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GEOMETRIC MATRIX

We have analyzed skull architecture with linear and angular measurements, data shows positive loadings in dental and basal interlandmark distances. Among the dental landmarks the one with the most linear and angular dental and basal correlations is **pt4** (midpoint between the first and second premolar)





INTRODUCTION

From the analysis of numerous clinical cases it emerges that the dental arches analyzed and measured in a three-dimensional orthogonal system show that there are teeth that have higher verticality than others.



OBJECTIVES

DENTAL VERTICALITY

The dental verticality calculated on the plaster models according to our method represents a fundamental parameter in the individual diagnostic and therapeutic protocol of the orthognathic patient in evolutionary phases of craniofacial growth.

MATERIALS AND METHODS

We selected a sample of about 500 plaster models of individuals in evolutionary phase developed during orthopedic jaw therapy the models have been developed with the same method by a single odontotecnic laboratory



WHY THE ZERO POINT?



• D4 dental point

pt4 dental point





ORTHOGONAL AND SPHERICAL REFERENCE SYSTEM

Dominance of a Quadrant Greater Verticality

It's an equilibrium point and a reference point of an orthogonal and spherical system...



NEW LANDMARK

- vc4 vc5 pc5
- pt4 basal point = zero point (Scioletti) = it is the projection of the pt4 on the palate

Relationship between:



The verticality of the molar deciduos is further acquired by the first permanent molars

DENTAL BASAL VERTICALITY

DENTAL MODEL PLASTER

Biotypological basal segment and **Biotypological occlusal segment**



1 = Biotypological basal segment:

- expresses the degree of the maxillary flexion-extension
- 2 = Biotypological occlusal segment: expresses the dental verticality



Misura 41 2,7 mm 13,67 mm







Cephalometry ... starting from measurements in 3D

carried out on plaster models we developed mathematical functions "Trigonometric algorithms" which allow us to calculate measurements cephalometric linear and angular

CONCLUSIONS **ZERO POINT APPLICATIONS**



Functional Posturology In our opinion, it represents a dominant neural information (proprioception and exteroception) correlated with the other receptors of the individual's global postural system

Prosthetic Rehabilitation



THE CHOICE OF THE OCCLUSAL PLANE AS THE PRIMARY PLANE OF THE REFERENCE SYSTEM FOR THIS ELECTION WE RELY ON THE WORKS OF DIFFERENT AUTHORS

Rudolf L. Hanau (1881-1930)

The first author who has arranged the occlusal plane on a horizontal plane has been Hanau with his "rocking" occlusion theory, according to which the occlusal plane sits on the vestibular cusps of the 4 premolars.

Wilhelm Balters (1893-1973)

The occlusal plane is on the same plane of the atlas and both are on the horizontal plane.

Casey M. Guzay 1979

Michel Clauzade / Jean Pierre Marty

form an occlusal plane whose neural reference is orthogonality.

With his quadrant theorem he states that, as a rule, the OCP occlusal plane and the atlas are arranged horizontally and that the mobile part of the occlusal-articular system of the chewing organ is moved from a muscular system that pivots on the complex Atlas of the Axis.

The teeth originate from neural cells during cephalic migration and are space-postural receptors that

DENTAL MODEL PLASTER

Biotypological basal segment and Biotypological occlusal segment

ECTOBLASTA BIOTYPE

1 = Biotypological basal segment: expresses the degree of the maxillary flexion-extension

2 = Biotypological occlusal segment: expresses the dental verticality



- Hypo and Hyper divergenge of growth

Zero Basal Point • is expressed with Palatal Angle: anterior (a) posterior (p)

- Basal zero point with the basic cranic flexion-exstension