

Clinical Image

Non Syndromic Malocclusion - Diagnosis to the Extraordinary

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A 26 year old female patient with slight mental retardation complains of gap between upper and lower front teeth. Post natal history revealed abnormal milestones of development. Past dental history revealed history of cleft palate surgery. Family history revealed history of malocclusion and one sibling suffering from similar disorder. Extra oral examination revealed dolicocephalic skull, gross facial asymmetry with long face (Figure 1A and 1B), incompetent lips, narrow and retruded maxillary arch with backward and downward mandible (Figure 1B), retruded upper lip and protruded lower lip, hyperplastic chin and clinodactyly of hands and feet (Figure 1C and 1D). TMJ examination revealed deviation while opening and closing mouth. Intraoral examination revealed restricted mouth opening (Figure 1E), unsatisfactory oral hygiene status, macroglossia (Figure 1A), anterior open bite (Figure 1E and 1F), retroclined upper and proclined lower incisors with reverse over jet (Figure 1G) and narrow high arched palate (Figure 1H). Other findings include abnormal speech, deviated nasal septum with obligatory mouth breathing. Lateral cephalogram revealed increased gonial angle (Figure 1I and



Figure 1:

1J) [1-3]. Orthodontic treatment was started for the patient with frequent follow-ups and recall. Further treatment which was planned was superior repositioning of maxilla and bilateral sagittal split osteotomy (BSSO) of mandible to orient it with maxilla along with genioplasty chin reduction.

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