Case Report

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A POSITIVE PERSONALITY BOOST AFTER ORTHODONTIC TREATMENT: A CASE REPORT

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ABSTRACT

Facial esthetic is the main goal that every individual wants to achieve. Orthodontics is the main tool which helps them to achieve this. But recent survey have showed that, orthodontic treatment not only improve the facial esthetics but also helps in boosting the self-confidence of the patient .In fact it is proved that orthodontic therapy helps in personality development. Smile is an integral part of the diagnosis and planning, and a key point in the treatment objectives in orthodontic care. This case report shows how anterior aesthetics played a key role in influencing the personality of the patient

KEYWORDS: Facial aesthetics; self-esteem; orthodontic treatment

INTRODUCTION

Facial attractiveness plays a key role in social interaction and influence personality. An attractive, well balanced smile can clearly enhance the acceptance of an individual in the society. Studies have showed that attractive children and adults are judged and treated more positively than unattractive children and adults. Attractive individuals also exhibited more positive behaviors and traits.[1] Facial attractiveness and smile attractiveness appear strongly connected to each other. The fact is that in social interaction, one's attention is mainly directed toward the mouth and eyes of the speaker's face.[2] Most important objectives of orthodontic treatment is to improve the aesthetic and morphological harmony as well as the function of the oral and maxillofacial region. The appearance of the smile is of substantial clinical importance,[3-5] and one of the key criteria by which patients judge the success of their own orthodontic treatment. This is why the smile is an integral part of the diagnosis and planning, and a key point in the treatment objectives[6] in orthodontic care. The following case shows how anterior aesthetics played a key role in influencing the personality of the patient.

CASE REPORT

A 22yrs old female patient (Fig, 1 & Fig. 2) presented with a chief complaint of low self-esteem and less social interaction because of forwardly placed upper and lower front teeth. She had Angles class I molar and canine relation on both sides, anterior openbite of 2mm with active tongue thrusting habit. Skeletal parameters showed a Class II skeletal pattern, maxilla and mandible being normal in length, though mandible was slightly backwardly placed with respect to the cranial base. Soft tissue parameters showed acute nasolabial angle, deep mento labial sulcus, protrusive upper & upper lip, Incompetent lips and a concave profile. Full-arch MBT .022" appliances were bonded, and leveling and alignment were carried out with continuous .016" Nickel Titanium archwires. Bonded tongue crib was placed to eliminate the tongue thrusting habit.After 2 months of leveling and aligning .019"x.025" Nitiarchwires were placed following which maxillary and mandibular retraction for space closure was carried out with .019"x.025" Stainless Steel archwires in both the arches. The patient was advised and motivated to carry out lip exercises every day to facilitate lip seal. The appliance was debonded following space close and bonded retainers were placed on both the arches. Total treatment time was 13 months (Fig. 3 & Fig. 4, Table 1). Our treatment objectives were limited to eliminating the tongue thrusting habit and correction of dental parameters due to time constraints explained to us by the patient's family.

Fig. 1

Fig. 2

DISCUSSION

Smile is a complex feature to analyze. Because it is not a fixed concept, esthetic prediction of dynamic facial features upon the completion of the treatment can be a lot harder to judge than any other physical processes. However, clinicians require objective measures and guidance to be able to fully evaluate the outcome of the orthodontic treatment, which commonly starts with esthetic concerns.[7,8] Additionally, Chang *et al*.,[9] found that among nine other smile variables, buccal corridor ratios showed the least test-retest reliability in a group of adult model photographs. In actual patients it is difficult to judge such relationships as smile discrepancies may be within a tolerable range in contrast to the ranges shown in smiles that are digitally generated.[10] This case report confirms that in any individual a smile which is esthetically pleasing is motivating for the patient to gain confidence.

CONCLUSION

Effective treatment approach is necessary to meet the expectations of such patients which are enhanced esthetics, reduced treatment time and minimum discomfort which in turn has a positive influence on the personality of the patient.

Fig. 3

Fig. 4

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CONFLICT OF INTEREST & SOURCE OF FUNDING

The author declares that there is no source of funding and there is no conflict of interest among all authors.

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Table 1

COMPOSITE SKELETAL		PRE Rx PATIENT VALUES	POST Rx PATIENT VALUES
		Maxilla	
S.N.A		82°	83°
Effective Max Length		93mm	95mm
		Mandible	
S.N.B		78°	78°
Pog to N Perpendicular		-3.5mm	1mm
Effective Mand Length		125mm	120mm
A.N.B		4°	5°
WITS Appraisal		AO ahead of BO by 1.5mm	AO ahead of BO by 2mm
		Vertical	
F.M.A		26°	26°
SN GoGn		31°	32°
Y Axis		59°	68°
LAFH		75°	75°
		Dental	
1 to SN		133°	102°
1 to NA	Linear	16mm	5mm
	Degree	51°	18°
1 to NB	Linear	16mm	10mm
	Degree	50°	25°
1 to A-Pog		12mm	5mm
U-1 to L-1		75°	124°
IMPA		118°	98°

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