

## 1. Introduction :

Successful, efficient treatment of anterior crossbite is dependent on an accurate diagnosis. Differential diagnosis between pseudo and true Class III malocclusions is the key factor in a successful, efficient treatment plan. Relying on years of demographic research, clinical experience and well-documented, longitudinal studies, Dr. Lin has developed a well-organized system of differentially diagnosing anterior crossbite.

Accurate differential diagnosis of anterior crossbite can greatly simplify treatment for orthodontists and patients. Difficult and awkward procedures can be avoided for many pseudo Class III patients, and a realistic assessment of the limitations of purely orthodontic treatment can be accurately defined for severe true Class III patients.

Over 17 years of clinical experience with Chinese patients have provided Dr. Lin with a unique insight into the clinical procedures required for successful management of anterior crossbite. Treatment with inclined bite plane, chin cap, face mask, and surgery will be discussed. Dr. Lin's experience and advice are based on actual experience with the relatively high incidence of anterior crossbite that can be found in an Asian population.

The following list will be thoroughly discussed in this presentation :

1. It is possible to differentially diagnose pseudo Class III cases. These cases have a very good prognosis and will be easy to treat.
2. In the absence of early treatment, most mild anterior crossbite cases will not get worse. Usually compromised treatment by increasing dental compensation is quite acceptable esthetically, functionally and with stability.
3. A methodology to accurately diagnose Class III subdivision malocclusions will allow the clinician to recognize these asymmetric problems at early stage.
4. Most severe anterior crossbite cases do not benefit from early treatment. In these types of severe cases, even early treatment cannot avoid future surgical correction.
5. Accurate differential diagnosis can greatly simplify treatment for orthodontists and patients. Difficult and awkward procedures (e.g., chin cap, face mask) can be avoided for many mild anterior crossbite cases, and a realistic assessment of the limitations of purely orthodontic treatment can be accurately defined for severe cases.