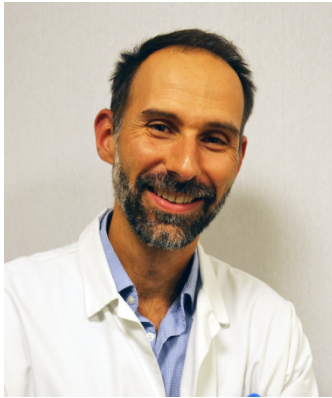


Interest and limitations of craniofacial architectural and structural analysis in the evaluation of anterior vertical facial balance.

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Anterior facial height anomalies, frequently encountered in clinical practice, are most often the consequence of muscular hyper- or hypotonia. Nevertheless, a malformative origin has always to be considered. As for any other dentofacial deformity, the establishment of an etiological diagnosis and the understanding of the origins of the malocclusion (functional analysis), based on clinical and cephalometric findings, are necessary. Accordingly, craniofacial and structural architectural analysis could represent a considerable aid to diagnosis and to therapeutic decision making. This paper will present the clinical and cephalometric "tools" available to practitioners to evaluate the anterior facial balance and to propose the most appropriate treatment in case of imbalance. The correct choice of clinical and radiographic parameters (in particular the F4 line), necessary for a reliable tracing defining the ideal anterior facial balance will be discussed. Clinical situations representative of the most frequent and/or severe etiologies will be presented as well as conditions for which the craniofacial architectural and structural analysis seems less suitable.