

Surgical-Orthodontic Treatment of Class III Malocclusion: Decision-Making and Clinical Management

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With advances in orthodontic biomechanics and camouflage strategies, the limits of dentoalveolar compensation have been extended. As a result, the proportion of patients with skeletal Class III malocclusion managed without surgery has steadily increased.

Consequently, clinicians are more frequently confronted with borderline cases in which the decision between surgical and non-surgical approaches is not straightforward. In such cases, treatment planning should incorporate not only objective clinical findings but also patient-centered factors, including individual expectations and tolerance for surgery.

When orthognathic surgery is ultimately indicated, patients often have heightened expectations for both functional and esthetic outcomes. Therefore, the orthodontist and the maxillofacial surgeon must establish treatment objectives that exceed average standards and collaborate closely to achieve optimal results.

This lecture aims to provide a structured, clinically oriented framework for decision-making and treatment sequencing in patients who are candidates for surgical-orthodontic treatment.

The discussion will cover the following key topics in chronological order:

1. Clinical indications for orthognathic surgery
2. Establishing treatment objectives in surgical-orthodontic cases
3. Extraction versus non-extraction strategies in presurgical orthodontic planning
4. The orthodontist's role during the presurgical phase
5. Postoperative orthodontic management and finishing strategies

Profile

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