# Class II Division 2 Summary

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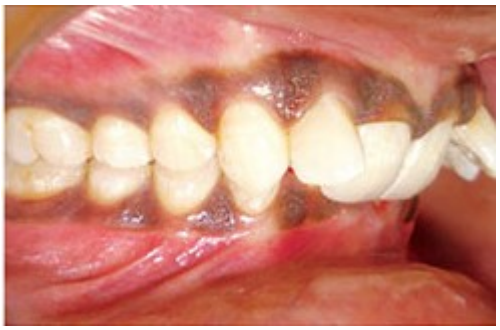
| **Definition** | By incisor relationship:<br>• Lower central incisor edges lie palatal to the cingulum of the upper central incisor (Class II)<br>• Upper central incisors (and usually lowers) are retroclined with minimal OJ although maybe ↑ (Division 2)<br>   |
| **Prevalence** | 3% of population |
| **Aetiology** | • 'strap-like 'lower lip may retrocline maxillary and mandibular<br>• High resting lip pressure against maxillary central incisors |
| **Characteristics** | **Skeletal**<br>• Usually skeletal 2 base but can be skeletal 1 or 3<br>• ↑ cranial base angle → mandible retrognathic<br>• Longer cranial base → prognathic maxilla<br>• Maxilla short, broad and forward relative to mandible → tendency for scissors bite<br>• ↓ lower anterior face height<br>• ↓ MMPA<br>**Dental**<br>• Retroclined upper and lower incisors (bimaxillary retroclination)<br>• ↑ interincisal angle<br>• OJ usually ↓<br>• OB usually deep<br>• Extruded upper incisors<br>• Buccal segments usually Class II<br>• Scissors bite common in premolar region<br>• Crown-root angle may be ↓<br>**Soft tissues**<br>• High resting lower lip line (due to ↓ lower anterior face height)<br>• Deep labio-mental fold<br>• High masseteric muscle forces<br>**Facial growth**<br>• Usually favourable |
| **Treatment** | |
| **Treatment aims** | • Relieve crowding<br>• ↓ OB<br>• Correct buccal segment relationships |
| **Treatment options** | **Interceptive**<br>• Modified functional appliances in growing patients<br>• Use springs behind upper incisors to procline the maxillary incisors and correct the sagittal relationship with same appliance<br>**Comprehensive orthodontics** |

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| | • If bodily tooth movement is required; need to torque in upper incisors<br>• If skeletal problem allows camouflage<br>• Consider extraction decision in low MMPA cases as space closure can be difficult<br>**Orthognathic surgery (+ orthodontic decompensation)**<br>• When skeletal discrepancy is too severe for camouflage, ANB > 9$^{o}$<br>• Non-growing patients |
| **Characteristics favouring orthodontics only** | • Small ANB difference (mild skeletal discrepancy)<br>• Growing patient |
| **Timing of treatment** | Patient should be seen for treatment at:<br>• Mixed dentition – prevention of deep OB can be achieved with URA<br>• Permanent dentition |
| **Stability and retention** | • Consider proclining the lower labial segment as it has been trapped<br>• Proclination of lower labial segment after intrusion of upper labial segment has been suggested as stable treatment |
| **Suggested reading** | |