

## Case Reports

Dr. Edward J. Gromme of Cincinnati, Ohio, offers the following cases for study.

### Case No. 1

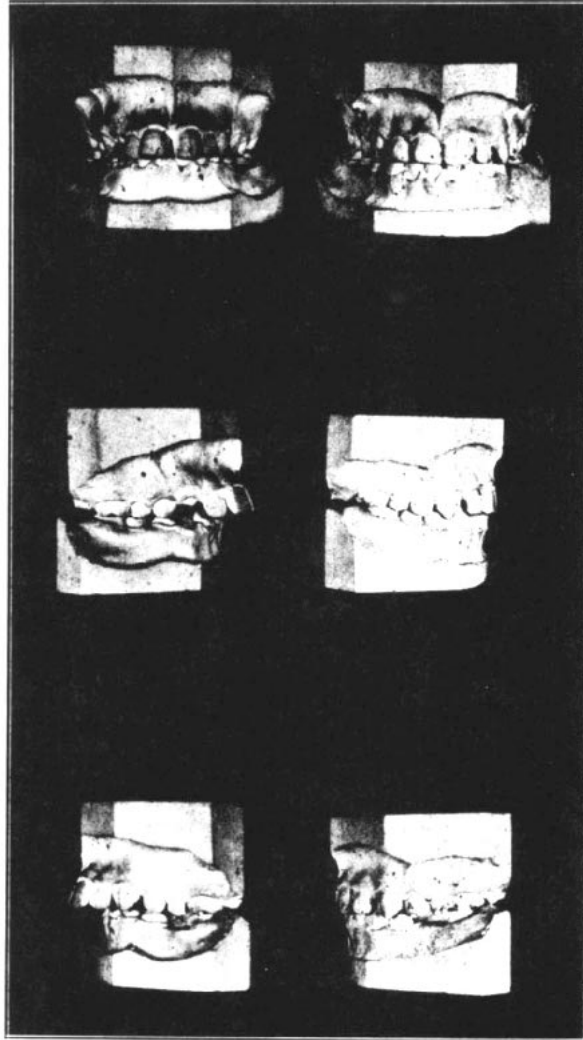


Figure 1

"I desire to present two cases of malocclusion, Class II, Division 1, primarily caused by mouth breathing. Throwing the nose out of function certainly plays havoc with the lines of the face. The resulting facial deformities, shown by the accompanying illustrations, are typical of this Class.

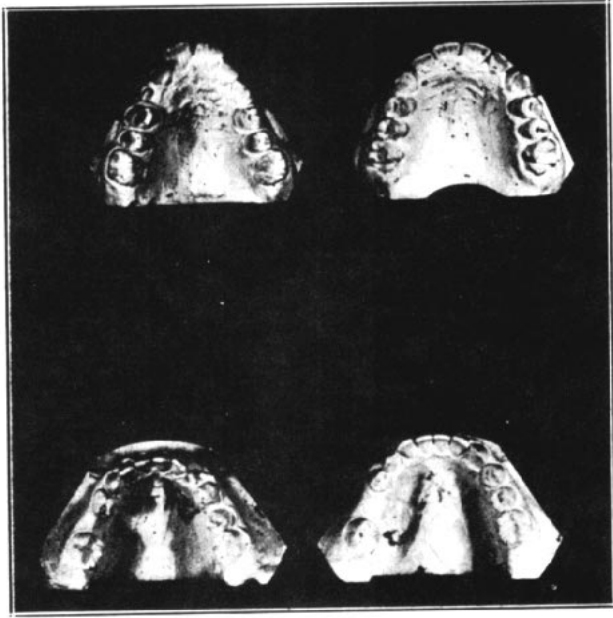


Figure 2

The ease and rapidity with which these deformed jaws can be brought to harmony makes this type of case one of the most satisfactory to handle. The marked facial changes which have occurred in so short a time clearly show how the balance of the whole face depends upon the harmony and proper relationship of maxillae and mandible.

Both of the corrections were accomplished in six months. The appliance used was the edgewise ribbon archwire. The treatment time includes

only the time that the appliances were in the mouth. The period of retention, which was approximately a year, is not considered treatment time.

The first case, Figs. 1, 2 and 3, a boy of ten, presented a typically Class II aspect. There were no complications. The teeth were all present

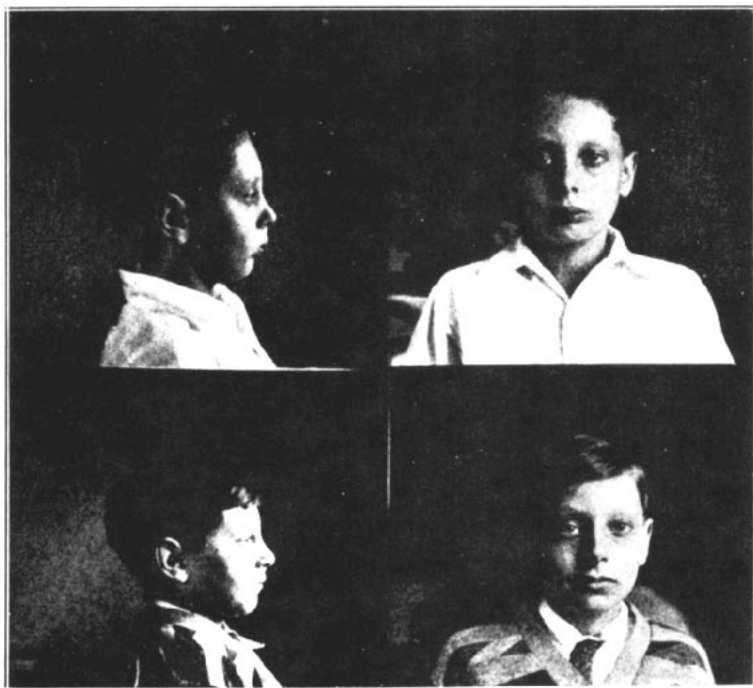


Figure 3

and in their proper sequence except for one unemerged lower second bicuspid. The real problem of treatment was the instituting of nasal breathing. This was accomplished through breathing exercises and the complete cooperation of the patient. A close examination of the photographs will show the decided increase in the development of the nose. Muscle exercises for the lips were used in order to gain control over them. The procedure with the jaws was to enlarge the lower arch of teeth to its proper shape and size, to flatten out the plane of occlusion, for the incisors had risen to the

palate, and to establish space for the missing bicuspid. The upper jaw required similar reshaping, viz: widening, and accompanied by retrusion of the incisors. The whole of the upper denture was moved distally until it was in its proper relationship with the lower.

Case No. 2

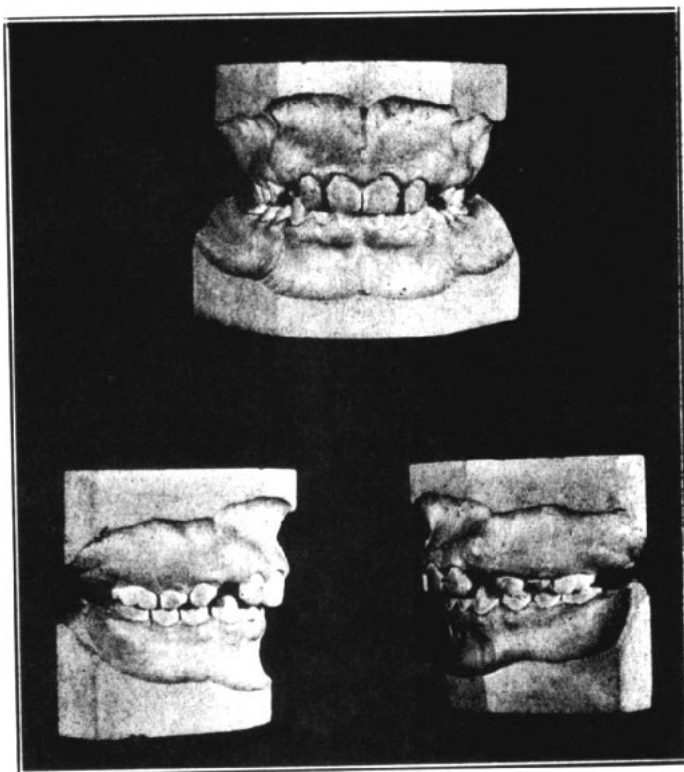


Figure 4

The second case, Fig. 4 to 8, was likewise a mouth breathing type, a girl of twelve years of age. All teeth were present except the two upper cuspids and the twelve year molars. This case was complicated by having been under previous treatment for two years. The incisors had been re-

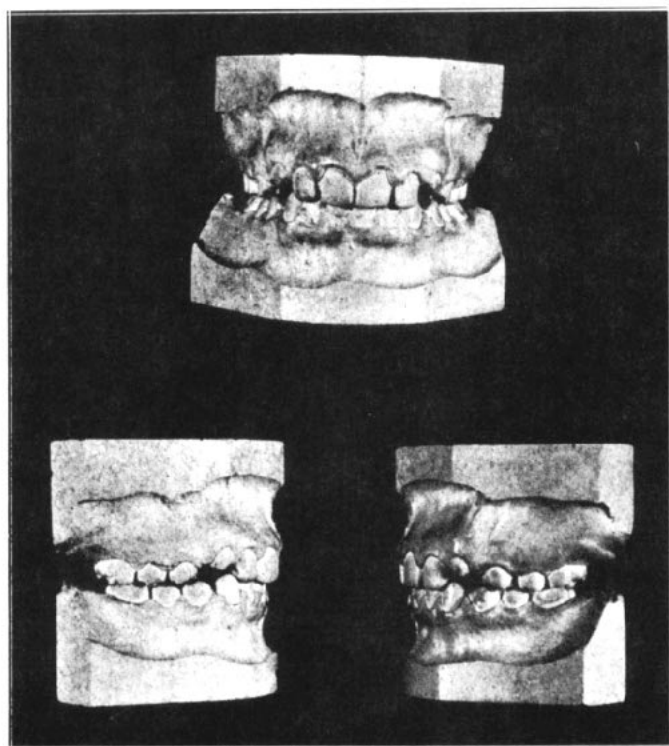


Figure 5

tracted and the first bicuspid condemned to extraction to make room for the cuspids. Fortunately for the child's future facial development, she was a close relative, so that I was able to prevent the extraction. The lower jaw was of good shape and required only a slight widening. The mandi-

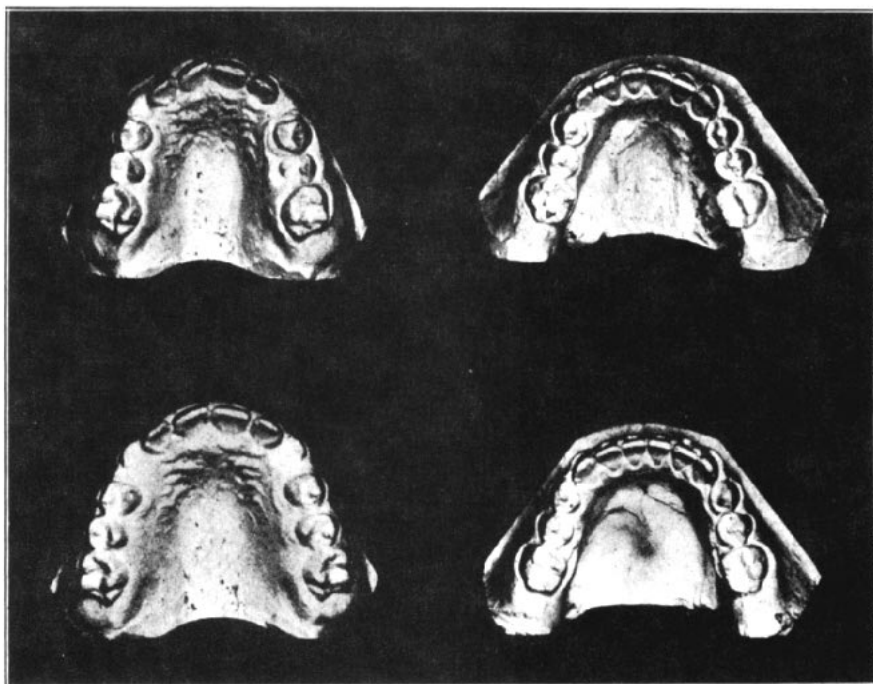


Figure 6



Figure 7



Figure 8

bular teeth were all banded so that this entire denture could be used as a unit for anchorage against the upper denture. The upper dental arch required width and length. The molars and bicuspid were moved distally until they were in their proper mesio-distal relationship with the lower jaw which provided space for the cuspids, and the protrusion of the incisors was reduced. The advantage of the edgewise ribbon arch appliance is that all of these tooth changes can be accomplished simultaneously and the case treated in the time that it would ordinarily take to accomplish a single one of the tooth movements. The accompanying pictures are approximately six months apart. The patient lived one hundred and twenty-five miles away, visiting my office twice a month. In other words the case was treated in twelve visits."

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