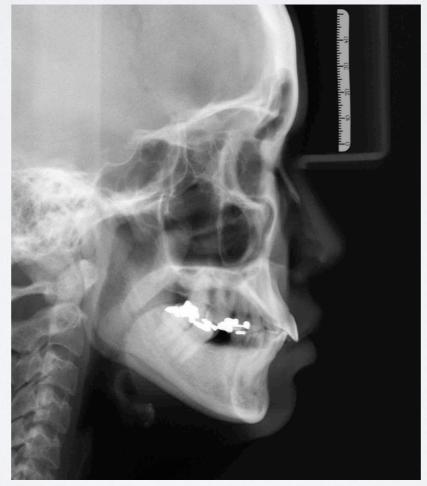
RADIOGRAPHIC CEPHALOMETRY

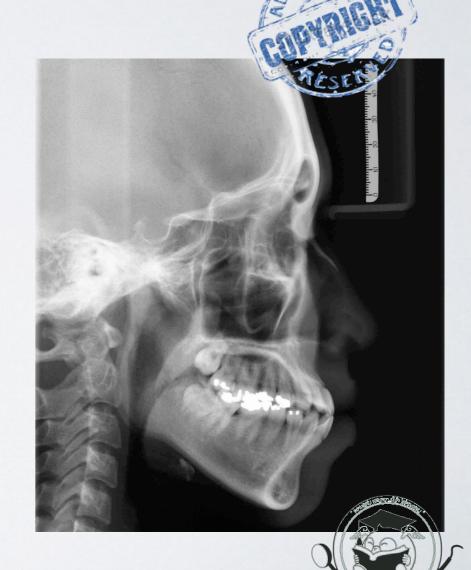




Diagnosis & Treatment Plan







Film Quality



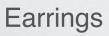
Head position	FH plan parallel to floor
Lip position	Relax
Tongue position	Against palate
Cervical bone	CI-C4 Coverage
Soft tissue	Identifiable
Hard tissue	Identifiable
Accessories decoration	None
Physical quality	No scratch, Chemical contamination, etc.
teeth Intercuspation	Maximum (CO)

Film Quality

Tilted Head position

Unclear soft tissue

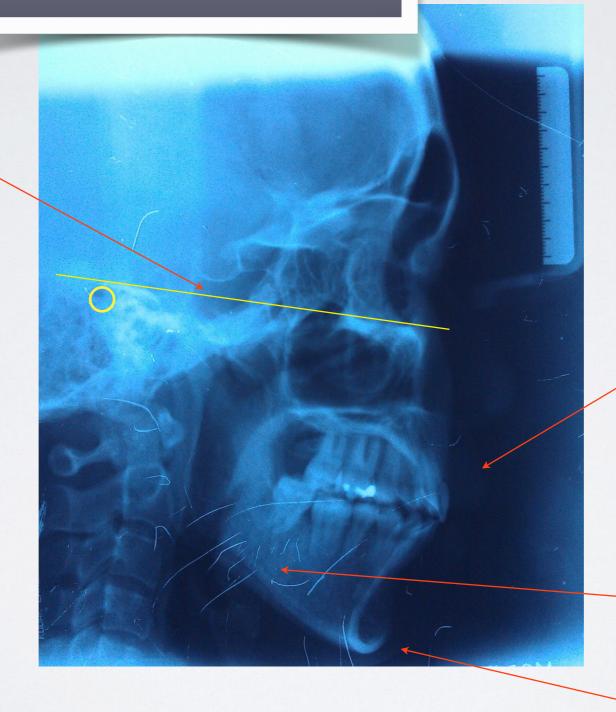
mouth opening





Film Quality

tilted Head position



unclear Soft tissue

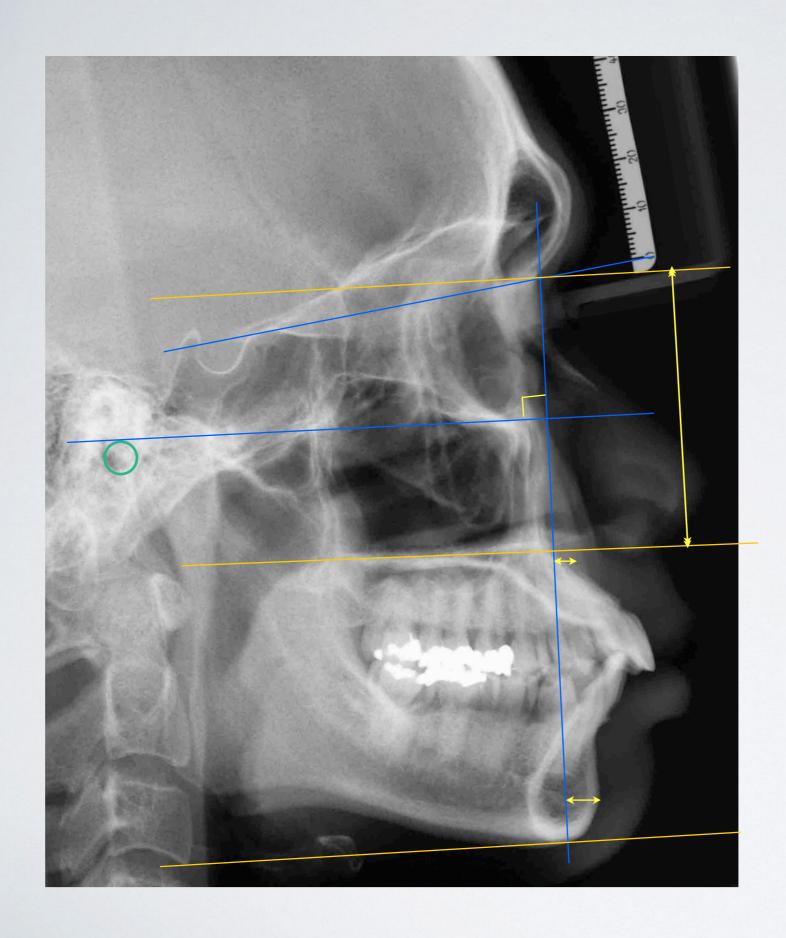
scratch





What information can be obtained from a lateral or frontal cephalometri c head film?





Skeletal

AP PLANE

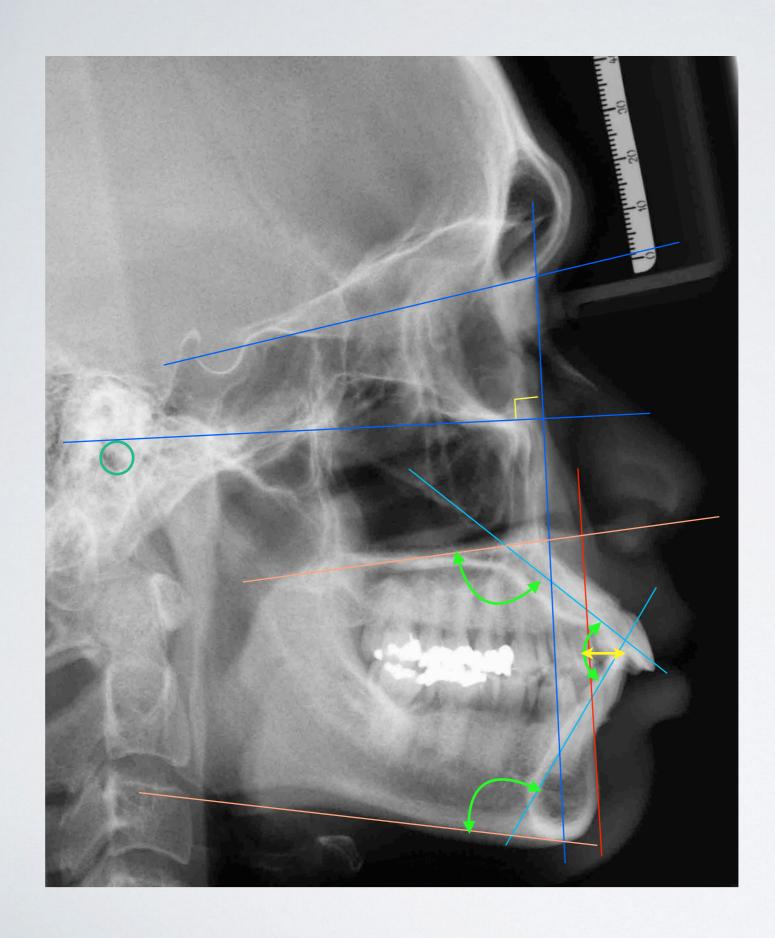
Maxilla: relatively large and too far forward

Mandible: relatively large and too far forward

Vertical PLANE

LAFH:UAFH seem normal





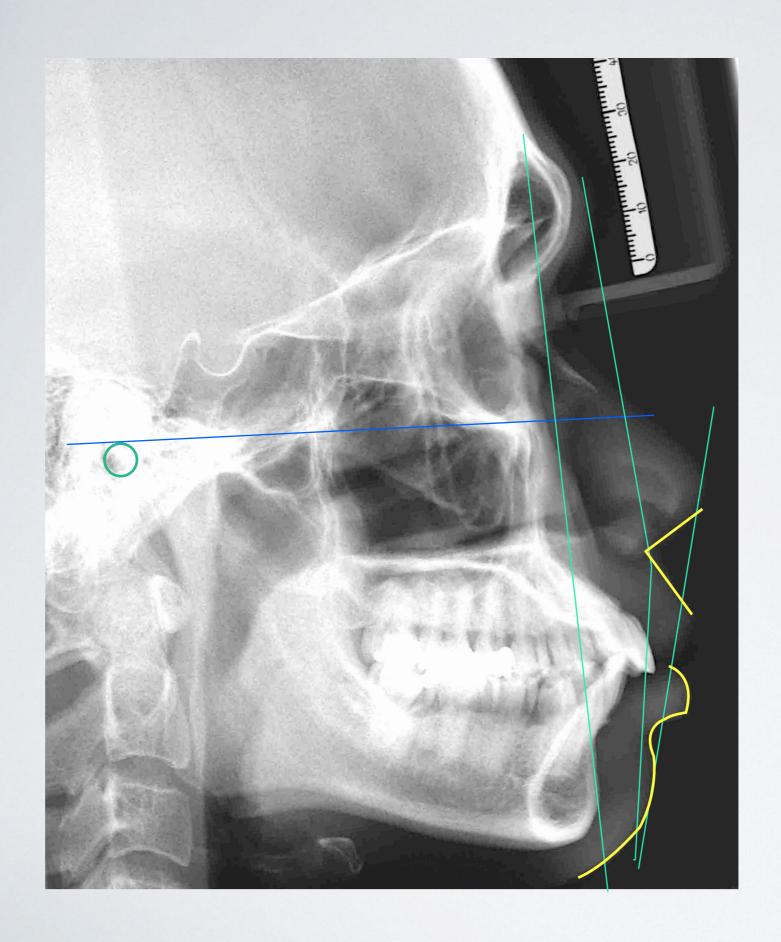
Dental

AP PLANE: Excessively Proclined max and mand incisors

Vertical PLANE: POVD is too low

(UADH UPDH LADH)





Soft tissue

AP PLANE

Profile: -Convex, Prognathic

Naso-labial angle: Increased Naso-

labial angle

E-Line: Protruded lips

Thickness of the lips: Thick

Lower lip: everted

Labio-mental sulcus: Deep

Vertical PLANE: LAFH

G-Sn-Me'

\Sn-tSs/StiMe'



WHY IS CEPHALOGRAM ESSENTIAL TO DIAGNOSIS AND TREATMENT PLAN

- -Limitation of Dental Casts to classify malocclusion
- -Limitation to identify the abnormal parts of facial complex (Max, Mand, Combination)
- -Limitation of the profile classification (convex, concave, retrognathic, prognathic)



LIMITATION OF DENTAL CASTS TO CLASSIFY MALOCCLUSION

Drifting to adjacent teeth to extraction space

Extracted teeth in the buccal segment

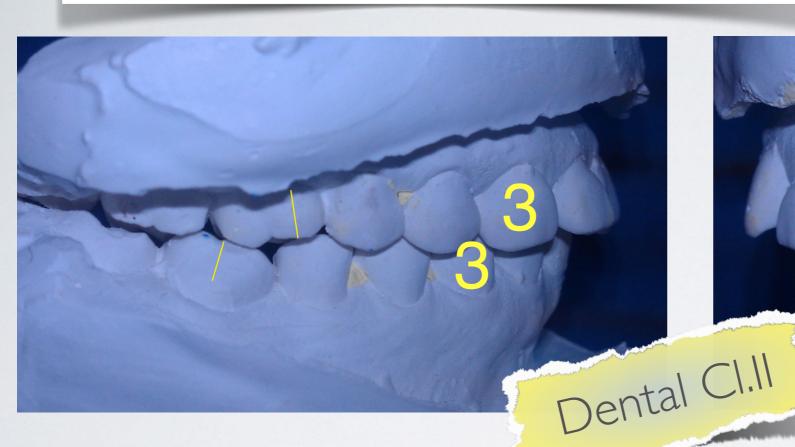
Trimming Technique

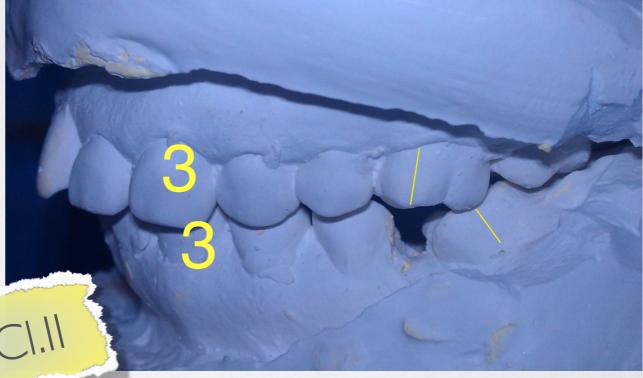
Tooth interferences resulting from drifting of adjacent teeth causing sliding of the mand



LIMITATION OF DENTAL CASTS TO CLASSIFY MALOCCLUSION



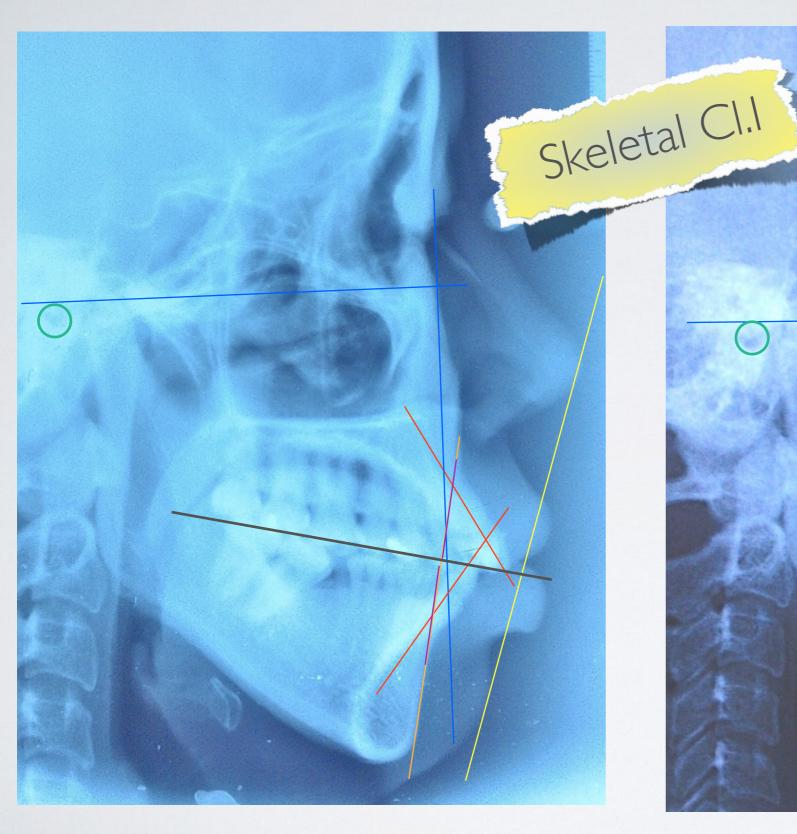


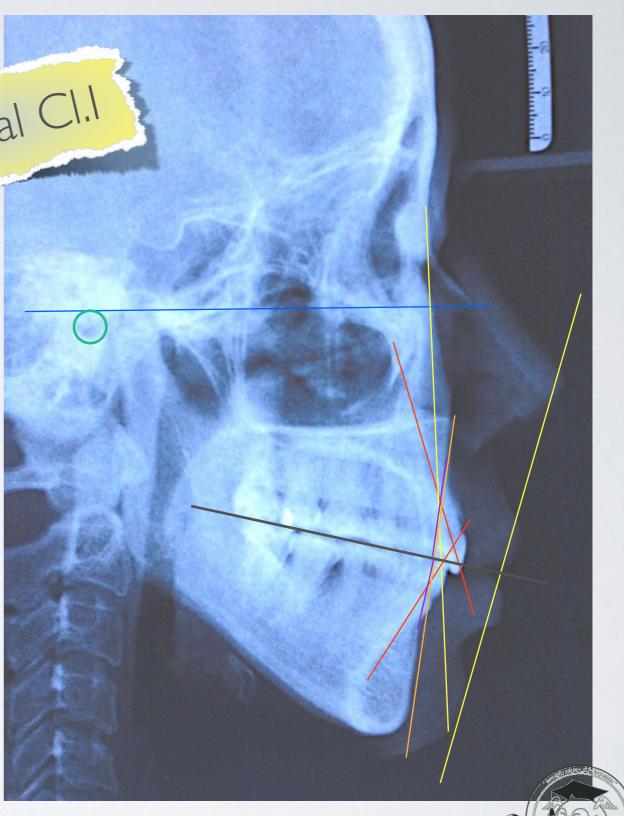
























เสาวณีย์ ศรีดำรงค์พร 52-0674









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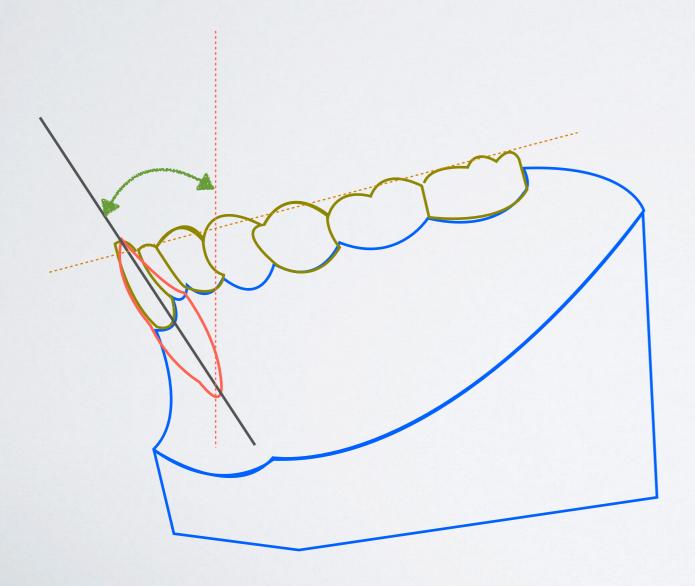


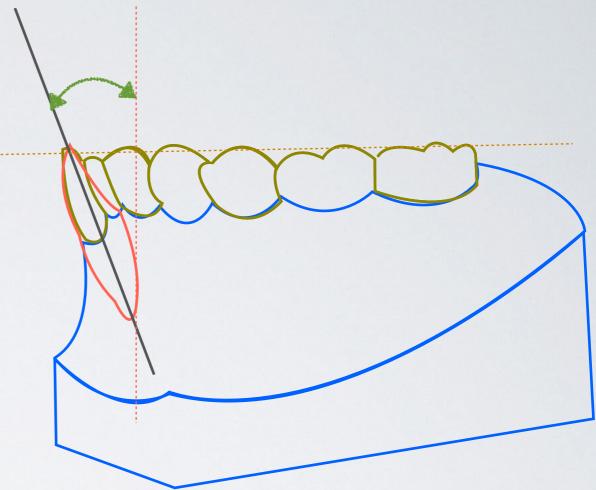




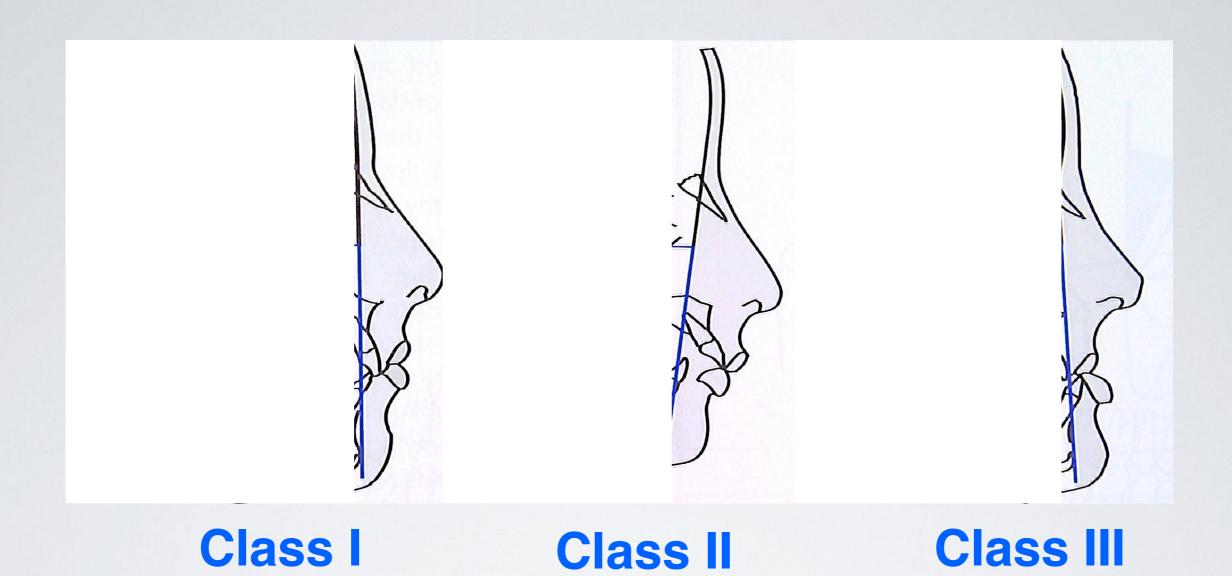


Model trimming technique



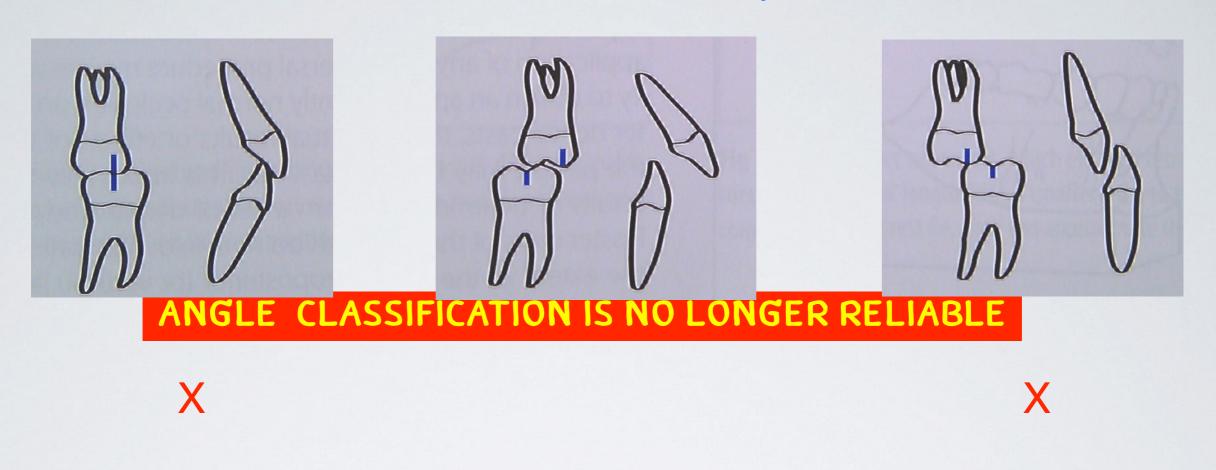


influence incisors
inclination by improper
models trimming
technique

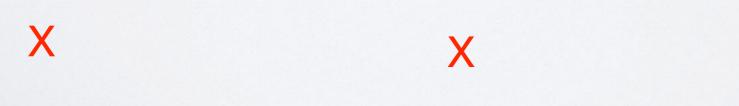




What malocclusion are they?





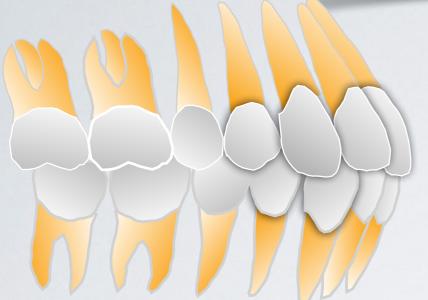




X

Angle's Classification





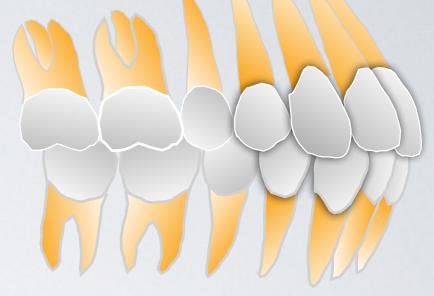
Skeletal Cl.I

Dental Cl.II (Molar)

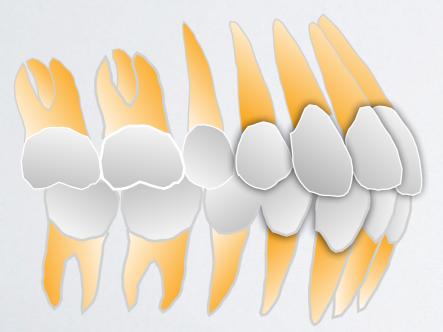


Skeletal Cl.I

Dental Cl.III (Ant X-bite)



Skeletal Cl.I
Dental Cl.III (Molar)



Skeletal Cl.I Dental Cl.II



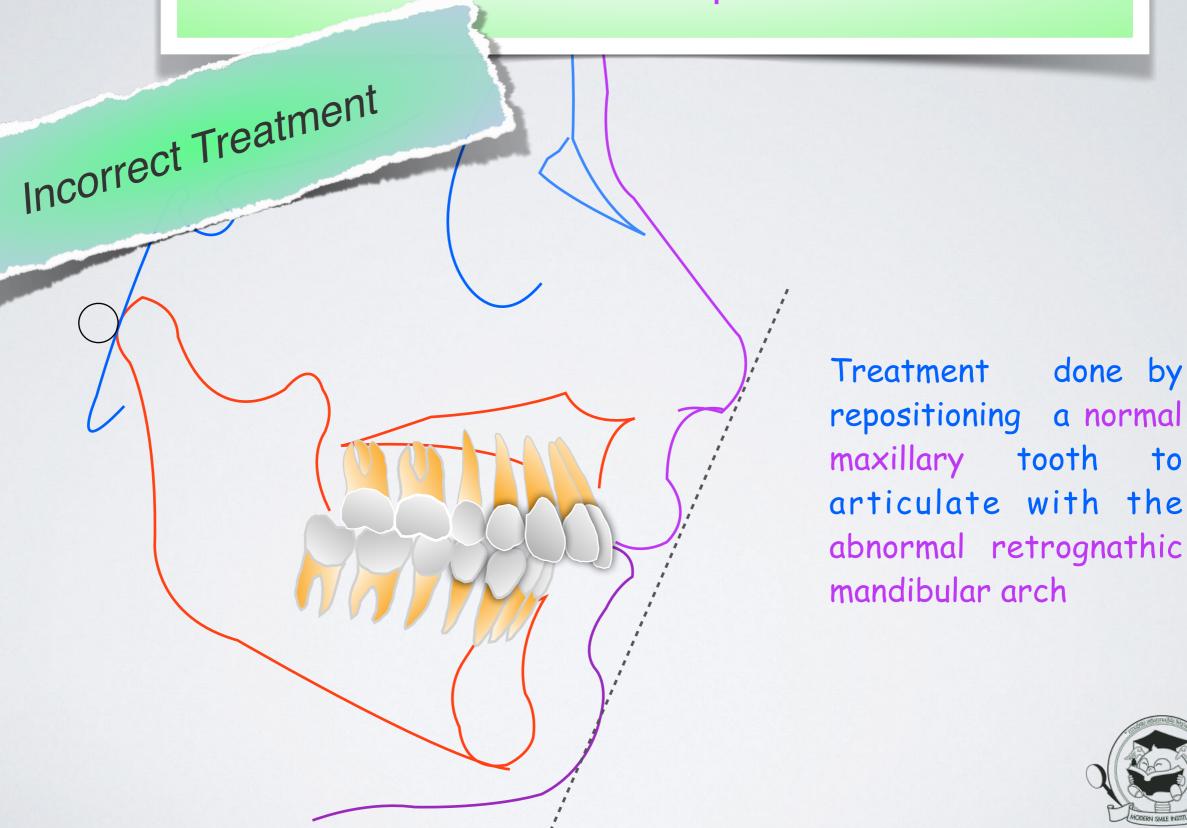
Skeletal Cl.II

Dental Cl.I (Molar)

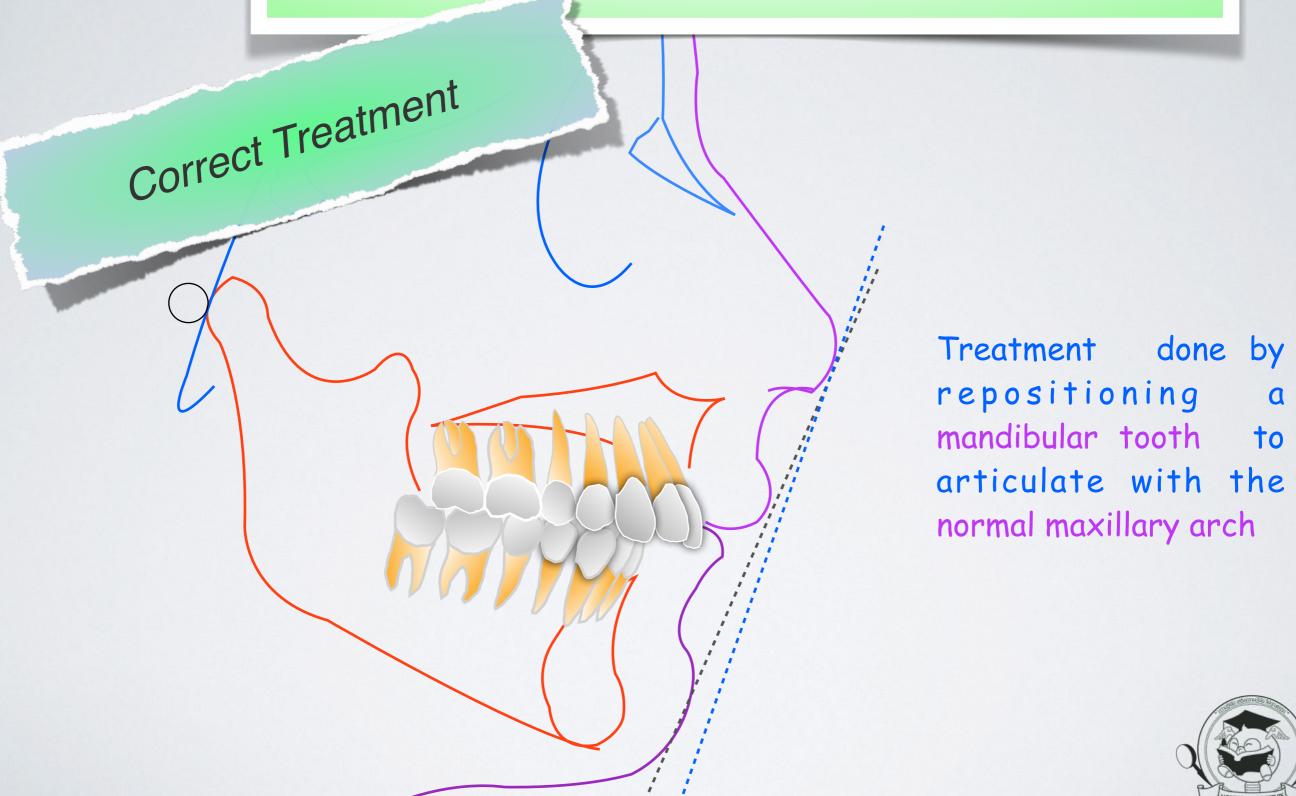


Skeletal Cl.III
Dental Cl.I/II (Molar)

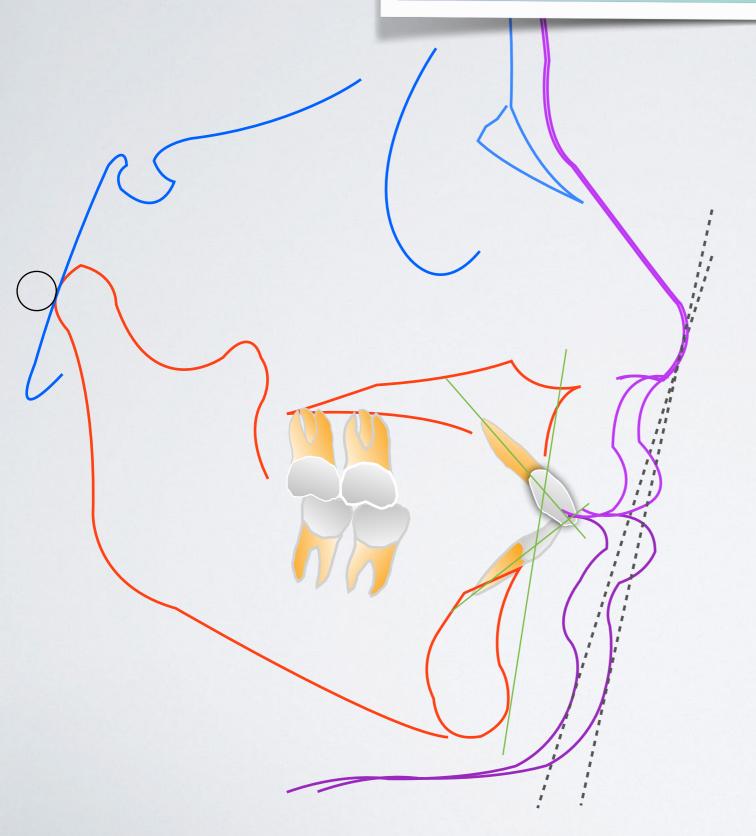




Limitation to identify the abnormal parts of facial complex



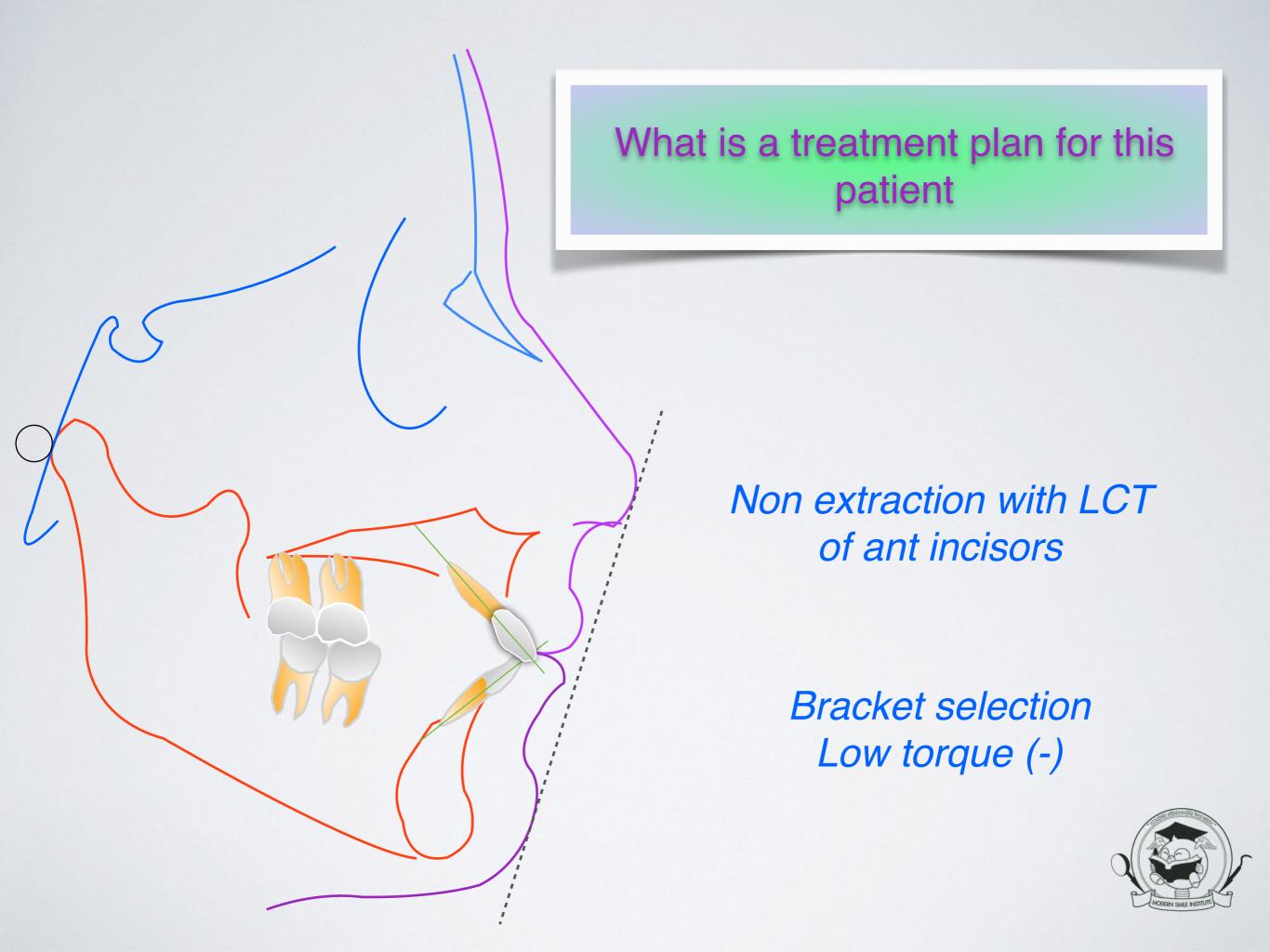
Extraction VS None Extraction



11

Influenced by profile not by dental irregularity





Non extraction with LCT of ant incisors







Bracket selection : Low torque (-)



Non extraction with LCT of ant incisors













ธนกาญจน์ เกื้อกาญจน์ 55-1031

Non extraction with LCT of ant incisors



Bracket selection:
Low torque (-)
Pre-torque on 1/-

ธนกาญจน์ เกื้อกาญจน์ 55-1031

























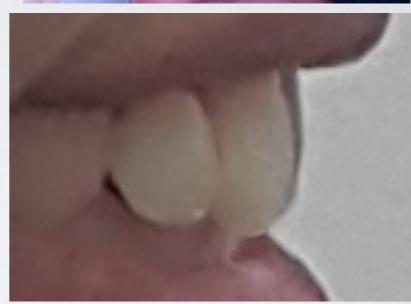






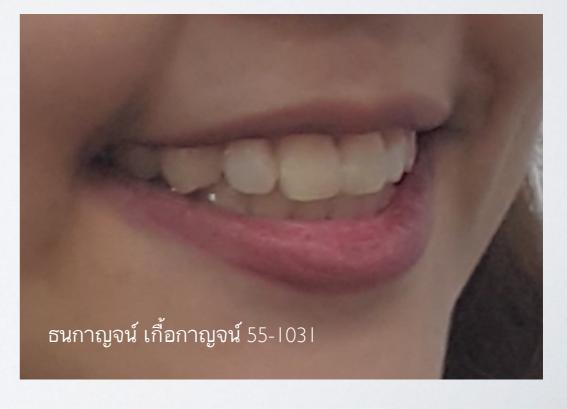












Treatment Plan Decision

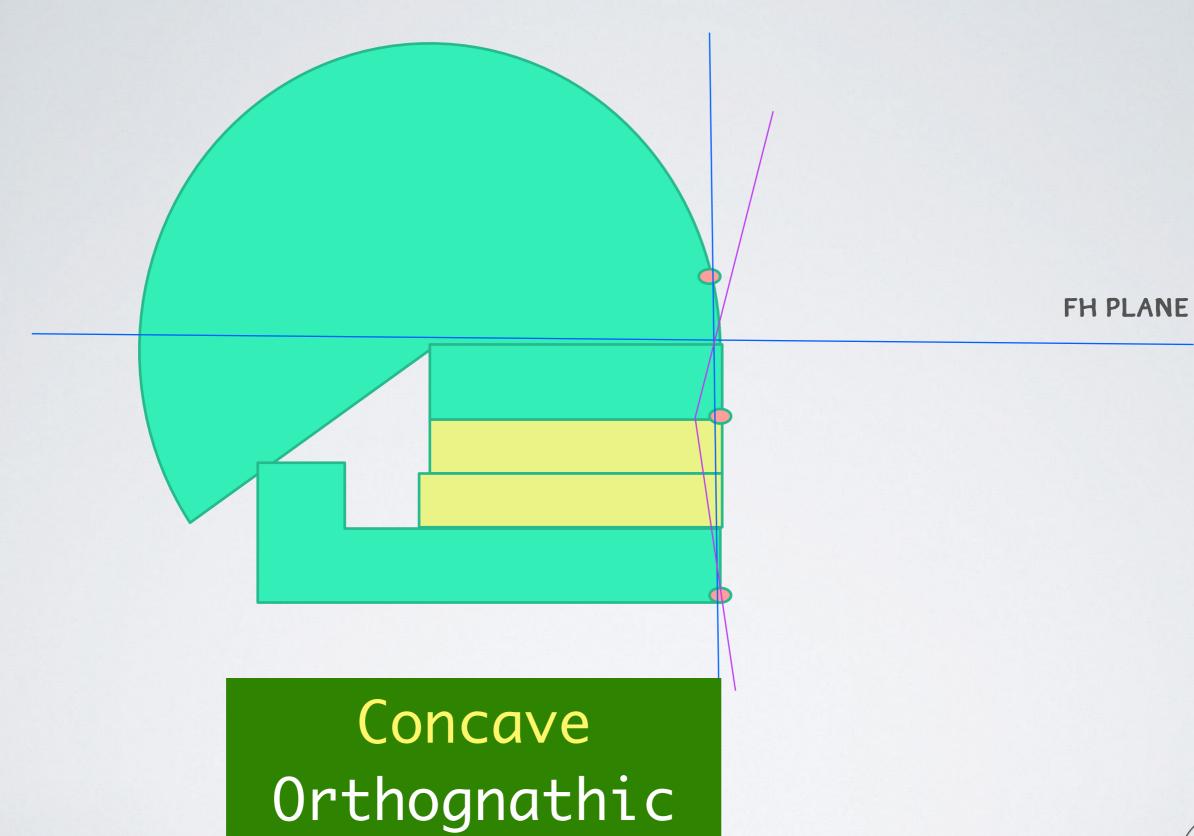
Patient Profile (Soft Tissue)

Lateral Cephalogram (Skeletal)

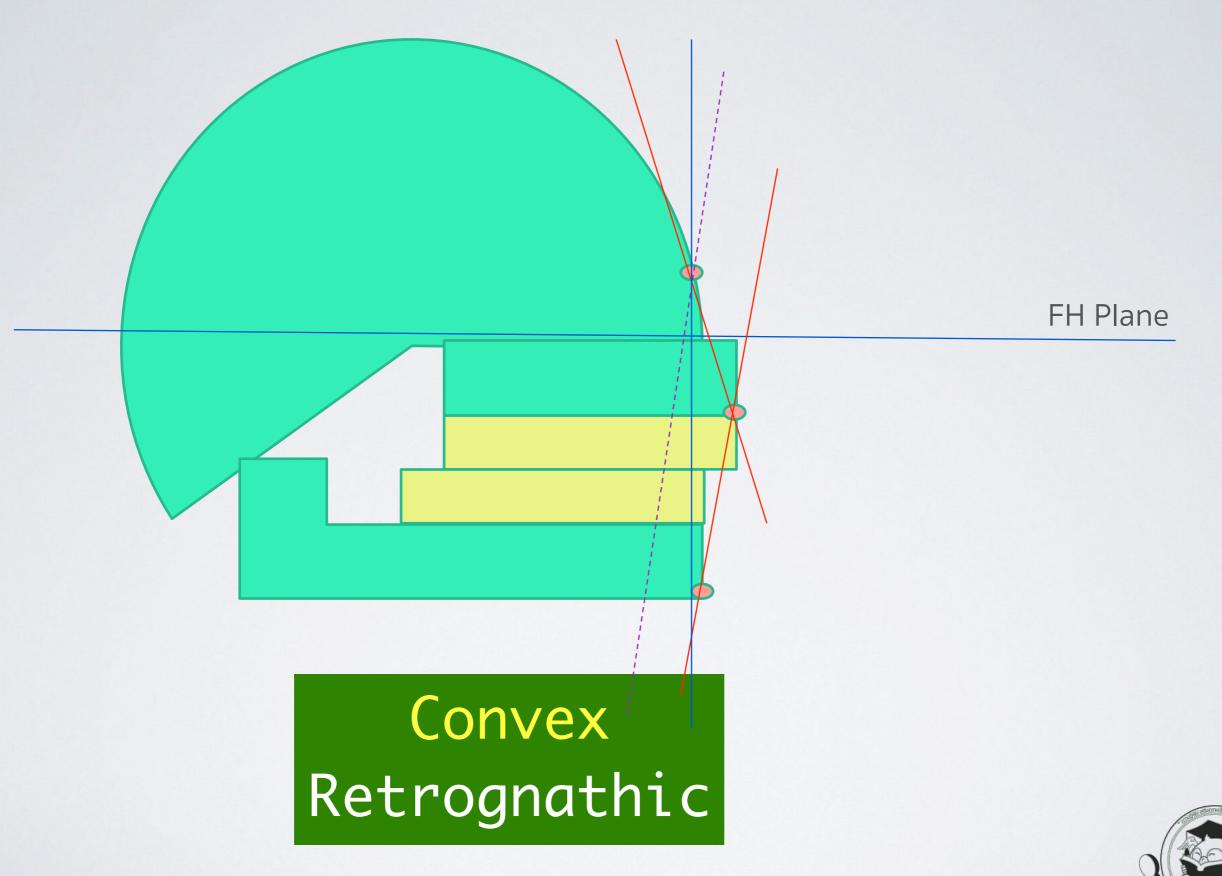
Angle
Classification
(Dental)



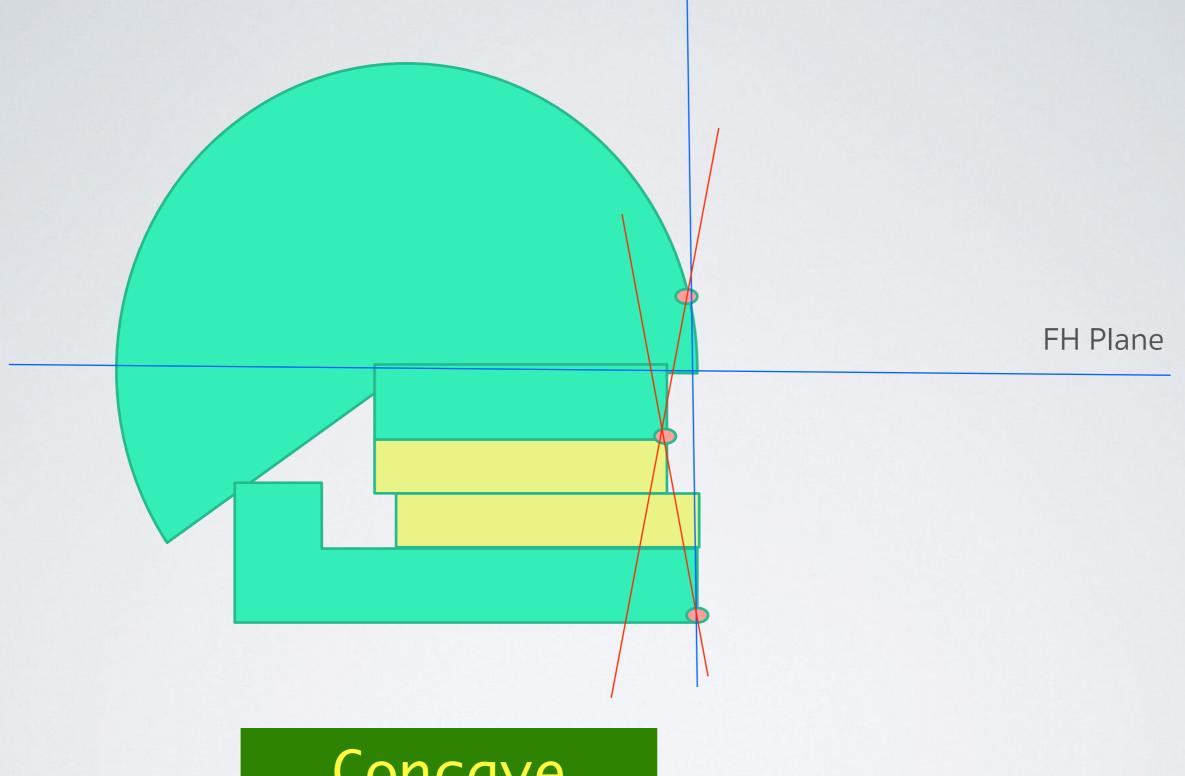
PROFILE 3 points 2 points Na-ANS-Na-Pog Pog Orthognathi Straight Concave Prognathic retrognathic Convex











Concave Prognathic



