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## CLINICAL CASE OF COMPLEX TREATMENT OF PROGENIC BITE

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**The relevance of research.** Progenic occlusion is a violation of the occlusion of the jaw, when the lower one protrudes more forward and overlaps the upper incisors. This causes the patient not only psychological problems, lack of proper aesthetics, possible discussions of the defect from the outside, but also affects health in general. Such patients have a combination of functional, morphological and aesthetic problems, the treatment of which requires orthodontic, orthopedic and surgical interventions.

According to a study examining the prevalence of anomalies and deformations of the dental system in adults in Tashkent, it was found that the prevalence of anomalies and deformations was 66%. Progenic occlusion is observed in cases of developmental disorders of both the jaw bones (gnathic forms) and the dento-alveolar arches. Speech defects become stronger with age; aesthetics and appearance are lost, the face changes for the worse, which confuses our patients as they age.

**Purpose of the study.** To increase the effectiveness of treatment of progenic occlusion and the social level in adult patients.

**Materials and methods of research.** A 22-year-old patient came to the TSDI Orthodontics and Dental Prosthetics department with complaints of protruding chin and recessed upper lip, reverse overlap in the frontal region, and crowding of the lower dentition. A comprehensive examination was carried out: clinical examination of the face and oral cavity, facial photometry, anthropometric examination of the



dentition, cephalometry, orthopantomography, CBCT and 'OrtogOnBlender'. The diagnosis was made: micrognathia of the upper jaw, prognathia of the lower jaw, skeletal Class III anomalies, primary multiple edontia. Based on the research, an integrated approach was determined and a plan was drawn up for orthodontic, ortho-surgical (osteotomy of the upper jaw according to Lefort type 1 and osteotomy of the lower jaw according to Obwegeser Dal-Pont in the Ebker modification, with chin correction) and prosthetic treatment.

**Research results.** Orthodontic preparation for orthognathic treatment lasted a year. The upper jaw was expanded, the angles of the upper and lower incisors were corrected, the lower canines and premolars were moved mesial, and a place was prepared for prosthetics in the dentition.

**Conclusions.** The use of an integrated approach to the treatment of the skeletal form of prognathic malocclusion in patients over 25 years of age is the only effective method that shortens the treatment time for malocclusion, improves facial aesthetics and increases the patient's social level.

