

recorded dimensional abnormalities of the facial bones with underdeveloped left half face, basal and alveolar hypoplasia of the maxilla. Malocclusion consisted in a dental-skeletal class III (ANB, -1°) with a retrognathic condition (PNS-A, 38.9mm). She also reported hypertrophy of the upper labial median frenulum and a short and hypertrophic lingual one. The patient was in the primary dentition stage of development. The oral hygiene was reasonable, and the patient was caries free. Subsequently, in permanent dentition, in the lower arch there was a normal development of all teeth, except the right first permanent molar, which was impacted and ectopic, as confirmed by the dental orthopantomogram. In the upper arch there were numerous impacted and ectopic rudimentary teeth with ankylosis, so the traction failed and they were extracted.

Conclusion: When facing a complex developmental disorder involving several body districts, a multidisciplinary approach is required. In this case of OFDS, dentists have to face different challenging aspects from skeletal defects, to dental abnormalities. In order to improve the quality of life of these patients, surgical supernumerary and impacted teeth extraction and the control of the dental hygiene are the prerequisites to a successful rehabilitation, although some other characteristics, like hyperplastic frenula and decreased alveolar ridge height and width, increase the difficulty to design and fabricate adequate removable prostheses to replace missing teeth.

Prevention campaign: "A Smile School": prevalence of dental caries in the pediatric population of central Rome

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Aim: Tooth decay is a disease closely related to eating habits and lifestyles, easily correctable in the child and adolescent population. Indeed, it is remarkably widespread among the Italian population. Hence the need for a monitoring to define the trend of the disease and to provide educational programs that promote good eating habits and oral hygiene.

Method: In this view The U.O.C. of Pediatric Dentistry, Policlinico Umberto I in Rome (Dir. Prof. Antonella Polimeni) sponsored by the second municipality of Rome, have promoted, for the current school year, dental examinations to pupils in nursery classes,

primary and secondary, between the ages of 3 and 13 years old, carried out at school, trained by dentists, with the use of sterile disposable material (dental probe and mirror) and clinical detection folders that include: questionnaire addressed to parents about hygiene and eating habits of their children and personal data; a detection folder for caries and periodontal disease with plaque index for home oral hygiene assessment. Parents were issued a letter of accompany with the medical observations. For each child was asked consent to the visit and processing of data.

Result: The examined sample of 372 children, 202 males and 170 females. Of these, 74.19% did not carry out any kind of additional fluoride further home care by toothbrushing. By clinical observation on sample, 40.05% had absence of plaque, plaque detectable to the probe in 27.69%, the 18.1% seen with the naked eye plaque and 10.48% abundant accumulations of plaque. Bleeding on probing was present only in 9.41%. The DMF is 0.7 and def 0.6. Compared with the data relating to the parents education, 69.62 of mothers graduated and 62.91 of the fathers, the remainder is split between middle and high schools, no one do not appear any kind of education.

Conclusion: Sample thus far examined has a satisfactory level of oral health with a DMF of 0.7 and a def of 0.6 or less than 1. However, the WHO goals for 2020, we recall, promote between 5 and 6 years old subjects free from tooth decay, so prevention and oral health promotion campaigns in these age groups are necessary to achieve that goal not yet reached.

Preventive dental and orthodontic approach to transposition. A case report

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Aim: The goal of this work is to briefly present teeth transposition and describe a successfully solved case in "Sapienza" University of Rome, U.O.C. Pediatric Dentistry. Tooth transposition is a severe positional anomaly, affecting 0.4 % of the population, that may create many orthodontic problems from both esthetic and functional points of view. Dental transposition is defined as the positional interchange of two adjacent teeth or the development or eruption of a tooth in a position normally occupied by a non-adjacent tooth. The maxillary canine is the most commonly involved teeth in the transposition, changing its eruptive place with the lateral incisor or the first premolar in most cases. In such canine transposition the treatment options may include alignment of the teeth in their transposed positions, extractions of one of transposed

teeth, orthodontic movement into the correct position in the arch. The treatment options was decided with careful consideration of the multiple clinical variables: stages of development and position of root apices, facial esthetics, dental morphology, occlusal consideration, treatment time, age and compliance of the patient.

Methods: Many publications reporting people with maxillary tooth transpositions were examined from word-wide sources. This paper presents a case report demonstrating the preventive orthodontic management of a mandibular transposition in a girl 9 aged years. The panoramic radiograph of the early mixed dentition, is a very useful source for detecting the presence and position of the unerupted permanent teeth. The best time to begin assessing a child for potential tooth transposition is the early mixed dentition period, around the age 6 to 8 years. In this case panoramic showed an incomplete mandibular lateral incisor-canine tooth transposition which caused lack resorption 8.3 and eruptive obstacle of 4.3 and 4.4.

Results: Early interceptive procedure has provided the placement of a lingual arch to preserve arch length, followed by the extraction of the deciduous tooth, and placement of eruption guider for the permanent teeth, thus preventing complete development of the anomaly. This allowed teeth to became upright and erupt into its proper position in the arch.

Conclusions: Transposition of teeth in an uncommon dental anomaly. The interceptive treatment of the transposition in the early mixed dentition of pedodontic patient simplified the corrective orthodontic treatment, making it faster and less complex, how to cited in others studies.

Early orthodontic treatment of Class II malocclusions with no-compliance appliances: study project with Forsus device system

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Aim: Class II malocclusion is considered as a sagittal discrepancy between the maxillary bases characterized by a protrusion of the maxilla and/or a retrusion of the mandible. There are several therapeutic approaches where the most suitable choice depends, for example, on the different level of patient's cooperation. During childhood, the most used appliances for Class II malocclusion are the removable functional devices that need a good patient's cooperation to be successful. The aim of this study was to evaluate the dental-alveolar and skeletal effects of an interceptive orthodontic treatment with a mandibular propulsive orthodontic appliance named Forsus in Class II growing patients with lack of

compliance for functional appliances.

Methods: A group of growing patients was selected to be treated with Forsus device following inclusion and exclusion methods. Some inclusion methods were: Class II malocclusion, OVJ more than 4 mm, stage of vertebral development Cs2-Cs3, lack of compliance for functional appliances. Some exclusion methods were though: permanent dentition, stage of vertebral development Cs4, presence of temporary mandibular disorders. The device wasn't associated with a multibrackets orthodontic therapy but it presented a new design studied to be applied in mixed dentition. The telescopic system of Forsus device, that consists of a pushrod inside a Ni-Ti spring, was combined with a palatal arch and a double mandibular ferule. The upper and lower first molars presented orthodontic bands. The telescopic system connected the maxilla to the mandible from distal to mesial having contact, respectively, with the vestibular tubes of the upper first molars and with the mesial stops located in the vestibular sides of the mandibular ferule, at the level of the interproximal zone between canine and first deciduous molar or first premolar. A first patient was chosen to be treated to evaluate the effectiveness of the therapy with this new design, to underline both strengths and weaknesses of the therapy. A complete photographic intraoral record was carried out before installation of Forsus device as well as during the different stages of the treatment. Cephalometric radiograph analysis was taken before therapy and at the completion of comprehensive therapy. A comparison between initial and final digital study models was as well realized. The treatment lasted 8 months.

Results: The overall therapeutic effects were mainly dento-alveolar while the skeletal effects were less significant as a slight improvement of ANB angle from 7,7° to 5,4°. The overjet decreased significantly from 7,1 mm to 3,2 mm and the overbite from 4,5 to 0,1. A new molar relationship of Class I of Angle was achieved.

Conclusion: Forsus device is a valid option of no-compliance interceptive orthodontic treatment in Class II growing patients. Although the therapy had mainly dento-alveolar effects, it will be possible to achieve more skeletal effects for example taking care to apply the device for the whole period of the peak of growth.

Complex and compound odontoma: case reports

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Aim: Odontomas are a type of mixed benign tumors