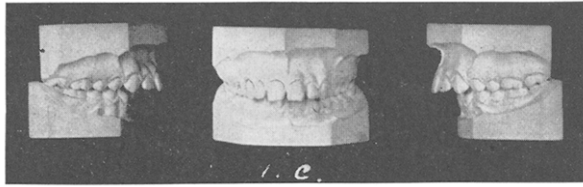


Fig. 1.

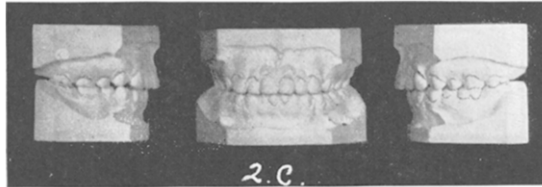


Fig. 2.

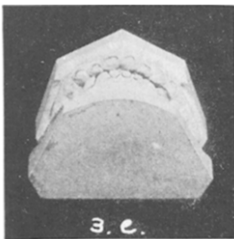


Fig. 3.

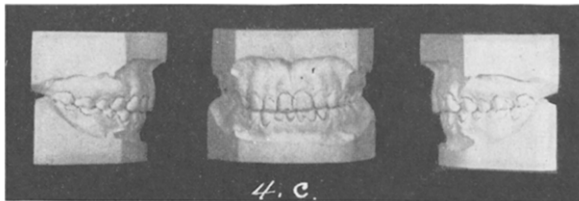


Fig. 4.

pansion wire on the maxillary arch and lingual wire on the mandibular arch with intermaxillary rubbers. Case was retained in June, 1916, with mesio-distal relation corrected and the crowns of the teeth apparently in their normal relations. February 6, 1918, all retaining appliances were removed and the case was watched periodically until November, 1918.

Fig. 2 shows what had developed. The anterior relation had partially

\*Read before the American Society of Orthodontists, Atlantic City, N. J., April 26-30, 1921.

held, but the overbite was too long, with a slight tendency to protrusion and crowding of the maxillary incisors as shown in Fig. 3. Angle Arch pin and tube appliance was adjusted for root movement of canines and incisors.

Fig. 4 shows the result of the root movement as accomplished in Novem-



Fig. 5.



Fig. 6.

ber, 1919, when all appliances were removed. Note the prominence of the roots of the maxillary incisors in this slide. Mandibular arch was not treated during second treatment.

Fig. 5 shows patient's face in the beginning of the treatment and in May, 1920, after all appliances had been off six months.

Fig. 6 shows the patient's face at the present time.

Fig. 7 shows the occlusal views of the models made in the beginning of first treatment, 1915, and second treatment, 1918, and the final condition, April, 1921.

It is impossible for me to state with any accuracy whether the change in the mesiodistal relation in this case was accomplished by a change in the temporomandibular articulation or an anterior movement of the mandibular

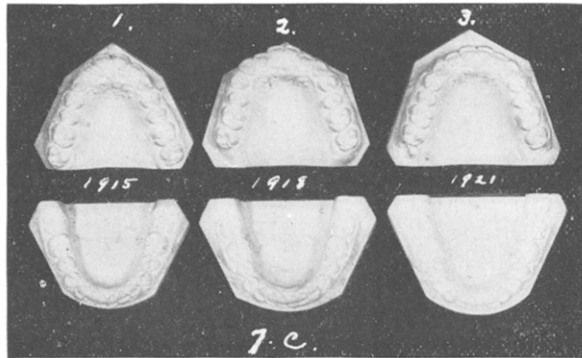


Fig. 7.

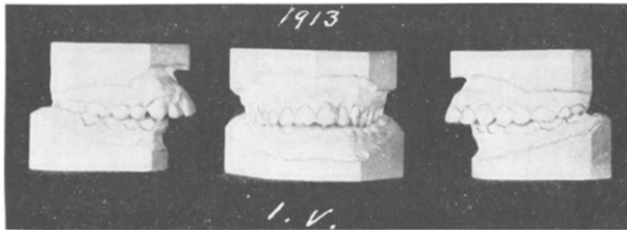


Fig. 8.

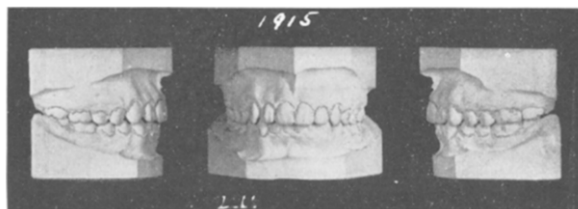


Fig. 9.

teeth and the posterior movement of the maxillary teeth within the jaw. I am inclined to believe, however, that the latter is what happened, as I had no difficulty in maintaining the anteroposterior relation after I had accomplished the root movement of the maxillary canines and incisors.

CASE II.—Fig. 8 shows models of a case, age thirteen years and nine months, in October, 1913, so near like the previous one that you are almost unable to distinguish them. This case was treated with anchor bands on first molars and bands with Angle tubes on canines, (maxillary and mandibular); .030 arches

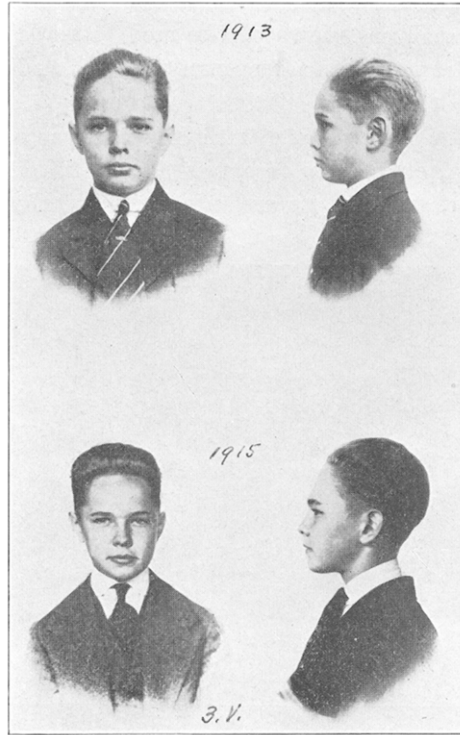


Fig. 10.

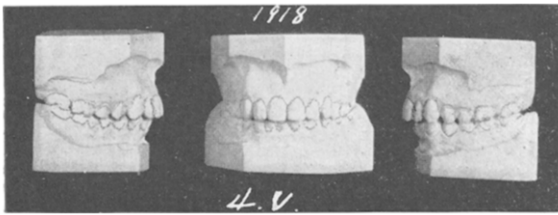


Fig. 11.

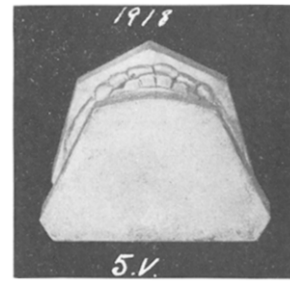


Fig 12.

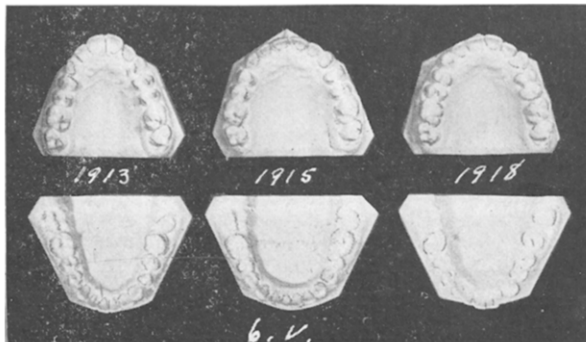


Fig. 13.

were used with Angle pins fitting the tube on each canine band, thus attaining root movement in the canines only. Intermaxillary elastics were used. Retainers were worn for one year and three months and all appliances removed in September, 1915, with the result as shown in Fig. 9.

Fig. 10 shows the patient's face at the beginning and in September, 1915. The case at this time seemed to be almost perfect, but on examination in June, 1918, showed the result as in Fig. 11. Note that the anteroposterior relation has held on the right side, but slipped on the left. Note also the lack of fullness in the incisor root region similar to the former case before root movement was accomplished.

Fig. 12 is an attempt to show the incisal occlusion at this time. When this case presented in this condition I was under the impression that the cause of the shifting of the anteroposterior relation on the left side was that the patient did his chewing entirely on the right side.

Fig. 13 shows the occlusal views of the teeth at the aforementioned dates. Here again I am unable to state where the anteroposterior change has taken place, and I am sorry not to be able to show this case at the present time. My plans to obtain later models and photos were frustrated by the patient not showing up when requested, but the case has remained almost identical with the condition in the picture of 1915 and the model of 1918. This case while not an entire failure has been improved wonderfully in the facial contour and I believe had I the opportunity to get the root movement as accomplished in the former that I could maintain the anteroposterior relation on the left side also, as I believe that the tendency to return to Class II subdivision, was brought about by the improper relation of the incisor teeth.