



Original Article
Published on 15-12-00



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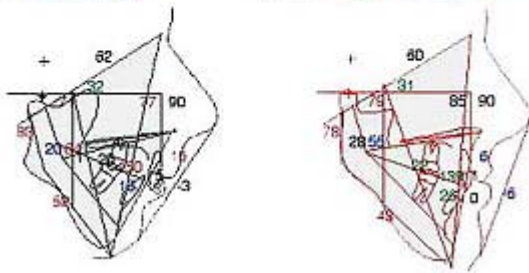
Surgical Adult Class II Case Report

A 36 year old woman presented with a chief complaint of " I do not like my chin and would like to have lower jaw extended and upper teeth brought back to straight position" . She was referred by our head and neck surgeon, having been referred there by a plastic surgeon whom she consulted for a chin implant. The plastic surgeon realized this was not a simple small bony chin process, but a major dentofacial skeletal deformity.

Juvenile Rheumatoid Arthritic Condylar Degeneration

Medical History: systemic juvenile rheumatoid arthritis. Previous orthodontic ("camouflage") treatment (4 years) in another state as a teenager. Xerostomia. Taking methotrexate 7.5mg, prednisone 4mg for arthritis, and doxepin 35mg for fibromyalgia and sleep.

Orthodontic preparation for orthognathic surgery usually involves removing dental compensations for the skeletal deformity. Usually, this means advancing or tipping upper incisors forward, and uprighting and leveling the lower arch. If previous orthodontic treatment has increased compensations in an attempt to camouflage the skeletal misfit, as was the case here, the job is harder. Initial records are shown (0)



Initial records



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Virtual Journal of Orthodontics ISSN - 1128 6547

Issue 3.3 - 2000 - <http://www.vjo.it/vjo033.htm>

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