

# The Management of Orthodontic Relapse Cases

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Orthodontists often face the challenge of making diagnoses and treatment plans that may not be the most suitable or optimal for patients, driven by market competition. This can potentially lead to the need for patients to undergo a second round of orthodontic treatment in the future.

The optimal timing for orthodontic treatment has been a subject of debate in the literature. Some argue for early intervention to prevent future malocclusion, while others advocate waiting until the patient's growth and development are matured, especially in cases of skeletal malocclusion. In recent years, the concept of myofunctional orthodontic treatment has gained popularity, suggesting that malocclusion is related to soft tissues, habits, or breathing and swallowing functions, thus promoting early orthodontic intervention.

Skeletal Class III malocclusion with mandibular protrusion is more common in Asians than Westerners, and posteriorly displaced mandible with high angle malocclusion can lead to temporomandibular joint disorders or obstructive sleep apnea. Patients with these issues receiving treatment at inappropriate times may experience uncertain and unstable occlusion, potentially resulting in medical disputes.

The purpose of this speech is to introduce the changes in occlusion that occur after early orthodontic treatment in patients with malocclusion who have received improper diagnoses or treatment plans. Through long-term follow-up, we aim to share and discuss this topic with everyone in hopes of further understanding and advancing our knowledge in the field.