

Dento-maxillo-facial dysmorphoses and dysfunctional-morphological vicious circle. The Master's influence.

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In 2003, after publishing a clinical article in "Revue d'ODF"¹, I had the privilege to receive a positive comment from Mr Delaire : "It is, indeed, more interesting than all other pseudo-scientific articles based on unsuitable statistics". This publication was describing the treatment of a dento-maxillo-facial dysmorphism associated to an oro-facial dysfunction and was proposing an approach based on a functional-morphological balance concept ; that is to say a diagnosis of the dysfunctional and morphological imbalances.

The approach, the thorough and crucial observation and clinical exam enabled to ask the correct questions which were confirmed by additional exams. Is the skeletal Class II isolated or not ? Are there associated vertical and/or transversal anomalies ? Is ventilation normal ? The further we observed the patient, the more we could see the symptoms on his face : lividity of the skin, sadness, sunken eyes, the mandibular retrognathia and the maxillary endognathia. The rest of the general clinical exam was highlighting a disturbed posture, ventilation and sleep while the questioning revealed an allergic background and all signs of a Sleep Obstructive Apnea Syndrome. The patient's clinical situation ; stuck in a negative vicious circle was doomed to remain stagnant or even worsen. All this, more than statistics, caught Jean Delaire's attention.

The therapeutic challenge consists of breaking this vicious in order to make it virtuous.

When rectifying the maxillary endognathia, the superior airways are open again, which is the condition required for the replacement of the buccal ventilation by the nasal one. After a difficult physiotherapy for the patient, the nasal ventilation starts the virtuous circle. We observe the satisfactory repositioning of the tongue, the oral muscles loosen, the lips' contact at rest, the posture straighten. Class II orthodontics agrees with this dynamic facilitating the permeability of superior airways thanks to mandibular propulsion and oropharynx stretching. Therefore, we observe a change of the clockwise mandibular rotation which becomes more correctly balanced. The skeleton adapts to the growth and the Class II corrects itself.

From these memories and on the basis of this observation, this communication aims to remind the importance of a functional approach of occlusal and skeletal disorders and to assess Evidence Based Medicine (EBM)

1. SOREL O., Traitement d'une classe II squelettique dans un cadre de dysfonction oro-faciale. Revue d'Orthopédie Dento Faciale, Vol. 37 (4), 453-