

Invisible treatment with preadjusted lingual appliance and monolateral space opening for an adult Class II malocclusion with upper lateral incisors agenesis: An ortho-prosthetic case report

Enrico Albertini¹, Paolo Albertini¹, Anna Colonna¹, Federico Rivara², Luca Lombardo¹

Available online:

- 1. Postgraduate school of Orthodontics, University of Ferrara, Ferrara, Italy
- 2. University of Parma, Parma, Italy

Correspondence:

Enrico Albertini, Orthodontic Office, via Livatino 9, 42124 Reggio Emilia, Italy. info@dralbertini.com

Keywords

Adult
Malocclusion
Angle Class II/therapy class
II
Lateral incisor agenesis
Lingual orthodontic
appliances
Camouflage
Direct composite injection
technique
Resin-bonded fixed partial
denture

Summary

This case report describes the treatment of a Class II malocclusion with upper lateral incisors agenesis in an adult patient, performed by an invisible preadjusted lingual appliance, monolateral space opening and dental Class II correction. The patient had previously been treated by clear aligners with the insertion of an implant in upper right canine position in order to close the remaining space. With the twofold aim of obtaining ideal occlusal relationship and smile aesthetic improvement, it highlights how a fixed orthodontic technique is needed to achieve the planned results, when anterior torque, bodily translations and deep-bite correction are necessary. On the other hand, it underlines how the treatment plan should not be adapted to the limits of the employed appliance, but should aim for the best clinical result for the patient. A prosthetic finalisation was in the end performed in order to obtain the best aesthetic result.

Introduction

The correction of a class II malocclusion with lateral incisors agenesis in an adult patient is often challenging. Treatment strategies can include either space reopening for implants insertion or spaces closure [1,2].

The complexity is further increased when the patient has already been treated and dental compensations had been

attempted in order to finalise the treatment. In this case in particular, the previous treatment had been performed by clear aligners, resulting in a significant upper midline deviation, a severe retroclination of the upper incisors, a dental class II and an implant positioned on one side to close the remaining space. The complexity of the case is further increased if the patient requests a completely invisible appliance. However, lingual