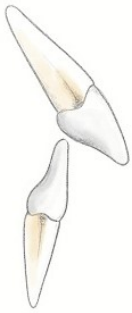
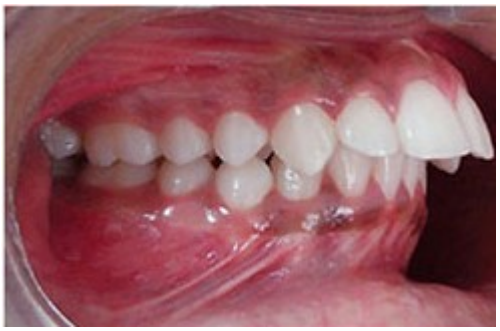
Class II Division 1 Summary

Definition	By incisor relationship: • Lower central incisor edges lie palatal to the cingulum of the upper central incisor (Class II) • Upper central incisors are proclined or average inclination, with ↑ OJ (Division 1)  
Prevalence	20% of population
Aetiology	• Skeletal base relationship usually Class II • Habits, e.g. digit sucking • Soft tissues, e.g. lower lip trap behind upper incisors, short upper lip
Characteristics	**Skeletal** • 76% skeletal 2 base; if skeletal 1, incisor relationship is usually due to a habit • ↑ cranial base angle → mandible retrognathic • Longer cranial base → prognathic maxilla • May have small mandible and large maxilla **Dental** • Class II incisor relationship with proclined or average upper incisors • OJ ↑ • OB often deep and incomplete • Buccal segments usually Class II; may have crossbites **Soft tissues** • Lip pattern important in maintaining stable result → short upper lip results in OJ ↓ being less stable • Lower lip may have caused malocclusion, e.g. trapping behind upper incisors or lip-tongue seal **Mandibular position** • Ensure patient is not habitually posturing; treat to centric relation **Facial growth** • Usually favourable
Treatment	
Treatment aims	• Relieve crowding • ↓ OB • ↓ OJ • Correct buccal segment relationships
Treatment options	**Interceptive** • Functional appliances in growing patients **Comprehensive orthodontics** • If bodily tooth movement is required • If skeletal problem allows camouflage **Orthognathic surgery (+ orthodontic decompensation)** • When skeletal discrepancy is too severe for camouflage

	• In non-growing patients
Aims for orthodontics only	• Dental camouflage • Some mandibular growth • Some maxillary growth inhibition • Combination of above
Characteristics favouring orthodontics only	• Small ANB difference (mild skeletal discrepancy) • No dentoalveolar compensation • Growing patient • No habit • OJ is more due to proclination of upper labial segment
Timing of treatment	Patient should be seen for treatment at: • Mixed dentition to start growth modification 1 to 3 years before the peak adolescent growth spurt • Permanent dentition
Suggested reading	