



## Clinical Report

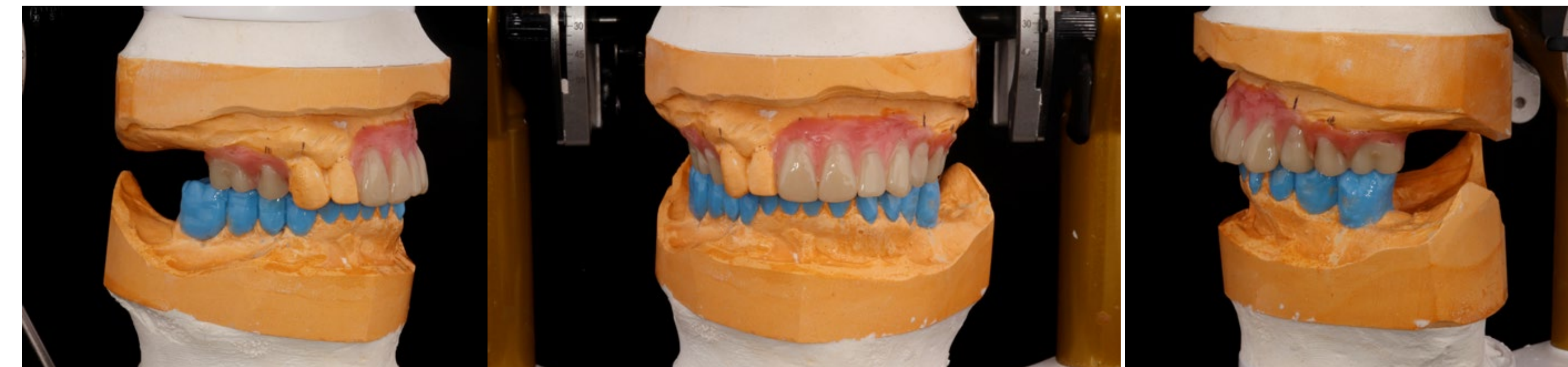
An 84-year-old male presented with the primary concern of impaired chewing impacting his overall health and well-being. Clinical assessment revealed bilateral posterior scissor bite and pronounced deep anterior bite. The patient declined the use of any removable prosthesis, orthodontic treatment or major surgical intervention during the course of the treatment.



Correcting scissor occlusion is commonly achieved using orthodontic treatment <sup>1-3</sup>, or Periodontally Accelerated Osteogenic Orthodontics, (PAOO)TM <sup>4</sup> as a part of dual treatment protocol. Both lines of treatment were found to be not suitable for this patient.

## Dental history

Patient presented with hopeless remaining teeth # 6,7,13 and 27, cement retained implant restorations on #5, 9-11 and #12, implant FPD on # 28-30, failing crowns on 21 to 27 and single implant crowns on #19 and 20.

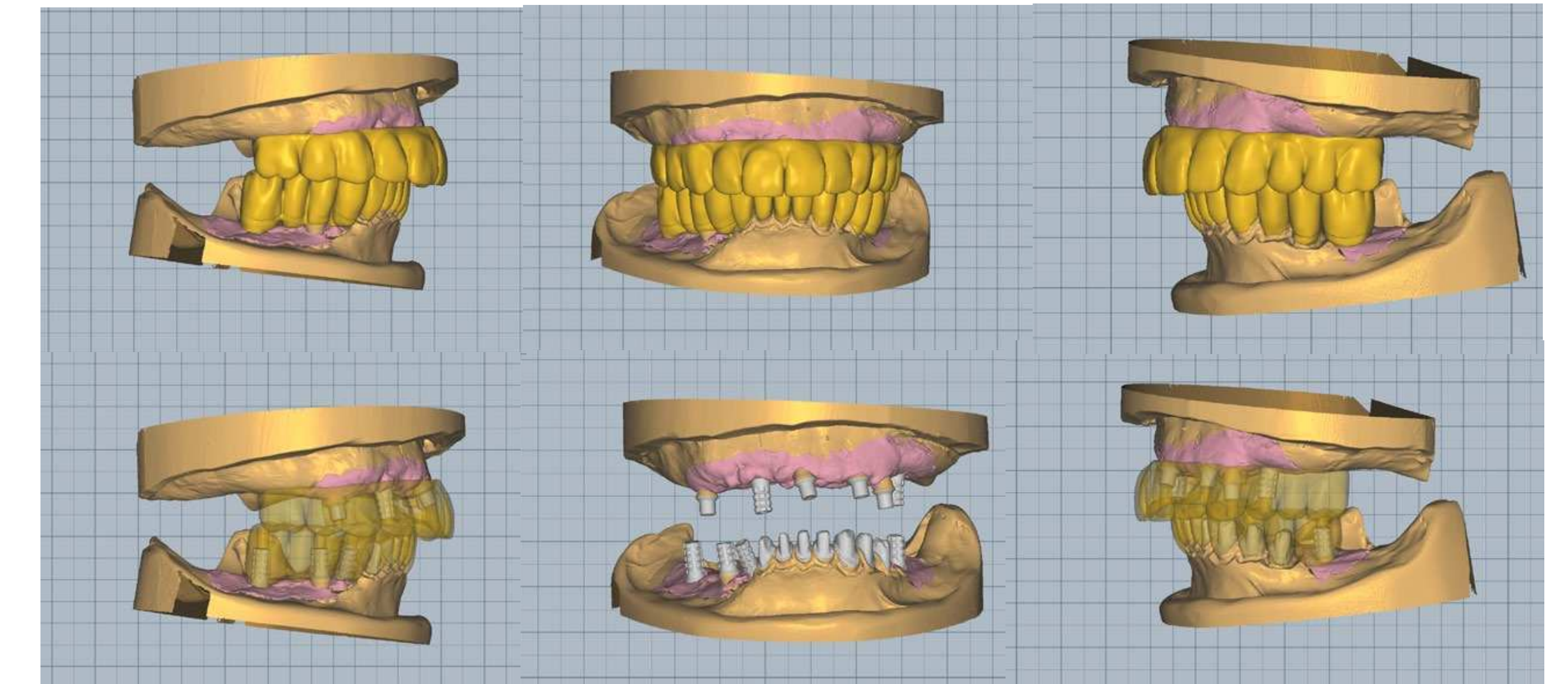


Milled provisional PMMA restoration after placement of implants at sites 6 and 13

## Treatment

Patient presented with Scissor occlusion and collapsed vertical dimension. After diagnostic work, it was determined that VDO needs to be increased by 5 mm at the incisal pin. Diagnostic waxing was made at the estimated vertical dimension representing corrected occlusal scheme. New restorations were planned for all mandibular teeth and implants. Additional implants were placed to restore non restorable teeth #6, 13 and 27. Crown lengthening was done for teeth #2,23,24,25,26 to correct the reversed curve of occlusion. Full arch milled PMMA representing the diagnostic waxing at the raised vertical dimension was cemented on the existing implant abutments with adequate relief over the newly placed implants at sites #6 and #13 on the day of the surgery. The milled PMMA restorations were evaluated periodically during the healing period. Patient showed signs of good adaptation to the new VDO and occlusal scheme.

After 12 weeks of healing, final abutment level impression was made for implants #6,13 and tissue level impression for implants # 5,9,11,12 . Milled maxillary full arch PMMA prototype and opposing milled mandibular provisional restorations were delivered and monitored over a period of 4 weeks.



1. Severe unilateral scissors-bite with a constricted mandibular arch: Bite turbos and extra-alveolar bone screws in the infrazygomatic crests and mandibular buccal shelf. Lee, S.-A., Chang, C. C. H., & Roberts, W. E. (2018). American Journal of Orthodontics and Dentofacial Orthopedics, 154(4), 554–5
2. Correcting severe scissor bite in an adult Un-Bong Baik , Yunji Kim, Junji Sugawara , Christine Hong , Jae Hyun Park. *American Journal of Orthodontics and Dentofacial Orthopedics* Volume 156, Issue 1, July 2019, Pages 113-124
3. Management of bilateral scissor bite in an adult patient using a combination of palatal implant and retromandibular miniplates. Sam Prasanth Shankar , Navleen Kaur Bhatia , Ankita Chugh , Vinay Kumar Chugh. *AJO-DO CLINICAL COMPANION* Volume 1 Issue 4 December 2021, pages 270-283
4. Correction of Unilateral Scissor Bite using Periodontally Accelerated Osteogenic Orthodontics. Priyanka Marla, Ratna Parameswaran. *The Journal of Indian Orthodontic Society*, October-December 2014;48(4):343-348