

**Una presentazione del 12.6.24
sui difetti congeniti del viso
e
una soluzione
per contenere i costi sanitari.**

Martin vom Brocke

Morfologo strutturale

(Dr. phil. Dr. med. dent. MSc. ortho.)

**Baume-Schneider esorta
gli operatori del settore
sanitario a salvare ...**

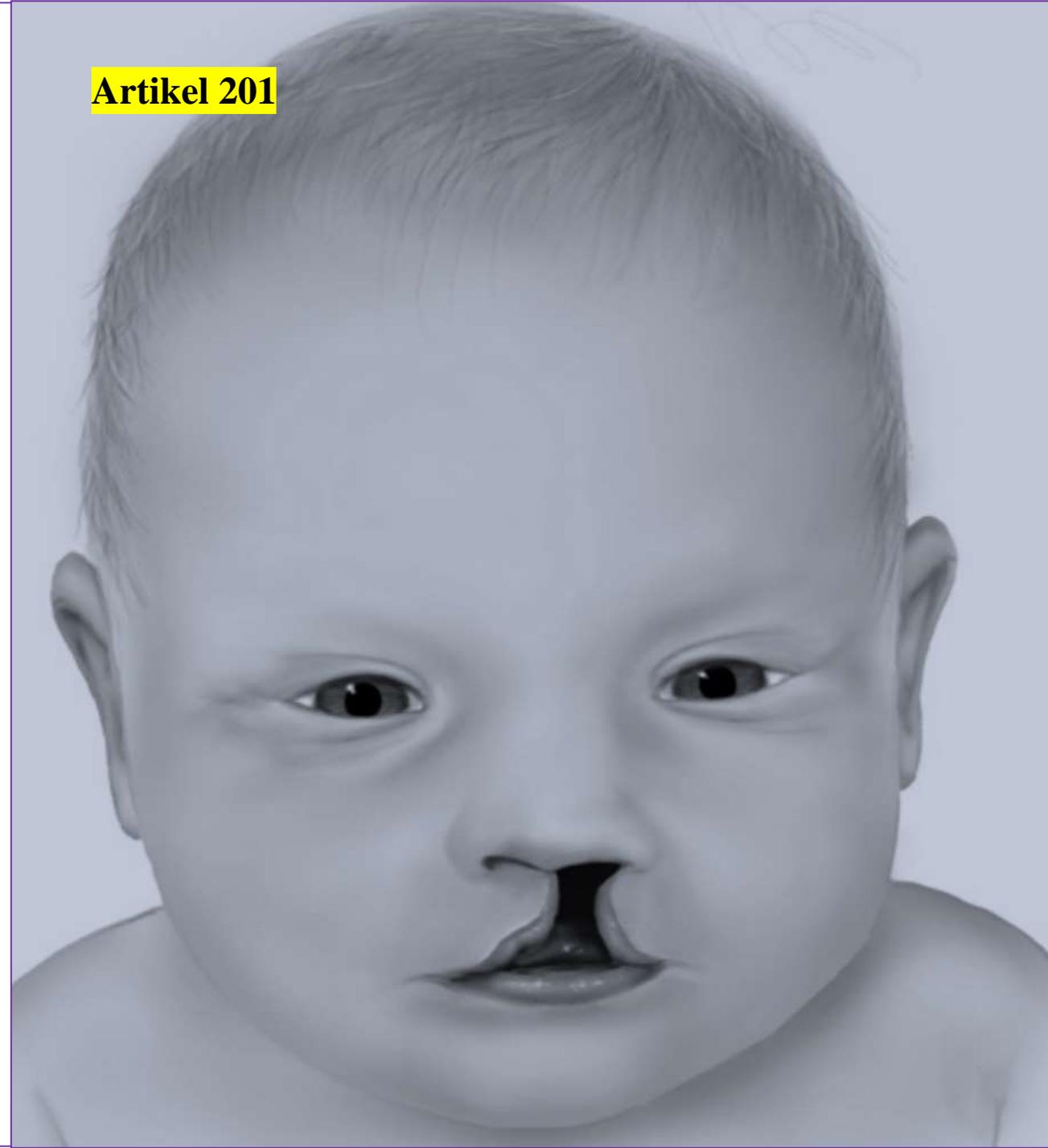
09.06.2024



Martin@vombrocke.ch

Un difetto congenito del viso è una caratteristica facciale evidente che esiste alla nascita a termin.

Artikel 201



**Esistono tre articoli di prescrizione
per i difetti congeniti del viso,
che purtroppo non si basano
sul tripartitismo:**

- troppo piccolo; normale; troppo grande -

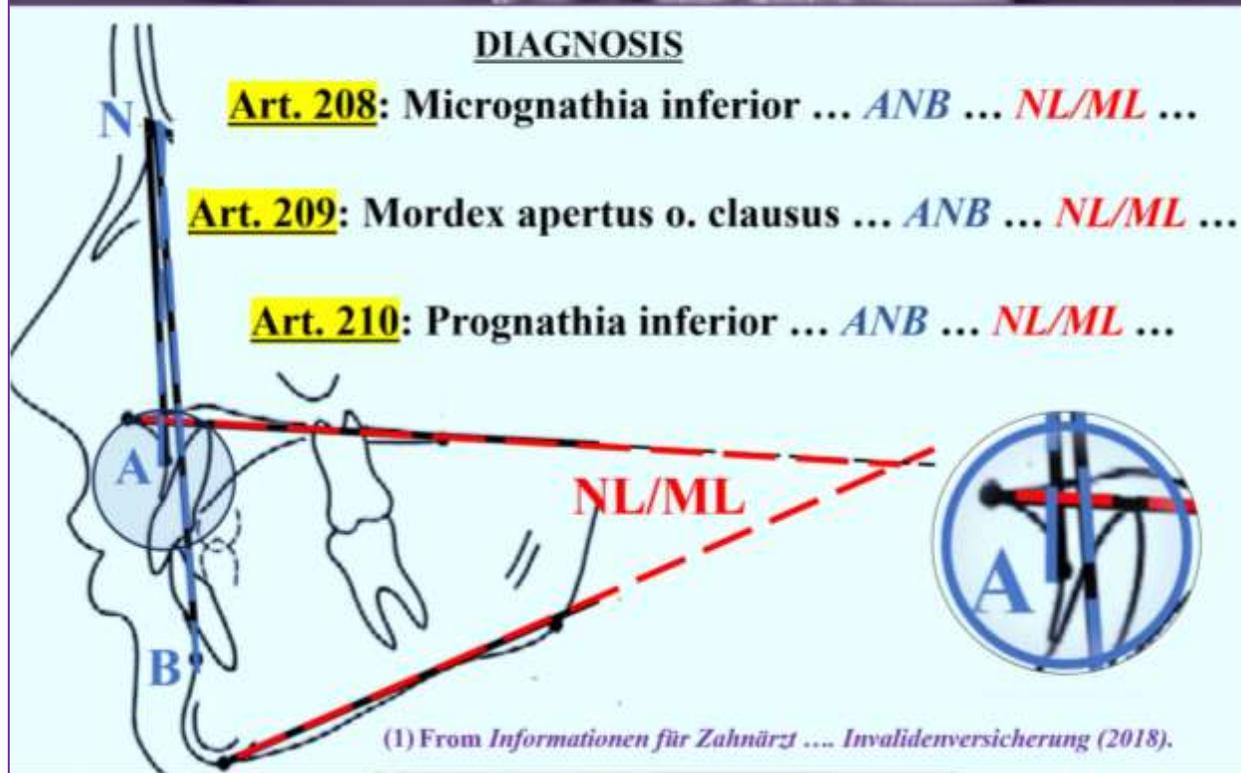
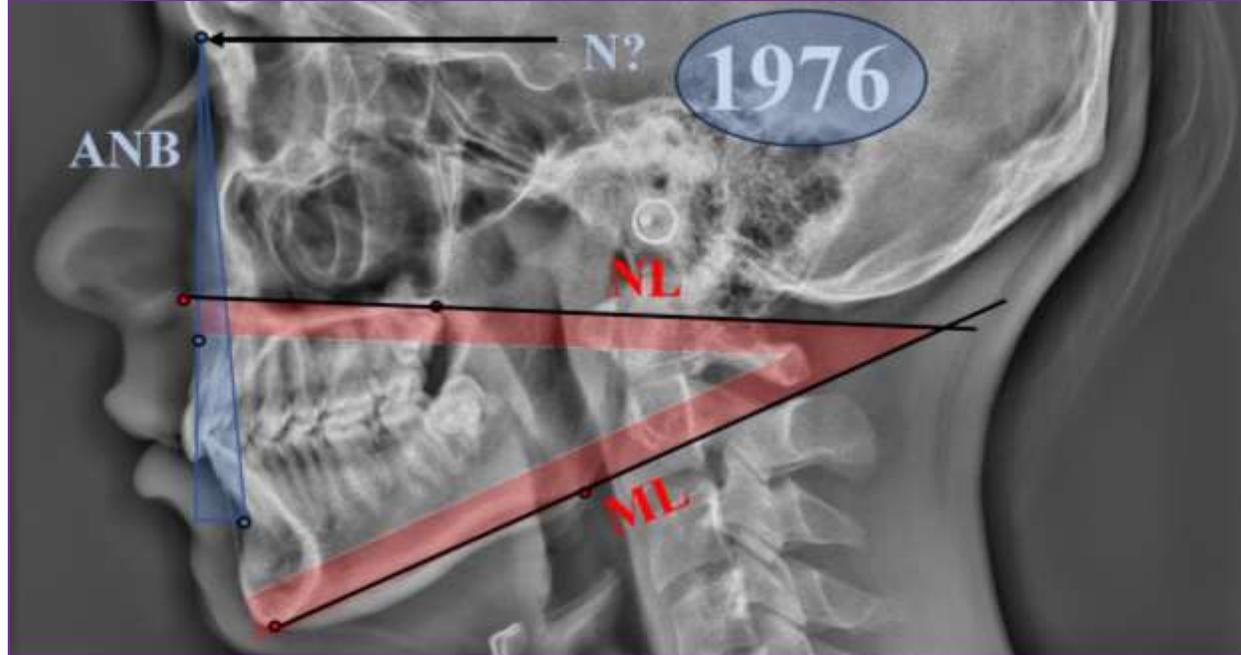


Gli articoli 208, 209 e 210

si basano su due angoli indipendenti
(ANB e angolo NL/ML nell'immagine
radiografica), ⁽¹⁾

per cui

non è possibile fare diagnosi individuali
a causa della mancanza di correlazione.. ⁽²⁾



(2) Rickets RM (1952) *Perspectives in the Clinical Application of Ceph.* Angle Ortho. 51/2:115-150.

Nel 1976 gli ortodontisti suggerirono

un'università svizzera ⁽¹⁾

che un certo signor DOWNS

aveva esaminato i tipi di viso

con l'angolo ANB nel 1948 ⁽²⁾

und

il governo svizzero successivamente

legittimò una gamma grottesca di standard.

(1) *Anleitung für kephalometrische Abklärung ...* Schweizer Zahnärzte-Gesell. (2018); in fig. compiled here.

(2) DOWNS WB (1948) *Variations in facial relationships ...* Amer J Orthodont 34: 812-840.

(3) RIEDEL RA (1952) *The relation of maxillary ...* Angle Orthodontic Journal Vol. 22, No 3.

Schweizerische Zahnärzte-Gesellschaft
Societä Svizzera di Odontologia e Stomatologia
Swiss Dental Association

SSO

SGK
SSODF

SCHWEIZERISCHE GESELLSCHAFT FÜR KIEFERORTHOPÄDIE
SOCIETÀ SVIZZERA DI ORTOFODIA DENTO-FACCIALE
SOCIETÀ SVIZZERA DI ORTOFODIA DENTO-FACCIALE
SWISS ORTHODONTIC SOCIETY

IV-Beschäftigten

Kommission für Versicherungsfragen

**Anleitung für Kephalmetrische Abklärungen
zu Handen der Schweizerischen Invalidenversicherung**

ersetzt "Normen für die kephalometrische
Abklärung" vom 1. Juli 1976

Konstruktion der Punkte A und B:

Downs WB. Variations in facial relationships: their
significance in treatment and prognosis.
Amer J Orthodont 34: 812-840, 1948

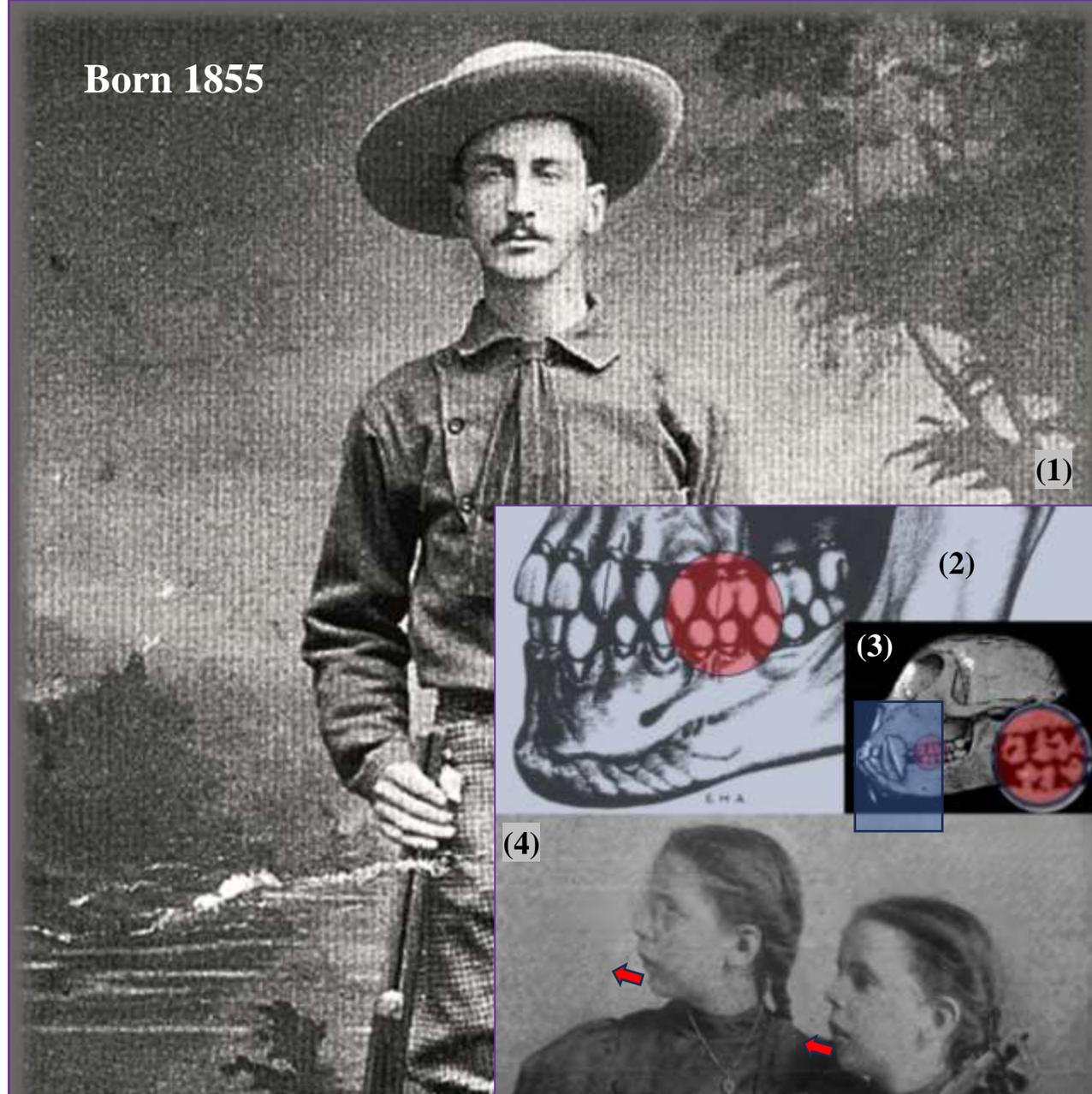
'Point A - subspinale:
the deepest midline point on the premaxilla
between the anterior nasal spine and prosthion'

'Point B - supramentale:
the deepest midline point on the mandible
between infradentale and pogonion

Nicht DOWNS, sondern RIEDEL hatte 1948 den A-N-B Winkel untersucht und
hinzukommt, dass RIEDEL dabei das Gesicht nie erwähnte. ⁽³⁾

**Gli ortodontisti sono
 dentisti specializzati
 che dal 1899
 armonizzano
 le anomalie
 dentali e facciali secondo
 la teoria dei tre molari
 del dottor Angle.. (1, 2, 3, 4)**

Born 1855

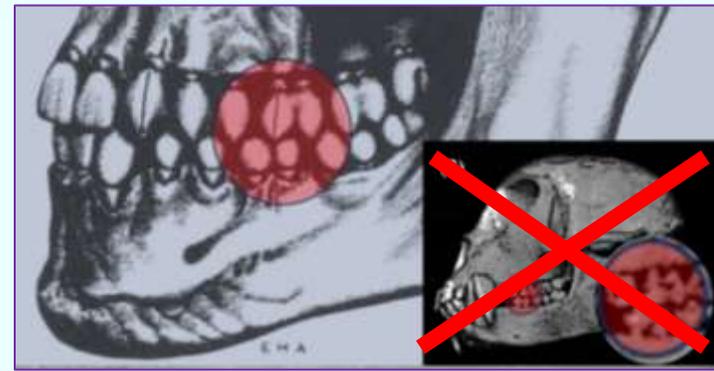


- (1) From Peck S (2009) A biographical ... of E.H. Angle... Angle Orthod 79 (6): 1028-1033. (Fig. from 1881)
 (2) From Angle EH (1899) Classification .., Dental Cosmos, 4:248-264. Colouring added.
 (3) From Angle EH (1906) The upper first permanent molar ... Dent Item of Interest 28, 421-426.
 (4) From Angle EH (1907) Treatment of malocclusion ... Philadelphia-Company, 40-59. Arrows added.

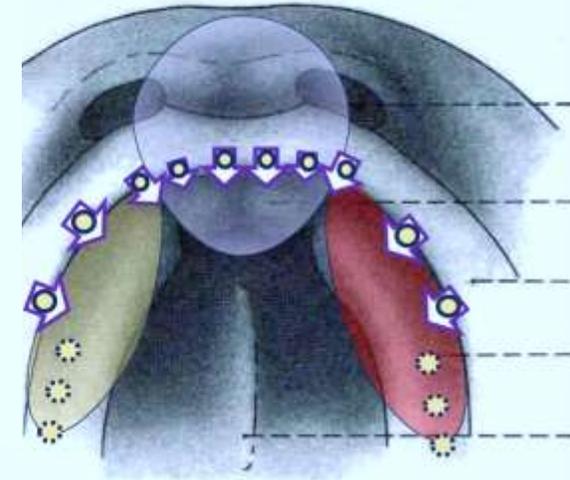
Problema 1

Il dottor Angle non ne sapeva nulla
(obiettivo sbagliato - valori normali?? -)

in merito all'ereditarietà normale.^(1, 2)



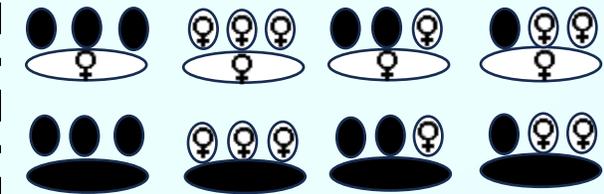
Embryo
6 weeks



4 posterior tooth inheritance
combinations possible



8 anterior tooth inheritance
combinations possible

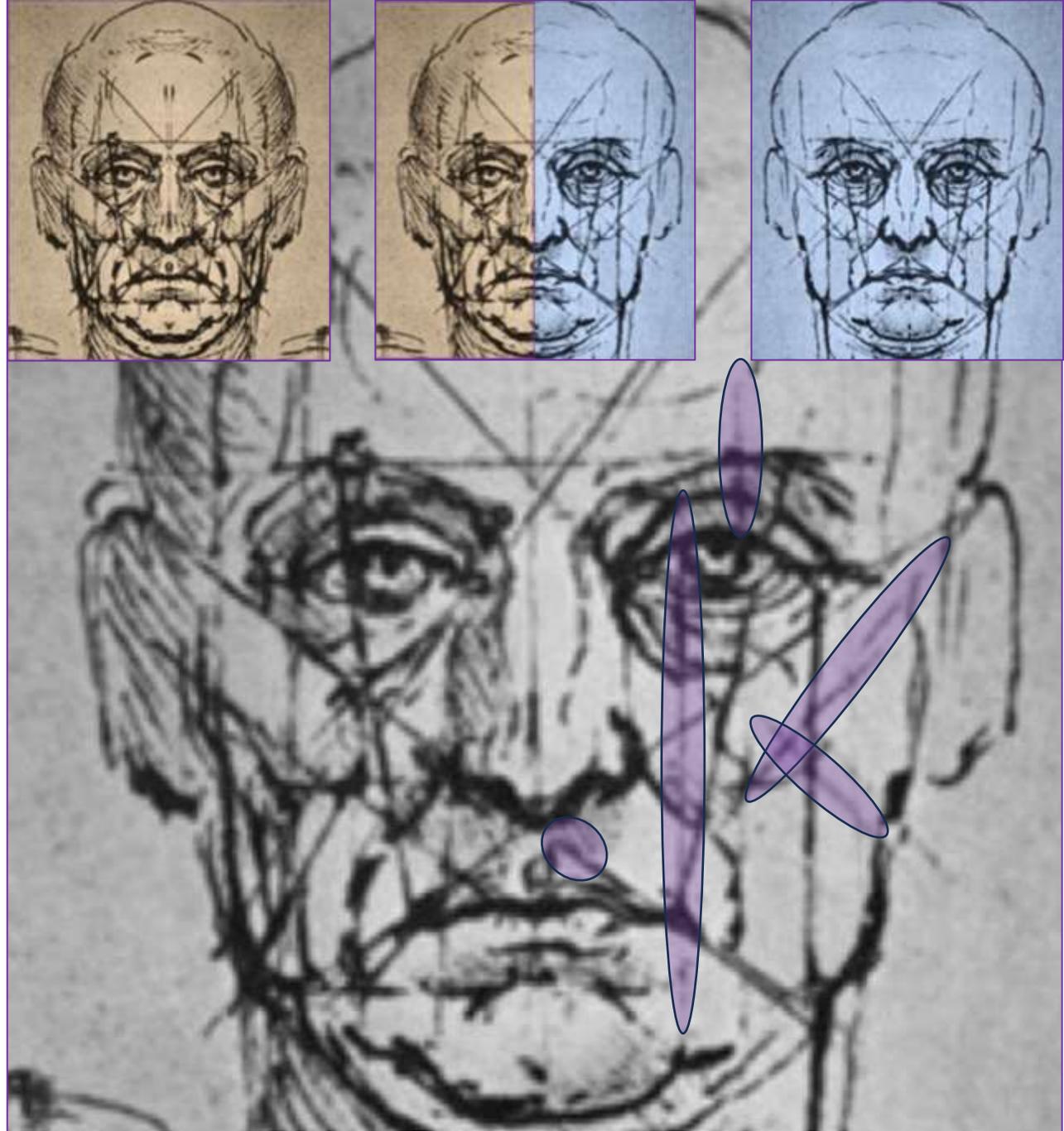


(1) Esteve-Altava et al. (2015) *Anatomical networks reveal the musculo- ...*, Scientific Reports, 5(8298).

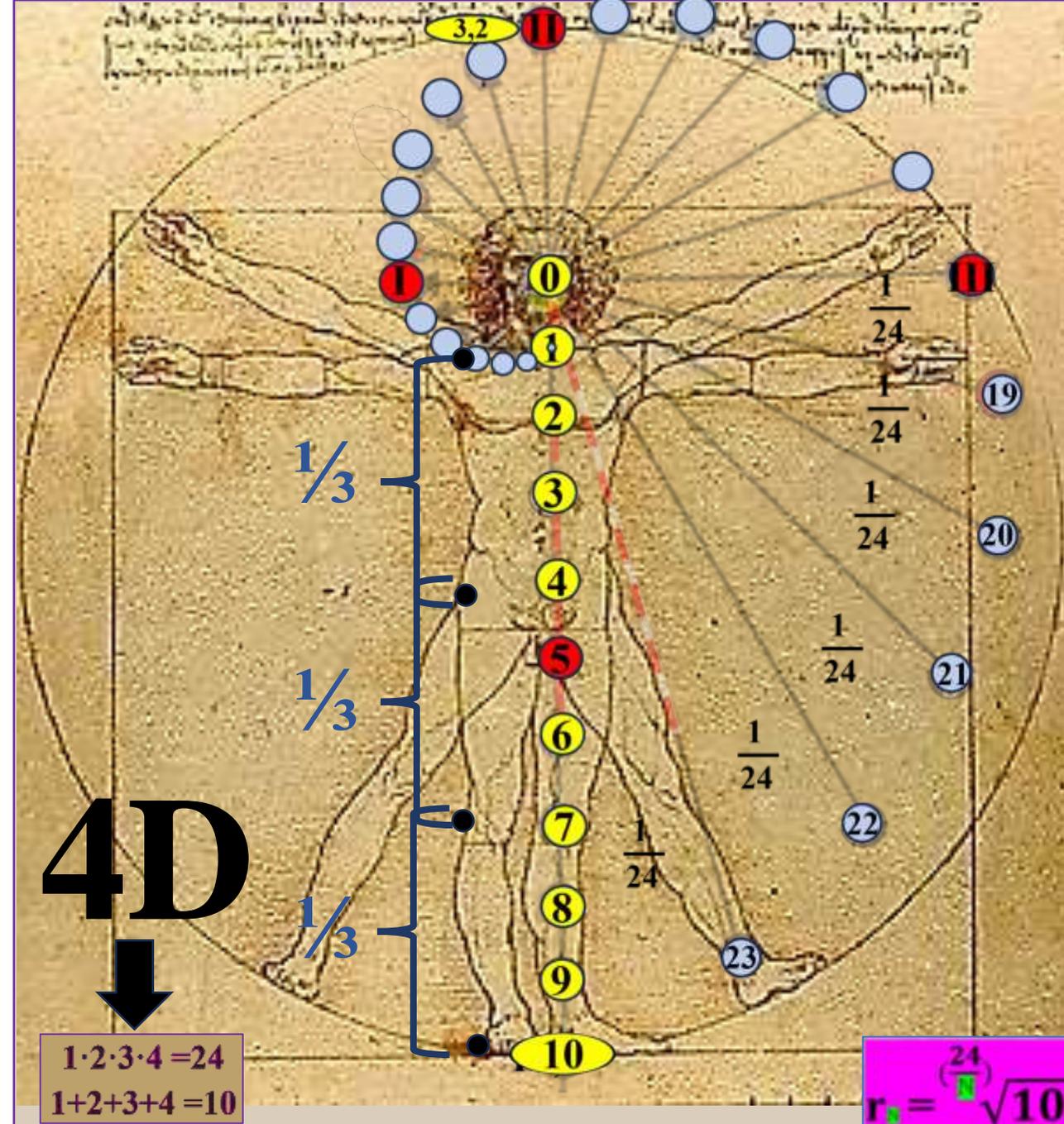
(2) vom Brocke M (2021) *Kritische Bewertung der Normwerte ...* Dissertation. DP-Universität Krems.

Problema 2

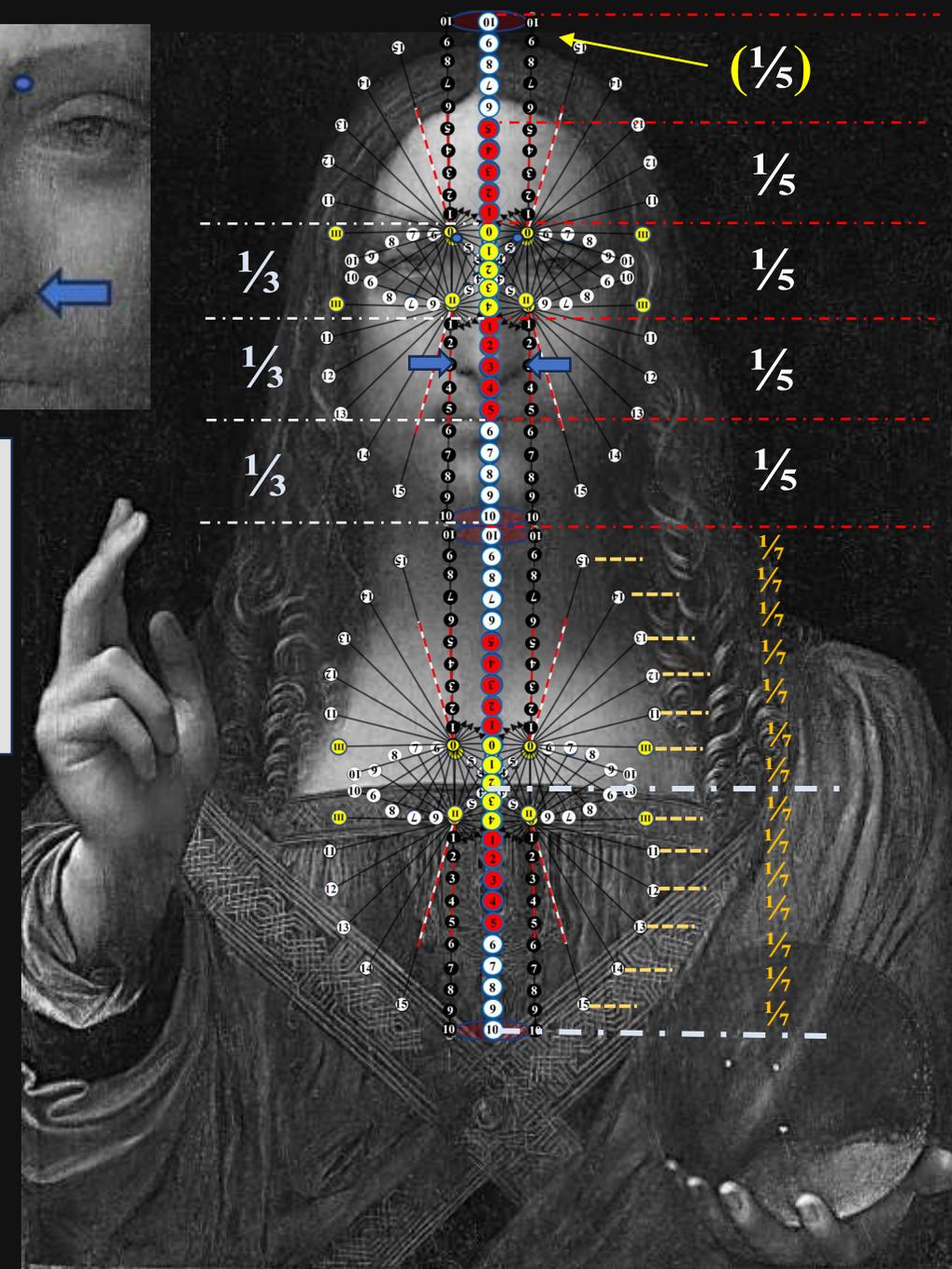
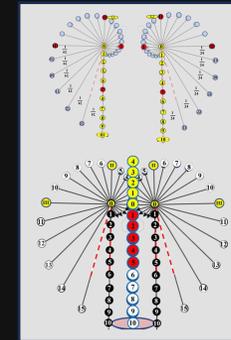
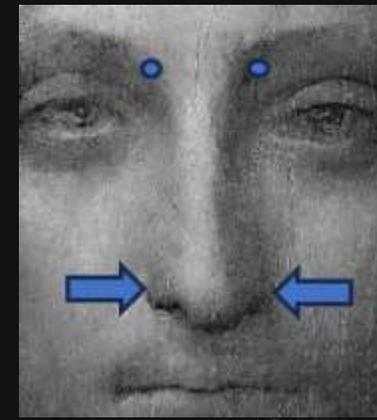
**Il dottor Angle non aveva alcuna conoscenza
(nessun approccio oggettivo)
delle proporzioni armoniche.**



Oggi,
 solo un riferimento a 4 dimensioni [4dR]
 può essere utilizzato per rappresentare
 il rapporto tra tripartizione
 e
 relazioni armoniche
 nell'essere umano "idealizzato".

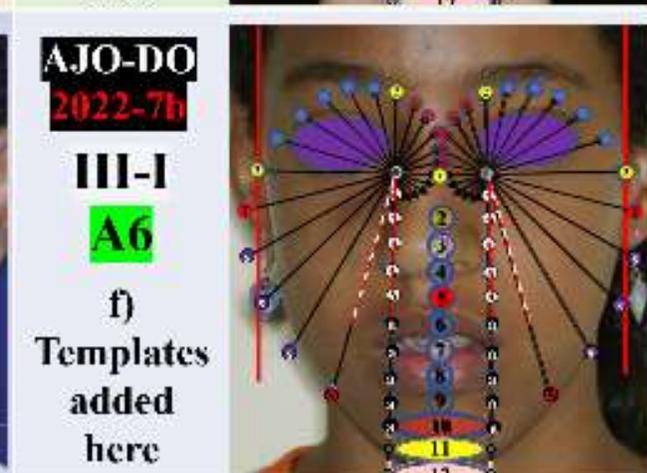
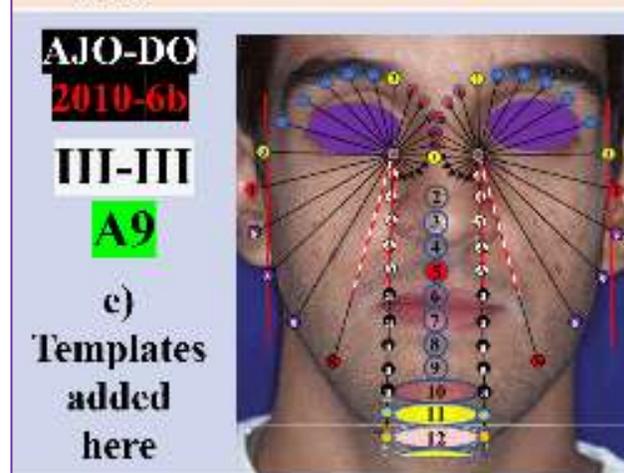
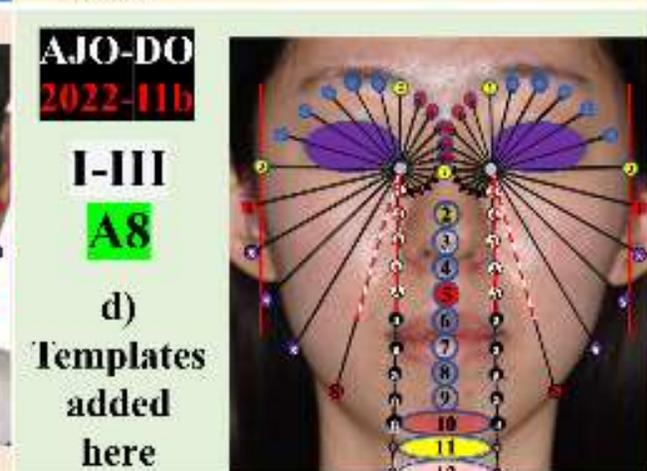
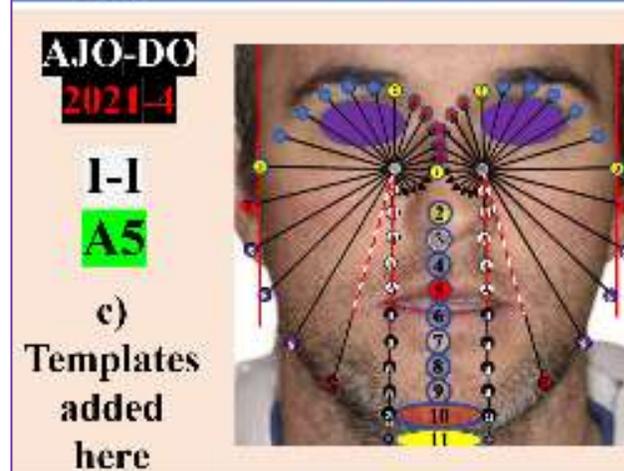
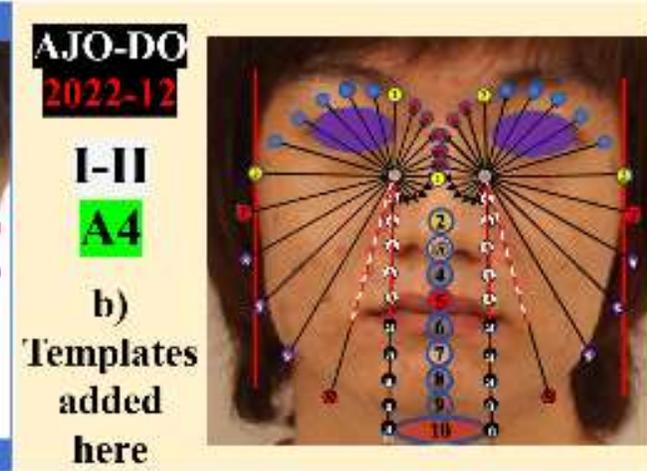
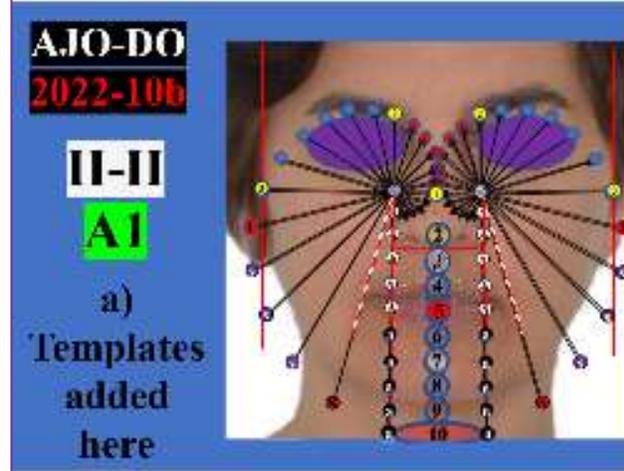


Ad esempio,
 con un 4dR
 può essere utilizzato
 per analizzare il volto
 del dipinto più costoso del mondo,
 il “Salvator Mundi”,
 per le proporzioni intere.



Tra l'altro,

le 4dR possono essere utilizzate per
 analizzare casi precedentemente pubblicati
 con caratteristiche facciali
 completamente diverse.



Dieci 4dR algoritmici

per le caratteristiche del viso e dei denti

sono stati testati per il loro potere

discriminatorio sulla base di 376 casi presentati

e possono essere tutti raccomandati.

(1, 2, 3, 4, 5, 6)

(1) vom Brocke M (2015) Strukturiert. ISBN: 978-3-945127-07-0.

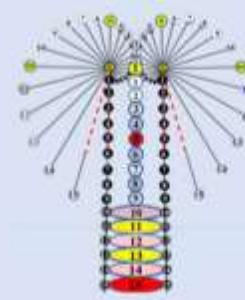
(2) vom Brocke M (2022) Scientific Basis of the Structural Gravitation Theory. ISBN: 978-3-945127-38-4.

(3) vom Brocke (2015) Struction – The Harmonious Theory of Relativity. ISBN: 978-3-945127-04-9.

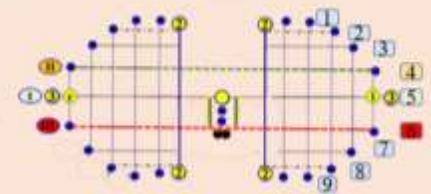
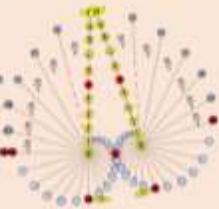
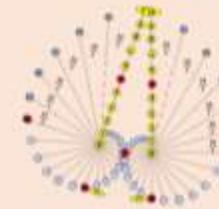
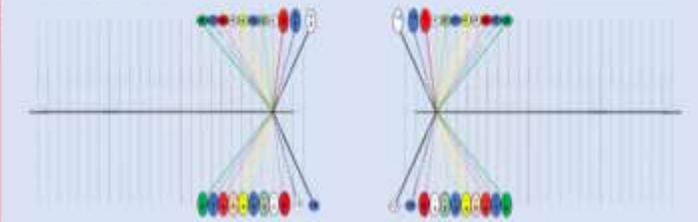
(4) vom Brocke M (2016) Tooth Orthopaedia. ISBN: 978-3-945127-12-4.

(5) vom Brocke M (2022) The Norma Classification for Mandible Size. ISBN: 978-3-945127-40-7.

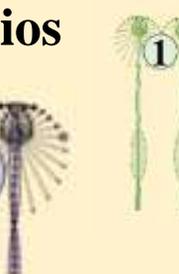
(6) vom Brocke M (2024) Dentofazial Diagnostik 4. Auflage. ISBN: 978-3-945127-51-3.



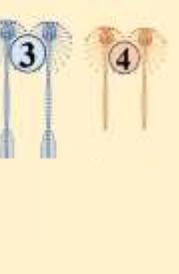
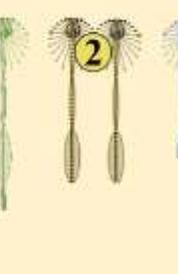
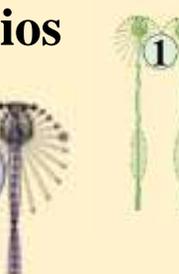
Frontal and lateral face-ratios



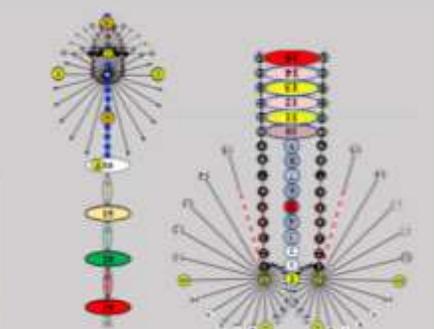
Incisor- and smile-ratios



Tooth-size-ratios



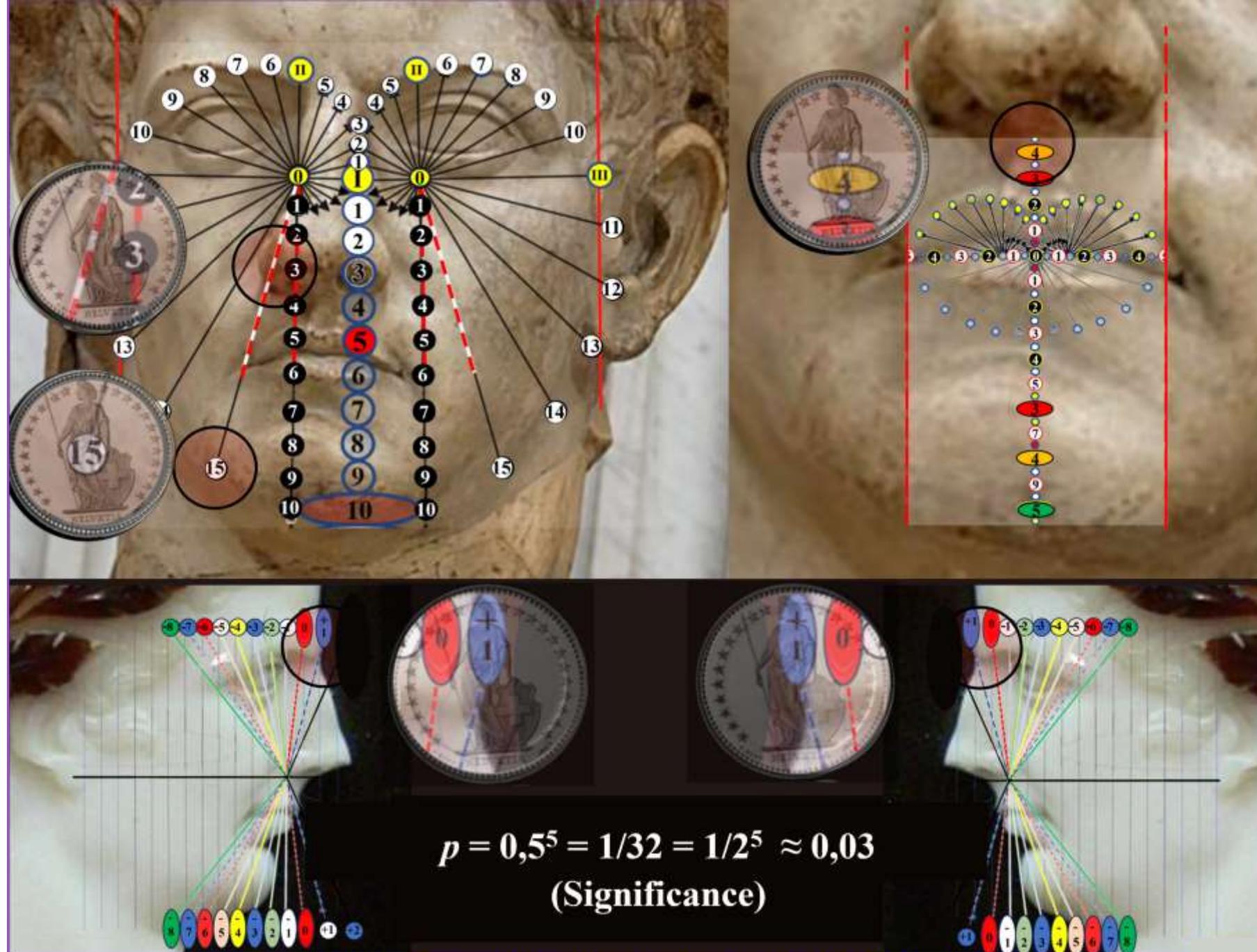
Occlusion-ratios



Mit harmonischen
Wachstumsmustern
lassen sich abnormal
Gesichts-Merkmal
erkennen

und

fünf solche Abnormalitäten
erlauben die Diagnose
"Gesichts-Dysmorphie".



Tre possibili nuovi articoli dell'ordinanza
sarebbero, ad esempio, i seguenti:

Art. 208: *Dismorfia facciale*

Cinque proporzioni di caratteristiche facciali sono anormali.

Art. 209: *Dismorfia facciale e alveolare*

Quattro proporzioni di caratteristiche facciali

e

il rapporto delle arcate dentarie è anormale.

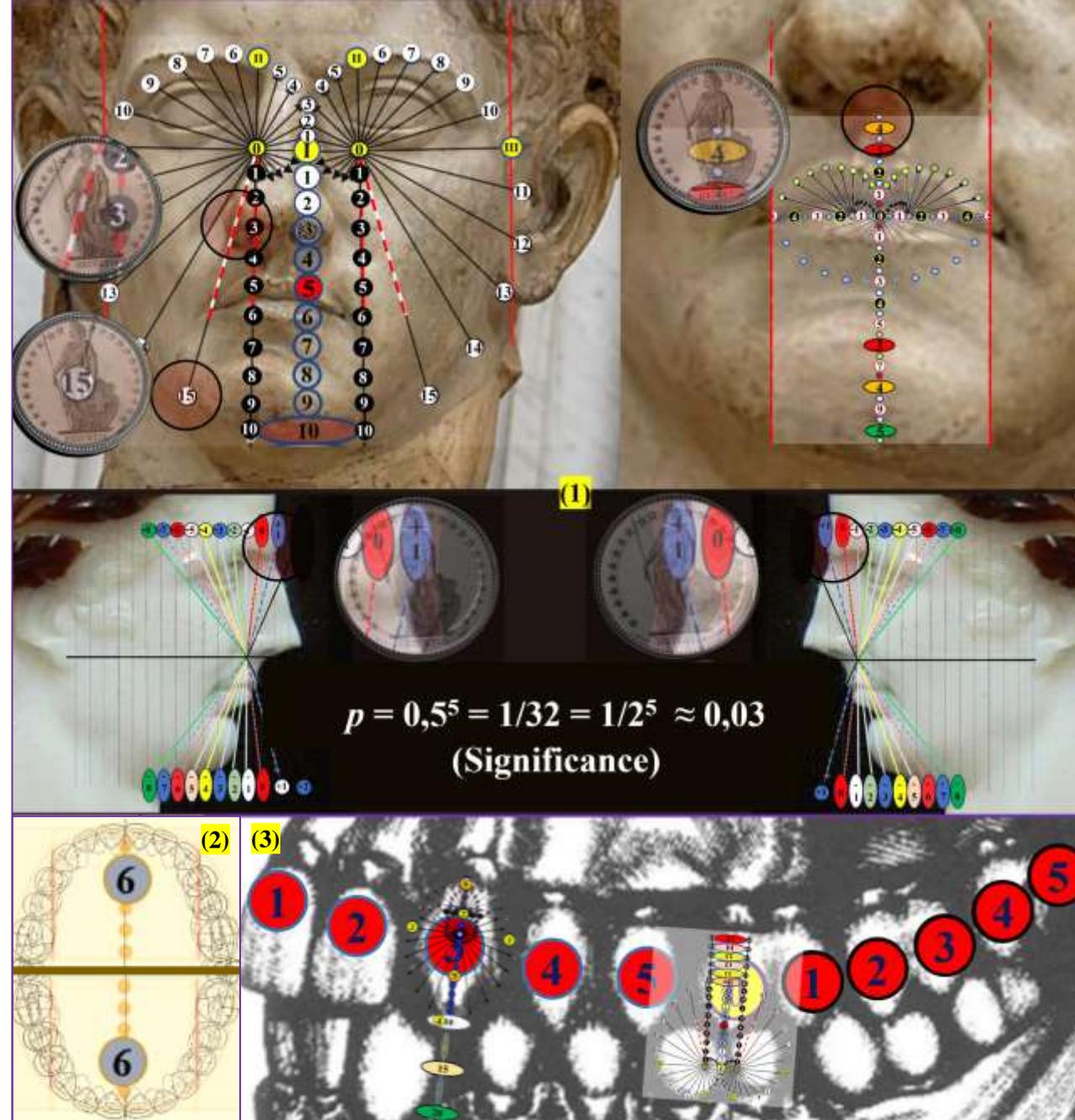
Art. 210: *Dismorfia facciale alveolare e dentale*

Tre proporzioni di caratteristiche facciali,

il proporzioni delle arcate dentarie

e

il proporzioni tra molari e canini sono anormali.



(1) Statues of the fourth emperor of Rom: *Tiberius Claudius Caesar* (+54 a. Chr.) Wikipedia 2024. 4dRs added here.

(2) From Izard G. (1932) *B. Morphologie orthodontic Diagnosis, Les Progrès de l'année écoulée*. Paris, pp 228-271. 4dRs added here.

(3) From Angle EH (1899) *Classification of malocclusion*, *Dental Cosmos*, 4:248-264. Colour and adRs added here.

PRIMO VANTAGGIO DI RISPARMIO

Le analisi 4dR su foto e OPT

possono monitorare i risultati della terapia

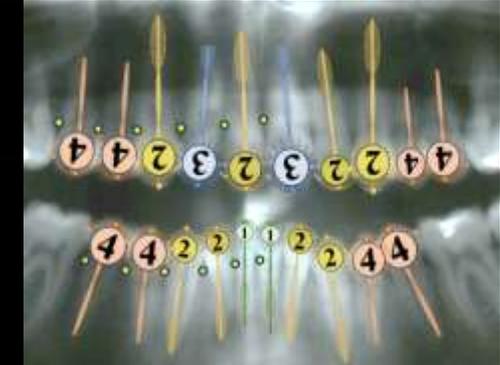
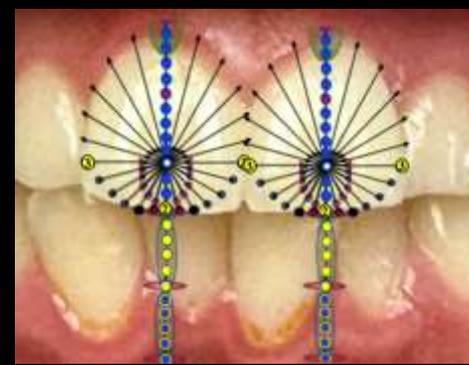
a lungo termine al posto

dell'immagine cefalometrica e della sua analisi.

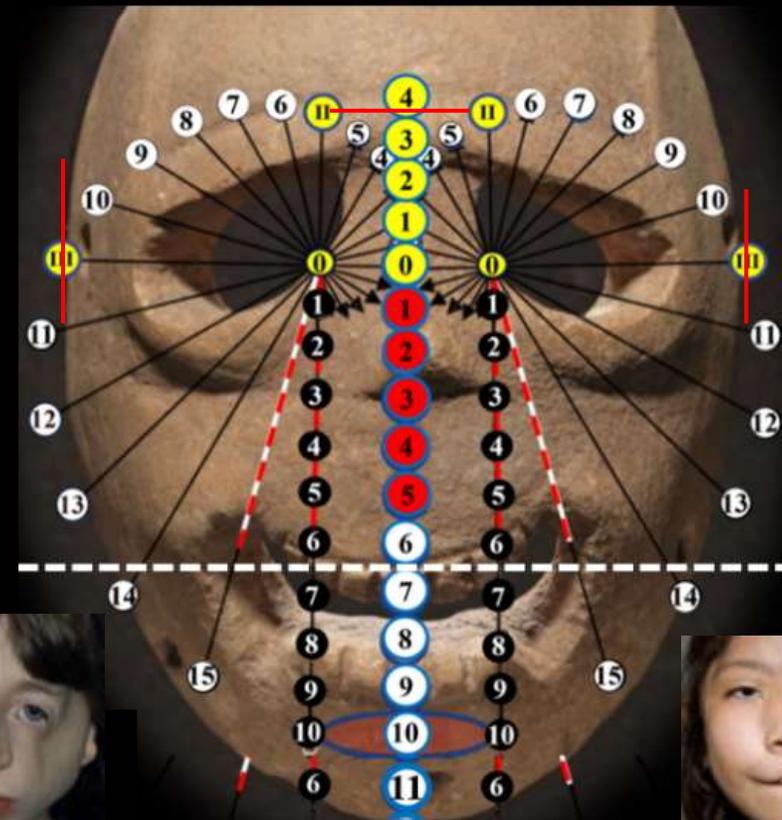
1. I costi di chiarificazione primaria rimangono invariati.

2. Minore esposizione ai raggi X.

3. Rezidiv-Auswertung möglich, was langfristig die Kosten senkt, weil es "unnütze" Therapien enthüllt.



Medicine is an art that relates to knowledge (science)



SECONDO VANTAGGIO DI RISPARMIO

Con circa otto ore di formazione

i dentisti e anche i dipendenti delle assicurazioni

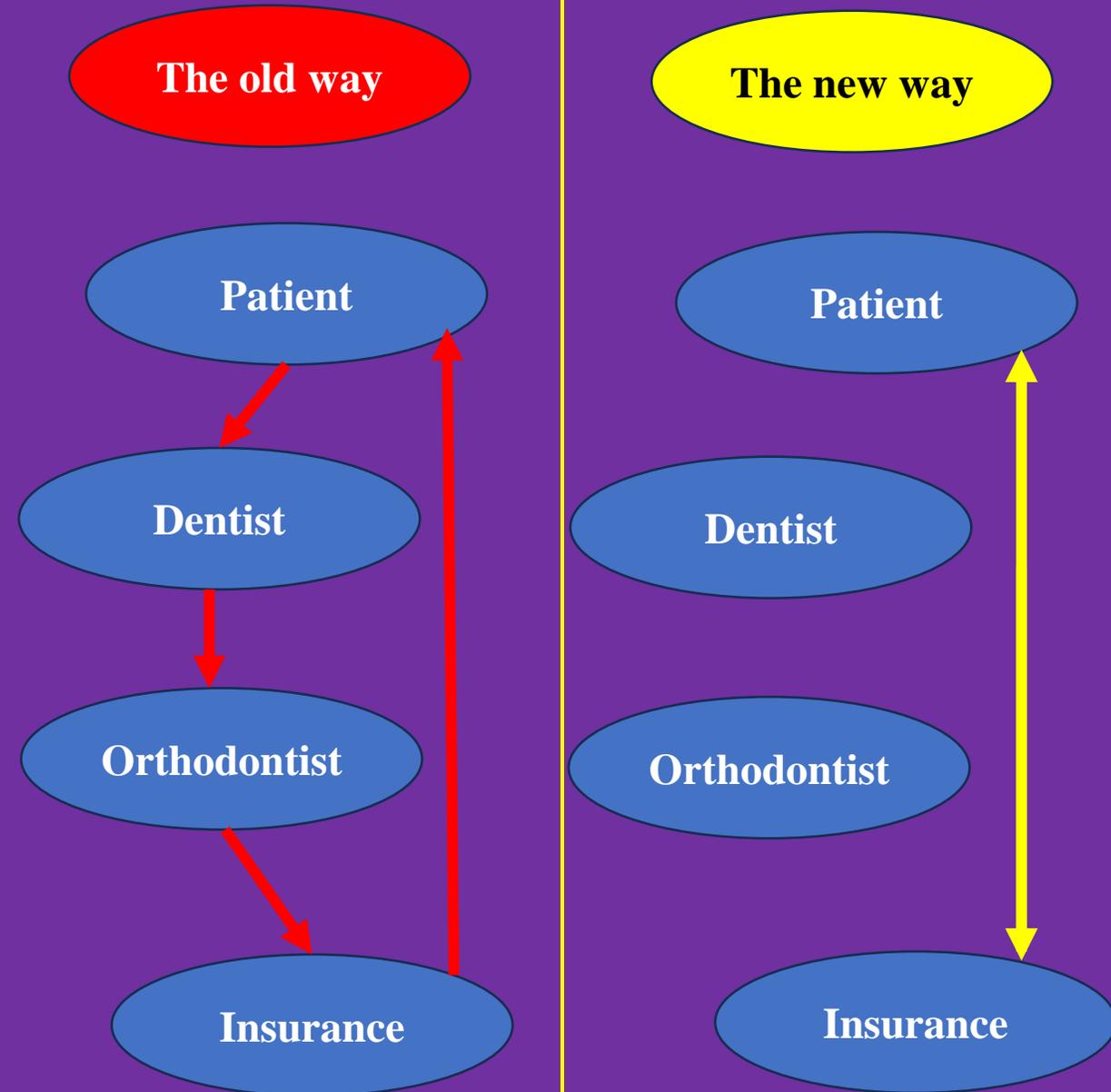
possono imparare a registrare con i 4dR,

il che semplifica l'invio ai verificatori

e/o

agli specialisti.

➔ MENO LAVORO DI TRASFERIMENTO.



PIETÀ

Le università svizzere collaborano con

ricercatori indipendenti solo se

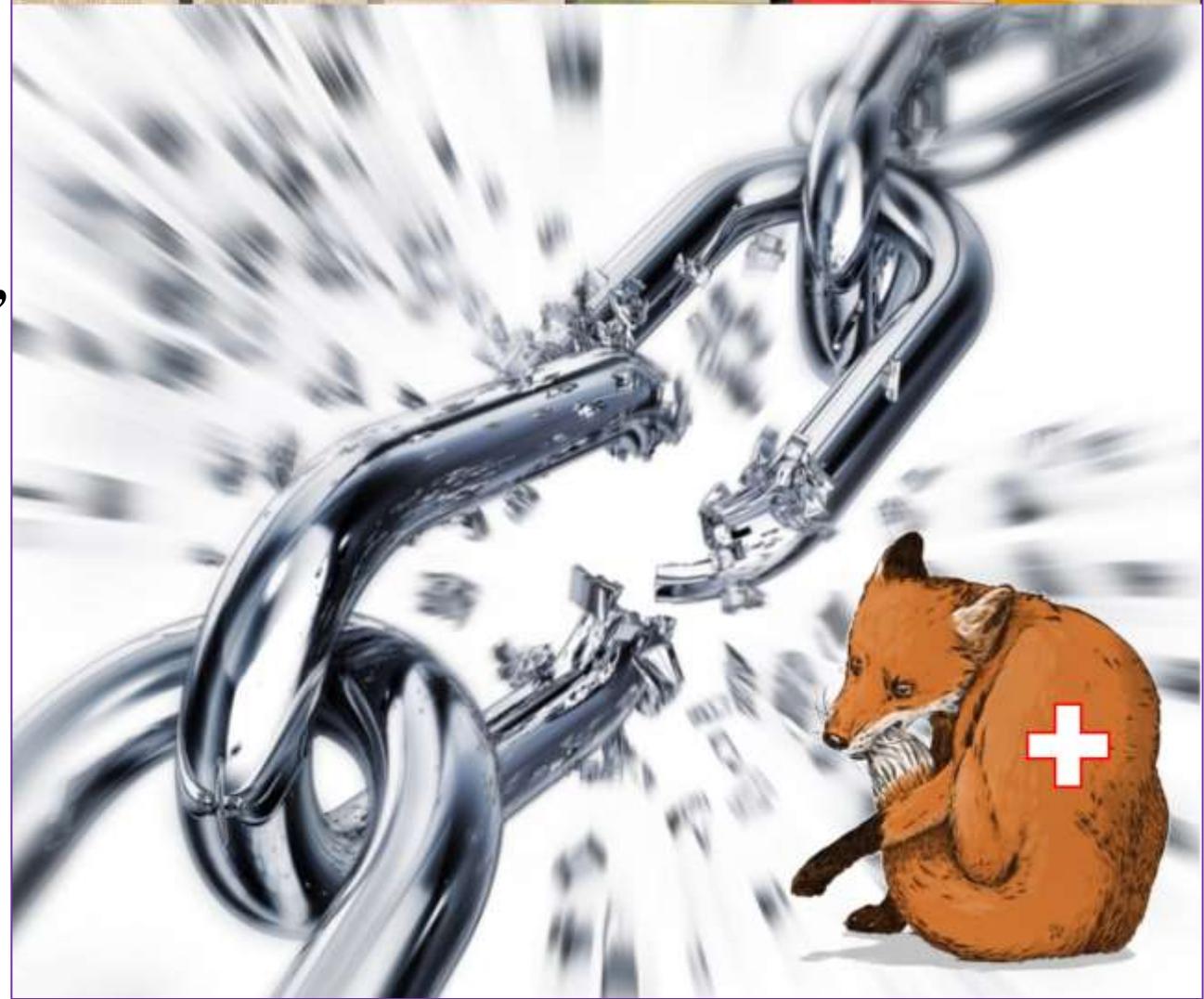
il Fondo Nazionale Svizzero [FNS] li finanzia,

e

il FNS finanzia questi ricercatori solo se

e lavorano per almeno il 50%

in un'università.



Se è così difficile essere
un ricercatore svizzero,

allora è ora di farlo,

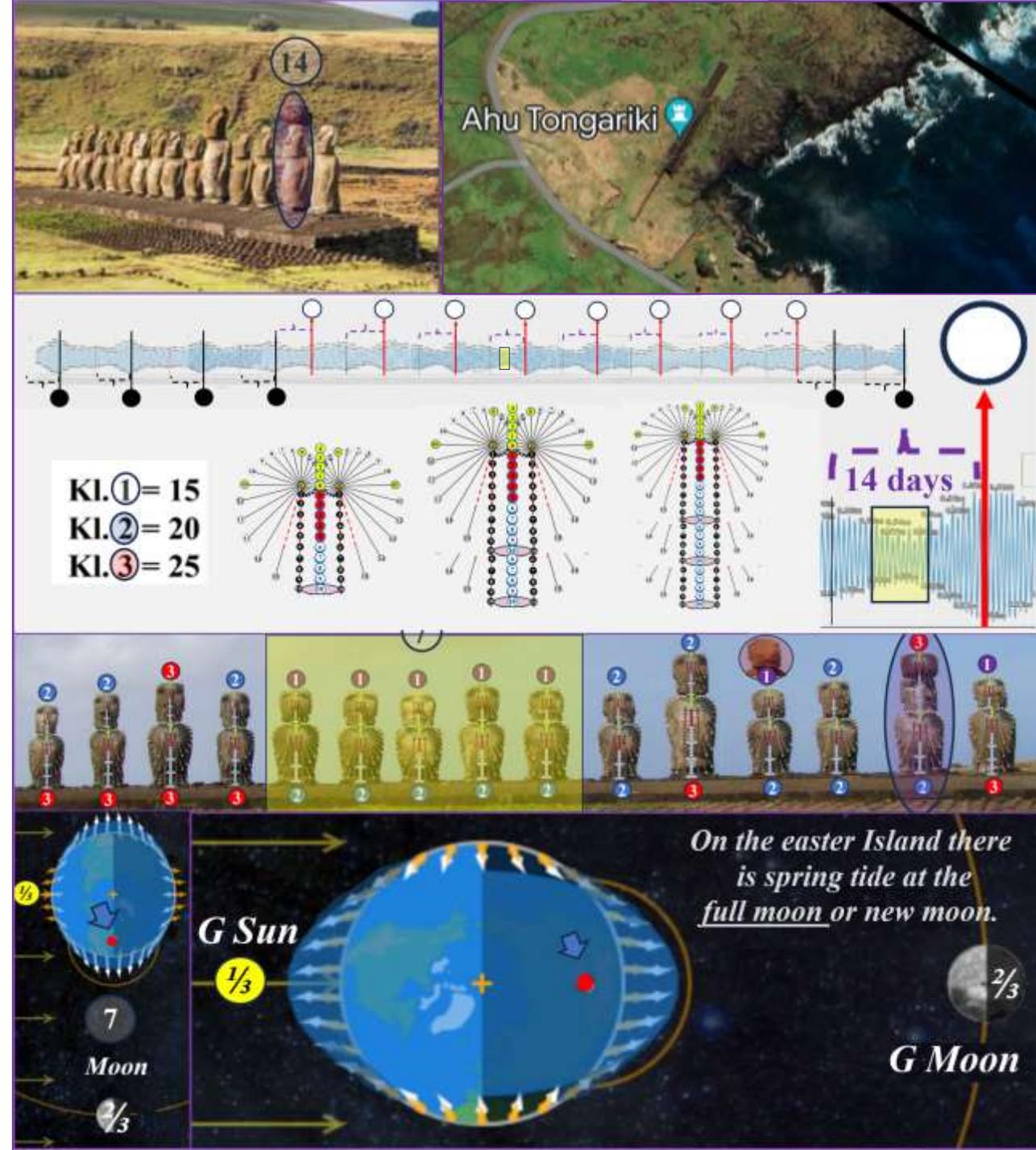
la causa principale

di queste difficoltà riconoscibile:

La dimensione è interessante per l'università,

ma il collegamento è interrotto.

(Dividi e conquista)



Lobby globale (Cartello?)

Perché sono solo i professori
stranieri di ortodonzia
determinare ciò che
i ricercatori svizzeri
delle università svizzere
sono autorizzati a studiare?



Lobby nazionale (Cartello?)

Perché

la Società Svizzera di Ortodonzia

Può utilizzare pubblicità ingannevoli

come

“allineamento sano dei denti”

omettendo informazioni?



Mehr als ein schönes Lächeln

Mein Fachzahnarzt für Kieferorthopädie (CH)

Schweizerische Gesellschaft für Kieferorthopädie SGK/SSODF

Herzlich willkommen auf der Homepage der Schweizerischen Gesellschaft für Kieferorthopädie (SGK/SSODF). Wir hoffen, dass Sie die gesuchten Informationen finden. Ansonsten steht Ihnen unser Sekretariat gerne zur Verfügung.

«Mehr als ein schönes Lächeln»

Die Behandlung bei einer Fach Zahnärztin oder einem Fachzahnarzt für Kieferorthopädie (CH) bringt Vorteile. Die spezialisierten Fach Zahnärzte sorgen mit hochstehenden Behandlungen für ein schönes Lachen und eine gesunde Zahnstellung.

Hier finden sie Ihren Fachzahnarzt für Kieferorthopädie (CH) in ihrer Region

Lobby cantonale (Cartello??)

Perché

lo stesso Consiglio dell'Università
non risponde alla mia domanda
per indagare sul mio approccio di ricerca?
L'università è davvero povera?

Zürich, 14. Februar 2022/avu

a



Universität
Zürich^{UZH}

Medizinische Fakultät
Dekanat

Antrag Forschungsansatz «Kieferorthopädie» vom 03.01.2022

Sehr geehrter Herr Dr. vom Brocke

Haben Sie vielen Dank für Ihre Korrespondenz mit der Präsidentin des Universitätsrates und dem Rektor, die mich gebeten haben, Ihnen zu antworten.

Ich habe hierzu mit den Kollegen der Zahnmedizin und insbesondere der Kieferorthopädie Kontakt und mit diesen Ihr Schreiben und den darin zum Ausdruck gekommenen Forschungsansatz diskutiert. Ihr Ansatz erscheint zwar durchaus interessant, bedürfte aber sicherlich noch zusätzlicher Unter-
setzung und Substantiierung, bevor er beim SNF eingereicht werden könnte.

Wie Sie sicherlich wissen, ist im hochkompetitiven Umfeld der Hochschulmedizin eine starke Spezialisierung erforderlich, da wir die knappen Ressourcen leider nicht auf allen wünschenswerten Gebieten einsetzen können. Im Rahmen dieser erforderlichen Spezialisierungen liegen die von Ihnen bearbeiteten Themen leider nicht in unserem Fokus, so dass wir Ihnen zu unserem Bedauern – zumal uns auch keine adäquaten freien Stellen in Ihrem Fachgebiet zur Verfügung stehen – keine Zusammenarbeit anbieten können.

Ich danke Ihnen nochmals und verbleibe mit den besten Wünschen für Ihre persönliche und fachliche Zukunft.

Freundliche Grüsse

Prof. Dr. Dr. med. Frank J. Rühli
Dekan



Lobby regionale (Cartello?)

Perché, per esempio,
l'Università di Berna ha studiato per decenni
il modo di applicare i retainer
e
non ha cercato il modo di rimuovere i retainer?

Bessere 3D-Befundung und Retainer
Wissenschaftliche Forschungsprojekte
mit meiner Beteiligung

1. Warum nicht 4D-Befundung?
2. Warum überhaupt Retainer?

b

Gli studi sulle recidive [ricadute] non sono condotti dalle stesse lobby mediche perché non vogliono mettersi in cattiva luce.



**La Svizzera ha bisogno di un centro
per lo sviluppo di protocolli diagnostici**

le cui conoscenze siano

**liberamente accessibili alla
popolazione svizzera**

E

possano essere utilizzate per

la rivalutazione della terapia - recidive! -.

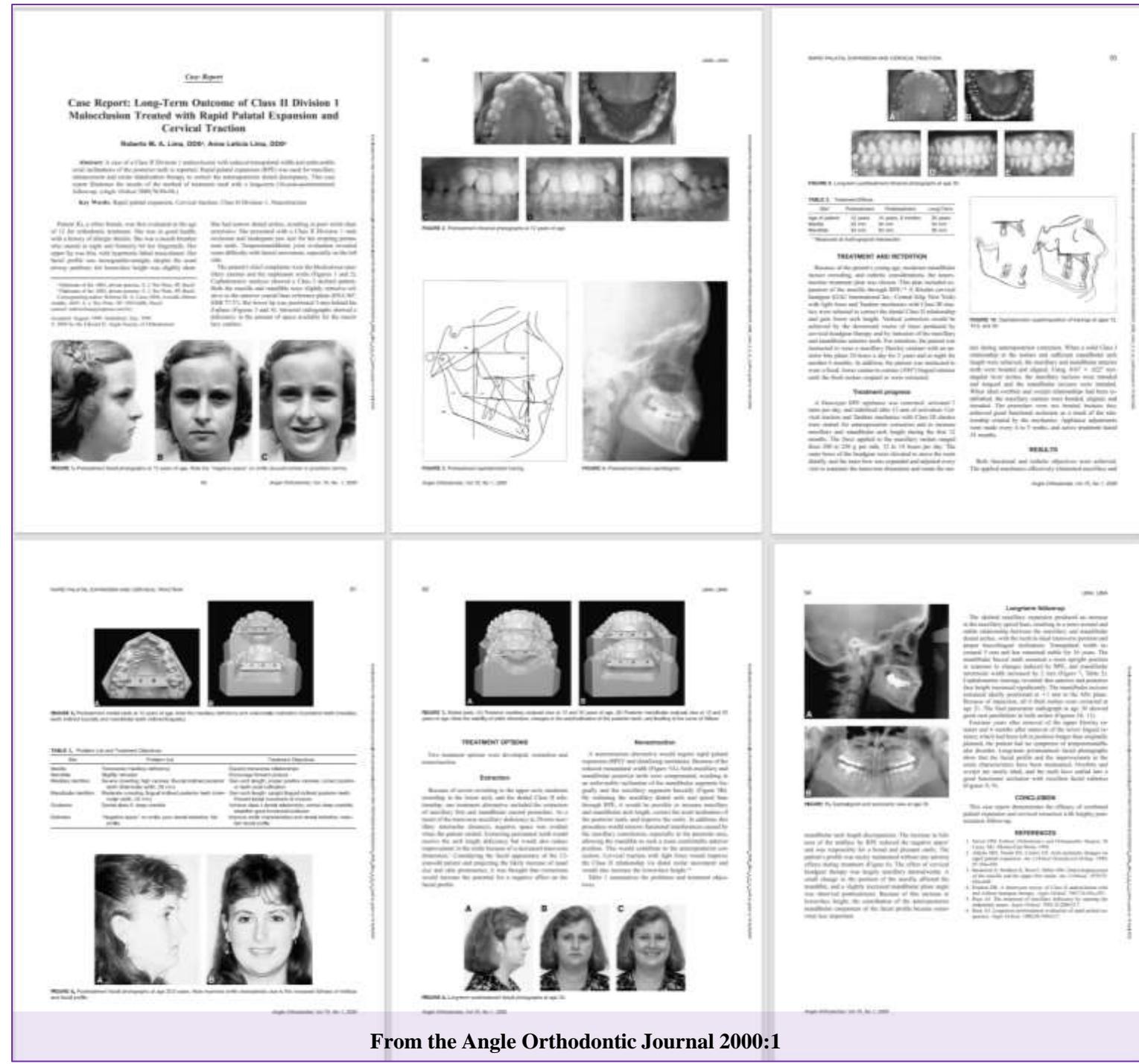


Rapporto sui risultati di presentazioni di casi possono essere suddivisi in 3 parti (piccolo, normale, grande)

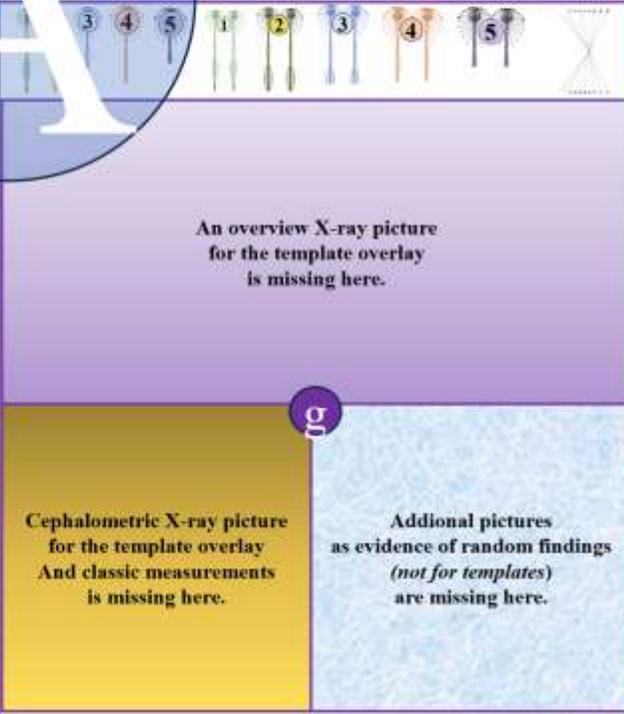
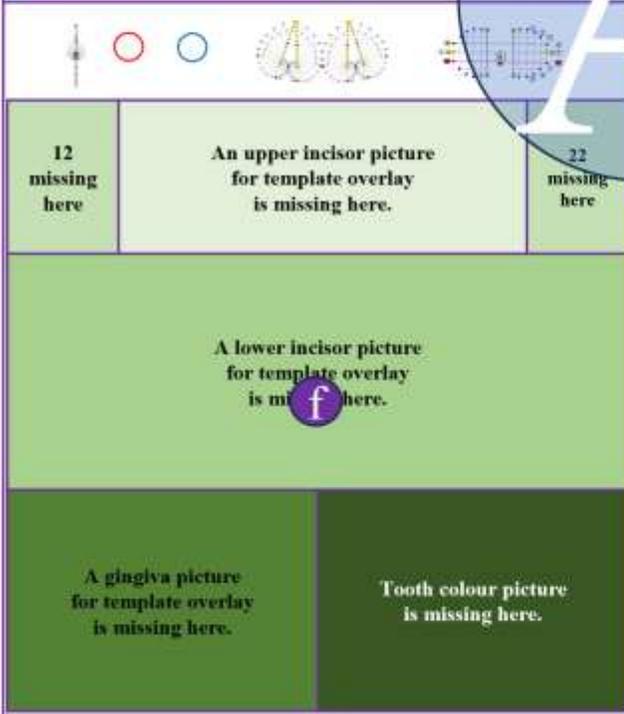
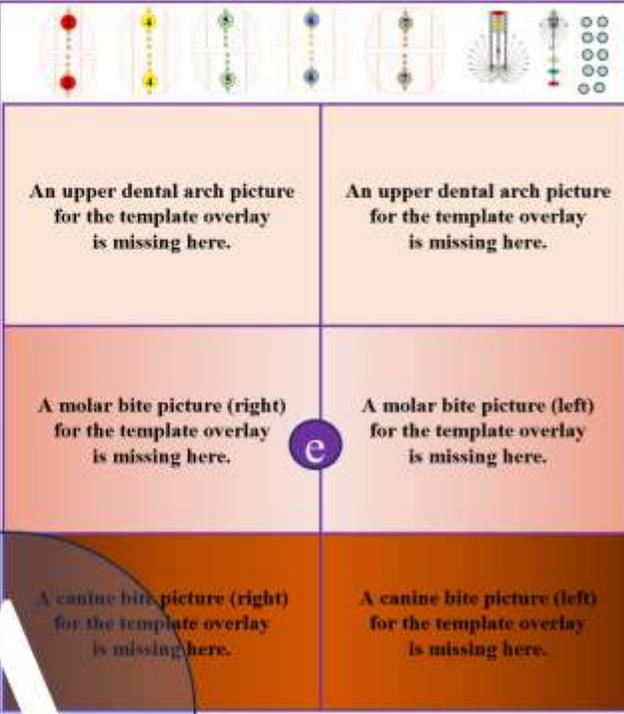
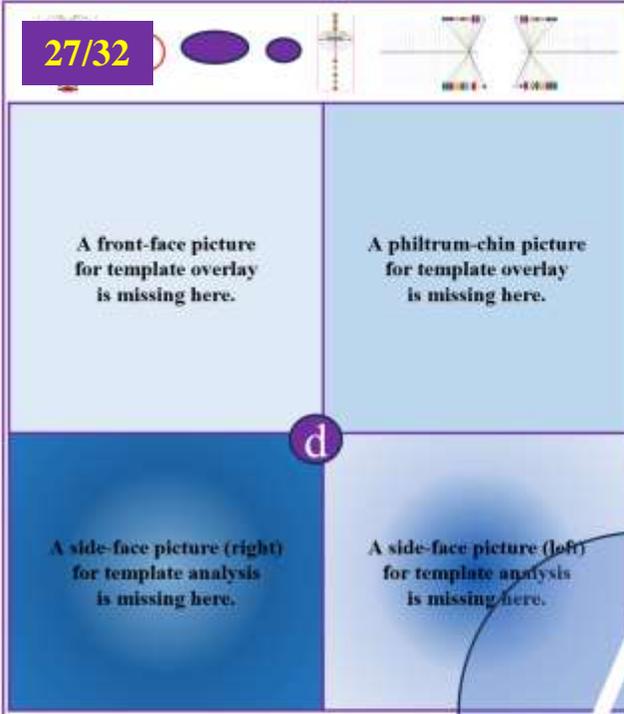
oggettivazione visiva, soggettivazione verbale

e

alla presentazione di un caso.



From the Angle Orthodontic Journal 2000:1



A

B

A front-face picture for template overlay is missing here.

A philtrum-chin picture for template overlay is missing here.

An upper dental arch picture for the template overlay is missing here.

An upper dental arch picture for the template overlay is missing here.

A molar bite picture (right) for the template overlay is missing here.

A molar bite picture (left) for the template overlay is missing here.

A canine bite picture (right) for the template overlay is missing here.

A canine bite picture (left) for the template overlay is missing here.

A side-face picture (right) for template analysis is missing here.

A side-face picture (left) for template analysis is missing here.

12 missing here

An upper incisor picture for template overlay is missing here.

22 missing here

A lower incisor picture for template overlay is missing here.

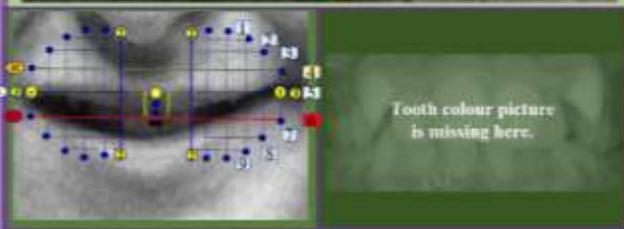
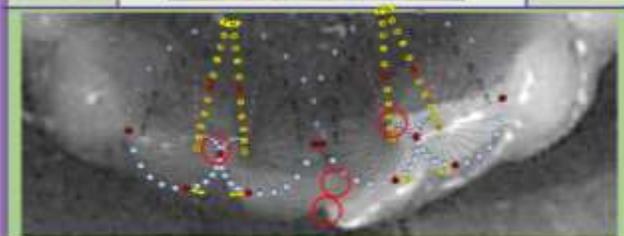
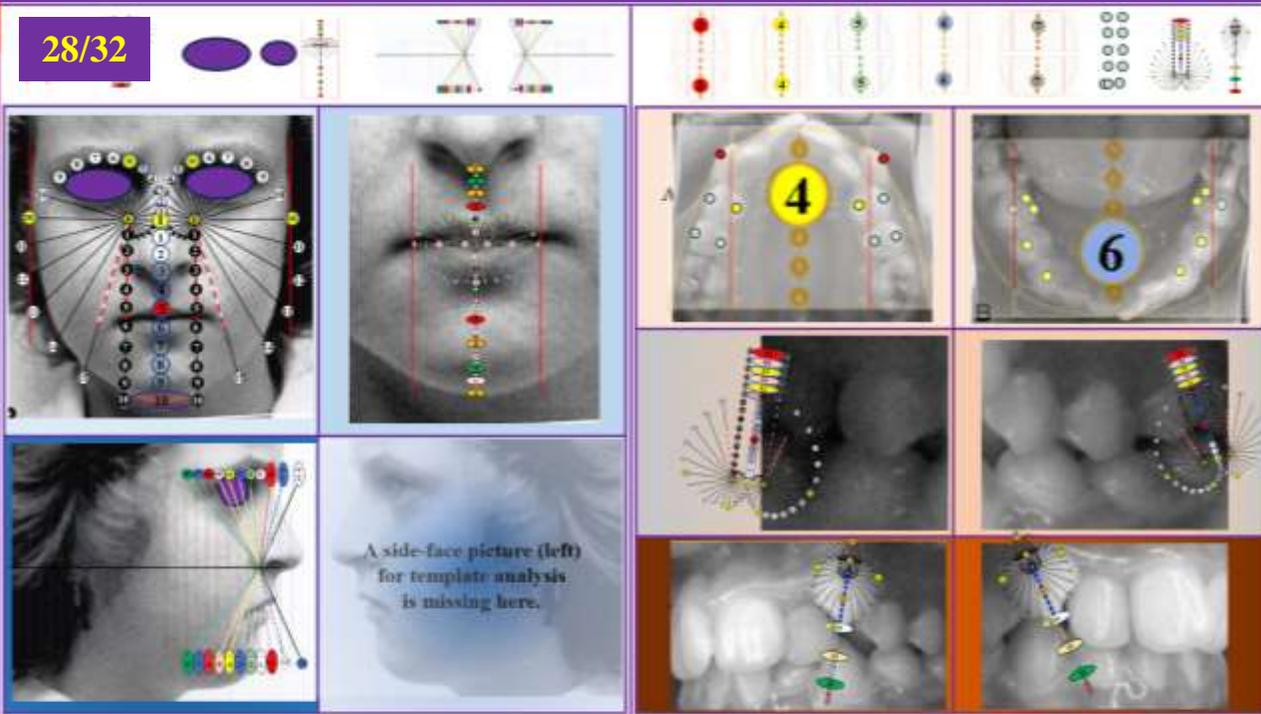
A gingiva picture for template overlay is missing here.

Tooth colour picture is missing here.

Cephalometric X-ray picture for the template overlay And classic measurements is missing here.

Additional pictures as evidence of random findings (not for templates) are missing here.

CR-N	X	Diagnostic time	X	Fig.-Inf. from	X	Recording region m. a. sea				X				
Sex	X	Age	X	Weight	X	1. Wish	X	MAP	X	Habit	X			
Aller.	X	Health	X	Height	X	Breath	X	Trau.	X	No-Go	X			
Mid-face height (A-I: 5)				X	0	Upper dental arch width (D-I: 5)				X	0			
Under-face height (a-I: 5)				X	0	Lower dental arch width (d-I: 5)				X	0			
Nose to face relation (A'-I: 0)				X	0	Upper cusp position (E-I: Ø La.)				X	0			
Face laterality (a'-I: 0)				X	0	Lower cusp position (e-I: Ø La.)				X	0			
Mid-face prominence right side (Bmr-I: -1)				X	0	Sagittal right molar bite (F-I: 4)				X	0			
Lower-face prominence right side (Blr-I: -1)				X	0	Sagittal left molar bite (f-I: 4)				X	0			
Mid-face prominence left side (Bml-I: -1)				X	0	Vertical right molar bite (F'-I: 11-15)				X	0			
Lower-face prominence left side (BlI-I: -1)				X	0	Vertical left molar bite (f'-I: 11-15)				X	0			
Upper mouth height (C-I: 5)				X	0	Right canine free space (G-I: 16-20)				X	0			
Lower mouth height (c-I: 5)				X	0	Left canine free space (g-I: 16-20)				X	0			
Incisor free space 11 (H-I: 6-10)				X	0	m	xr	xi	M1	Xr	Xi	Mi	X	0
Incisor free space 21 (h-I: 6-10)				X	0	m'	xr	xi	M2	Xr	Xi	Mi	X	0
Incisor length 12 (l-I: 10 ± 2.5)				X	0	m3	xr	xi	M3	Xr	Xi	Ma	x/X	0
Incisor length 22 (i-I: 10 ± 2.5)				X	0	m4	xr	xi	M4	Xr	Xi	MR	X	0
Incisor support -42; -41 (J-I: 0)				X	0	m5	xr	xi	M5	Xr	Xi	ML	X	0
Incisor support 31-; 32-; (j-I: 0)				X	0	N	X	0	O	X	0	P	X	0
Incisor presence 11-12 (K-I: 5 ± 0.9)				X	0	SNA°	XX,X		Other findings None of interest					
Incisor presence 21-22 (k-I: 5 ± 0.9)				X	0	SNB°	XX,X							
Incisor quality 12-22 (L-I: 3)				X	0	ANB°	XX,X							
Incisor quality 32-42 (l-I: 3)				X	0	M _L N _L °	XX,X							
FOI-Harmony				h	00000	00000	00000	X-Normality					i	00000



CR-N	1	Diagnostic time	1	Fig.-Inf. from	AO_2000-1			Recording region m. a. sea			489			
Sex	2	Age	144	Weight	X	1. Wish	2	MAP	2	Habit	2			
Aller.	2	Health	1	Height	X	Breath	2	Trau.	X	No-Go	X			
Mid-face height (A-I: 5)				4	I	Upper dental arch width (D-I: 5)				4	II			
Under-face height (a-I: 5)				6	II	Lower dental arch width (d-I: 5)				6	III			
Nose to face relation (A'-I: 0)				0	I	Upper cusp position (E-I: Ø La.)				5	I			
Face laterality (a'-I: 0)				0	I	Lower cusp position (e-I: Ø La.)				5	I			
Mid-face prominence right side (Bmr-I: -1)				0	III	Sagittal right molar bite (F-I: 4)				3	II			
Lower-face prominence right side (Blr-I: -1)				-1	I	Sagittal left molar bite (f-I: 4)				3	II			
Mid-face prominence left side (Bml-I: -1)				0	III	Vertical right molar bite (F'-I: 11-15)				14	I			
Lower-face prominence left side (BlI-I: -1)				-1	I	Vertical left molar bite (f'-I: 11-15)				14	I			
Upper mouth height (C-I: 5)				6	III	Right canine free space (G-I: 16-20)				21	III			
Lower mouth height (c-I: 5)				6	III	Left canine free space (g-I: 16-20)				21	III			
Incisor free space 11 (H-I: 6-10)				6	I	m1	xr	xl	M1	Xr	Xl	Mi	X	0
Incisor free space 21 (h-I: 6-10)				6	I	m2	xr	xl	M2	Xr	Xl	Mi	X	0
Incisor length 12 (I-I: 10 ± 2.5)				10	II	m3	xr	xl	M3	Xr	Xl	Ma	x/X	0
Incisor length 22 (i-I: 10 ± 2.5)				10	II	m4	xr	xl	M4	Xr	Xl	MR	X	0
Incisor support -42; -41 (J-I: 0)				2	III	m5	xr	xl	M5	Xr	Xl	ML	X	0
Incisor support 31-; 32-; (j-I: 0)				2	III	N	3	I	O	-2	I	P	2	I
Incisor presence 11-12 (K-I: 5 ± 0.9)				5	I	SNA°	80,0		Other findings				None of interest	
Incisor presence 21-22 (k-I: 5 ± 0.9)				5	I	SNB°	77,5							
Incisor quality 12-22 (L-I: 3)				X	0	ANB°	2,5							
Incisor quality 32-42 (l-I: 3)				X	0	MLNL°	20,0							
FOI-Harmony		45889	35159	51950	X-Normality			00000	111					

Protocollo di avvio

45889	35159	51950
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Fine del protocollo

45889	65005	55550
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Sono stati armonizzati un rapporto dente di supporto

E

due rapporti dente-anteriore.

Case Report: Long-Term Outcome of Class II Division 1 Malocclusion Treated with Rapid Palatal Expansion and Cervical Traction

Roberta M. A. Lima, DDS*, Anna Leticia Lima, DDS*

Abstract: A case of a Class II Division 1 malocclusion with vertical maxillary excess and retrognathia was treated with rapid palatal expansion (RPE) to expand the maxillary arch and cervical traction (CT) to correct the retrognathia and vertical maxillary excess. The case report describes the results of the treatment with a long-term (10-year) follow-up of high-angle Class II malocclusion.

Key Words: Rapid palatal expansion, Cervical traction, Class II Division 1, Protraction

Introduction: A Class II malocclusion is characterized by a horizontal distance between the maxillary and mandibular arches that is greater than the vertical distance between the maxillary and mandibular arches. The most common cause of Class II malocclusion is retrognathia, which is a condition in which the maxillary arch is positioned posteriorly to the mandibular arch. This condition can be caused by a variety of factors, including a narrow maxillary arch, a retrognathic mandible, or a combination of these factors.

The present study aims to evaluate the long-term outcome of Class II malocclusion treated with RPE and CT. The study includes a clinical examination, radiographic analysis, and patient photographs. The results show that RPE and CT effectively expand the maxillary arch and correct the retrognathia, resulting in a Class I malocclusion with a balanced occlusion. The long-term follow-up shows that the treatment is stable and effective.



FIGURE 1. Pre-treatment facial photographs of a 12-year-old girl. (A) Profile view showing retrognathia. (B) Frontal view showing Class II malocclusion. (C) Frontal view showing the result after treatment.

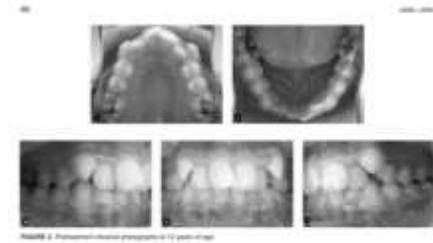


FIGURE 2. Pre-treatment panoramic radiograph of a 12-year-old girl.

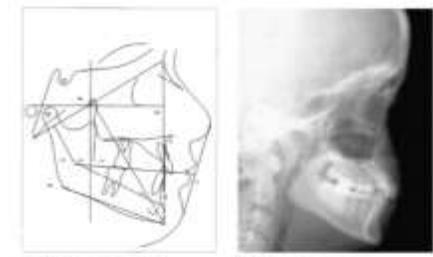


FIGURE 3. Pre-treatment cephalometric tracing.

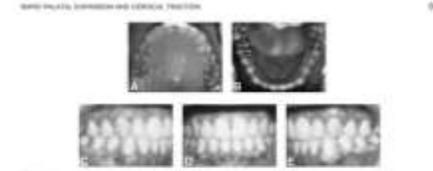


FIGURE 4. Long-term cephalometric tracing (cephalogram) at age 22.

Age	Maxillary	Mandibular	Angle (°)
12	102.0	102.0	102.0
22	102.0	102.0	102.0



FIGURE 5. Post-treatment cephalometric tracing (cephalogram) at age 22.

RESULTS: The patient's maxillary arch was expanded with RPE, and the mandibular arch was expanded with CT. The treatment resulted in a Class I malocclusion with a balanced occlusion. The long-term follow-up shows that the treatment is stable and effective. The patient's facial appearance improved significantly, and the retrognathia was corrected. The vertical maxillary excess was also corrected, resulting in a balanced occlusion.

CONCLUSION: This case report demonstrates the efficacy of combined RPE and CT treatment in Class II malocclusion. The treatment resulted in a Class I malocclusion with a balanced occlusion and improved facial appearance. The long-term follow-up shows that the treatment is stable and effective.



FIGURE 6. Treatment model (cast) at 12 years of age. (A) Maxillary arch. (B) Mandibular arch.

Age	Maxillary	Mandibular	Angle (°)
12	102.0	102.0	102.0
22	102.0	102.0	102.0



FIGURE 7. Post-treatment facial photographs of a 22-year-old woman. (A) Profile view showing Class I malocclusion. (B) Frontal view showing the result after treatment.

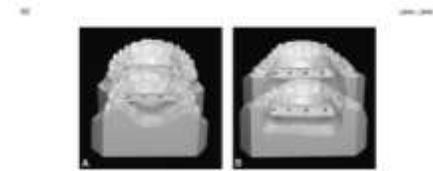


FIGURE 8. Post-treatment panoramic radiograph at age 22.

TREATMENT OPTIONS: The treatment options for Class II malocclusion include orthodontic treatment, orthognathic surgery, and a combination of these treatments. In this case, RPE and CT were chosen as the treatment options. RPE is a non-surgical treatment that expands the maxillary arch, while CT is a surgical treatment that corrects the retrognathia and vertical maxillary excess.



FIGURE 9. Long-term cephalometric tracing (cephalogram) at age 22.



FIGURE 10. Long-term cephalometric tracing (cephalogram) at age 22.

CONCLUSION: This case report demonstrates the efficacy of combined RPE and CT treatment in Class II malocclusion. The treatment resulted in a Class I malocclusion with a balanced occlusion and improved facial appearance. The long-term follow-up shows that the treatment is stable and effective.

REFERENCES: 1. Lima RM, Lima AL. Long-term outcome of Class II malocclusion treated with rapid palatal expansion and cervical traction. *Am J Orthod Dentofacial Orthop*. 2010;138(4):515-522. 2. Lima RM, Lima AL. Long-term outcome of Class II malocclusion treated with rapid palatal expansion and cervical traction. *Am J Orthod Dentofacial Orthop*. 2010;138(4):515-522. 3. Lima RM, Lima AL. Long-term outcome of Class II malocclusion treated with rapid palatal expansion and cervical traction. *Am J Orthod Dentofacial Orthop*. 2010;138(4):515-522.

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