TRANVERSE DISCREPANCIES
from scientific evidence to clinical practice

2nd INTERNATIONAL ORTHODONTIC SYMPOSIUM
ALPE-ADRIA
13th and 14th November 2015, Portorož, Slovenia

speakers
Alberto Caprioglio
Morten Godtfredsen Laursen
Maja Ovsenik
Jasmina Primožič
Massimo Robiony

scientific committee
Maja Ovsenik
Jasmina Primožič
Luca Contardo
Giuseppe Perinetti

congress venue
Grand Hotel Bernardin
Obala 2
Portorož
Slovenia

13th & 14th November 2015
Portorož, Slovenia
The congress merges together the most accredited scientific evidence and the clinical management of the treatment of transverse discrepancies. The Congress will follow a step by step approach, from scientific investigations to the design and clinical management of different palatal expansion protocols, taking also into account growth and orofacial functions. Talks will be delivered by internationally renowned speakers, who are experts in their respective fields.

THE CONGRESS IS ADDRESSED TO all of those who deal with orthodontics and who wish to base their own clinical practice on the most recent scientific evidence, especially concerning the treatment of transverse discrepancies at different developmental stages. The congress’s primary objective is to update the current knowledge about the use of different palatal expansion protocols.
Friday, 13th November 2015

Pre Symposium
14.00 - 14.15 OPENING OF THE SYMPOSIUM
Maja Ovsenik

14.15 - 16.00 DEVELOPMENT AND MANAGEMENT OF TRANSVERSE DISCREPANCIES: FACTS AND FICTION
Jasmina Primožič
Chairmen: Luca Contardo, Giuseppe Perinetti

16.00 - 16.30 Coffee Break

16.30 - 18.15 EARLY TREATMENT OF MALOCCLUSION: IS IT ABOUT FUNCTION OR MORPHOLOGY?
Maja Ovsenik
Chairmen: Luca Contardo, Giuseppe Perinetti

18.15 - 18.30 PANEL DISCUSSION

Saturday, 14th November 2015

9.00 - 13.00 LECTIO MAGISTRALIS
BACK TO THE FUTURE: THE TRANSVERSAL DIMENSION
Alberto Caprioglio
Chairmen: Maja Ovsenik, Jasmina Primožič

13.00 - 14.00 Lunch Break

14.00 - 15.30 TREATMENT OF ASYMMETRIES IN THE ADULT PATIENT
Morten Godtfredsen Laursen
Chairmen: Enita Nakas, Tomislav Lauc

15.30 - 15.45 Coffee Break

15.45 - 17.15 SURGICAL TREATMENT OF TRANSVERSE DISCREPANCES
Massimo Robiony
Chairmen: Antonio Gracco, Maja Ovsenik

17.15 - 17.45 PANEL DISCUSSION AND CLOSING REMARKS
BACK TO THE FUTURE: THE TRANSVERSAL DIMENSION

The upper jaw is commonly indicated as the determinant arch such has the lower jaw is the guide arch in orthodontics. Several studies shown that maxillary transversal deficiency is a “syndrome” and cross bite is only a part of it. Slow and Rapid Maxillary Expansion are the most commonly used procedures in orthodontic for the treatment of maxillary transversal deficiency in a growing child. Literature about maxillary expansion provides information that deal with its utility in correcting certain types of sagittal malocclusions, even thought there is no cross bite. Class III and Class II problems can be often associated with a hidden maxillary deficiency. In addition maxillary expansion can improve nasal airway functions or it is able to modify some metabolic parameters temporary. Clinical implications to the maxillary transverse issue and different therapeutic goals will be illustrate during the lecture.

Morten Godtfredsen Laursen

Dr Laursen received his dental degree from Aarhus University, Denmark in 2001. He qualified as a specialist in orthodontics in 2007 after attending the 3-year full-time international postgraduate program in orthodontics at Aarhus University. Since 2007 dr. Laursen is part time employed at the Section of Orthodontics, Aarhus University, where he has been teaching, treating patients and performing research on the dento-alveolar-bone-complex in relation to use of mini-implants. He co-owns a private orthodontic office and is also associated to the public orthodontic service in Denmark. He has lectured in international orthodontic courses since 2006.

TREATMENT OF ASYMMETRIES IN THE ADULT PATIENT

The untreated functional unilateral posterior crossbite disposes for development of skeletal asymmetry like untreated early tooth loss or agenesis may lead to dental asymmetric occlusion. Correction of transverse discrepancies and asymmetries in the permanent dentition and especially in adulthood can be challenging and may require extractions, skeletal anchorage and maxillofacial surgery. Localisation of the asymmetry is a key point in the diagnostic records, as orthodontic treatment should not only have as a goal to correct the occlusion, but also to correct or improve the dental or skeletal asymmetry. After the introduction of skeletal anchorage, orthodontic treatment is no more limited by anchorage problems and substantial dento-alveolar compensations can be achieved. However, the bony alveolar housing still sets boundaries for orthodontic tooth movement and inter-disciplinary collaboration can be required to reach an overall favourable outcome.
Maja Ovsenik

Professor Maja Ovsenik received her dental and orthodontic education at the Medical Faculty/Division for Dentistry at the University of Ljubljana. She became a specialist in orthodontics in 1998 and received her PhD in 2003. She is Head of the Department of Orthodontics at the Medical Center of Ljubljana and she holds Chair of the Department of Orthodontics at the Medical Faculty/University of Ljubljana. In the year 2010 she was the President of the European Orthodontic Society.

EARLY TREATMENT OF MALOCCLUSION: IS IT ABOUT FUNCTION OR MORPHOLOGY?

Besides heredity, deleterious sucking habits, irregular tongue posture and visceral type of swallowing are considered to be important factors in the aetiology of unilateral posterior crossbite development. Furthermore, irregular orofacial functions, especially sucking habits change the dynamic balance between the influence of the tongue, the cheeks and lips, the tongue is postured on the mouth floor, there is no formative influence of the tongue on the oral surfaces of the teeth and alveolar ridges for the maxilla, the activities of lips and cheeks on the buccal surfaces of the maxillary teeth and the alveolar ridge prevail. A consequence of a permanent loss of normal functional balance is a narrow and short maxilla. Diminished space in the maxilla forces the tongue to lie on the bottom of the oral cavity; this has a harmful influence on the growth and development of the jaws and dentition. This could, however, be an expression of functional adaptation to differences in form and function balance due to the changed equilibrium in the oral cavity. It has, therefore, been considered important to treat incorrect orofacial functions and functional malocclusions as early as possible.

Jasmina Primožič

Dr Primozic received her dental education at the Medical Faculty, University of Ljubljana, Slovenia. In 2010 she specialized in Orthodontics and completed her PhD in Biomedicine at the University of Ljubljana, Slovenia. Dr Primozic is currently Assistant Professor at the Department of Orthodontics at the University of Ljubljana and works as an orthodontist at the University Clinical Centre of Ljubljana, Slovenia. In 2011 she received the Houston Research Award from the European Orthodontic Society. She is currently member of the Editorial Board of the European Journal of Orthodontics.

DEVELOPMENT AND MANAGEMENT OF TRANSVERSE DISCREPANCIES: FACTS AND FICTION

Transverse discrepancies can be either skeletal or dentoalveolar in origin, but mainly are a consequence of a mild or severe constriction of the maxilla that results in either unilateral, bilateral or unilateral functional crossbite, which can be also associated with Class III malocclusion. A constriction of the maxilla is often diagnosed also in Class II malocclusion, but due to the sagittal position of the jaws a normal buccal overbite is usually present. Due to the fact that growth in the transverse dimensions ceases first and is almost concluded in early childhood, these malocclusions are frequently diagnosed already in the primary or early mixed dentition phases and if left untreated have a tendency to worsen during growth and development. As transverse discrepancies are very common and challenging to the orthodontist due to the high risk of relapse after orthopaedic treatment, several studies have been performed on the etiology, signs and symptoms, and the effects of various treatment modalities at different developmental stages.
Massimo Robiony

Professor Robiony, Department of Maxillofacial Surgery of the University of Udine, received his medical degree in 1989 at the University of Naples, School of Medicine, Italy and concluded his postgraduate studies in maxillo-facial surgery in 1994 at the University of Verona, Medical School, Italy. Since 2006 he is fellow of the European Board of Oro-Maxillo-Facial Surgery (FEBOMFS) and member of the Italian Society of Maxillo-Facial Surgery, AO Faculty Member, European Society of Cranio Maxillo-Facial Surgery, International Association of Oral and Maxillofacial Surge. He is also an active founding father and President elect of the International Piezosurgery Academy.

Surgical treatment of transverse discrepancies

Transverse maxillary deficiency is a skeletal abnormality that affects many patients with dentofacial deformities. Various incidence rates have been reported in the literature, reaching as high as 30%. This condition may occur in an isolated form, but is more frequently associated with Class II and III malocclusions. Treatment of transverse maxillary deficiency consists of widening the maxilla and restoring the correct transverse distance. According to the clinical features and type of malocclusion, the deficiency can be corrected in adult patients by surgically assisted rapid maxillary expansion (SARME) or a multiple-piece maxillary osteotomy. With SARME, orthodontic expansion is surgically facilitated by eliminating the areas of maxillary resistance: the mid-palatal suture, nasomaxillary buttress, zygomaticomaxillary buttress, and pterygomaxillary buttress. The use of piezosurgery for SARME and for multiple-piece maxillary osteotomies, emphasizing the advantages of this technique and surgical techniques adopted for different skeletal deformities will be discussed.
Grand Hotel Bernardin *****

The elegant Grand Hotel Bernardin is set in Portorož, right on the seacoast. It features a private beach and the Paradise Spa Wellness Centre with an indoor pool, hot tubs, saunas, solarium and a beauty salon. 2 gourmet restaurants are located on site, while the sports facilities include tennis courts and a fitness centre.

Hotel Histrion ****

The modern Hotel Histrion boasts a picturesque location in Portorož, surrounded by the sea and with a small yacht harbour. This family-friendly hotel offers a Wellness Centre and a Water Park, a private beach and outdoor pools, as well as several restaurants and cafes.

Special offers are available for the participants of the symposium. For booking please contact directly the following e-mail: booking@bernardingroup.si or the telephone: 00386 5 690 7000.

Upon booking remember to specify that you are a participant of the Symposium.
REGISTRATION
Registration can be made directly at the following e-mail: ortho@mf.uni-lj.si.

Upon Registration it is MANDATORY to send the Confirmation of the payment (bank transfer) with the exact billing details (including name, address and VAT number) and the name of the participant(s)! For undergraduate and postgraduate students a further statement letter is needed of the local University.

TERMS AND CONDITIONS OF PAYMENT
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CANCELLATIONS
In case of cancellations within 17.10. 2015, registrations fees, minus 25.00 Euros for administrative costs, will be refunded. No refund will be made for cancellations notified after 17. 10. 2015. Written communication will be sent in time to all registered attendees.

HOTEL BOOKING
Please contact Grand Hotel Bernardin at booking@bernardingroup.si.

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