

Angle's System of classification of malocclusion

Edward Angle introduced a system of classifying malocclusion in the year 1899. Angle's classification is still in use after almost 100 years of its introduction due to its simplicity of application.

Angle's Class I classification of malocclusion

- . The mesio-buccal cusp of the maxillary first permanent molar occludes in the buccal groove of mandibular first permanent molar.**



Angle's Class II classification of malocclusion

The disto-buccal cusp of the upper first permanent molar occludes in the buccal groove of the lower first permanent molar.

Angle has sub-classified Class II malocclusion into two divisions:

Class II, Division 1 classification of malocclusion

The upper lip is usually hypotonic, short and fails to form a lip seal.

The lower lip cushions the palatal aspect of the

upper teeth, a feature typical of a Class II classification of malocclusion, Division 1 referred

to as 'lip trap' arch.

The tongue occupies a lower posture thereby failing to counteract the buccinator activity.

The unrestrained buccinator activity results in narrowing of the upper arch at the premolar and canine regions thereby producing a V-shaped upper arch.



Class II, Division 2 classification of malocclusion

. The classic feature of this malocclusion is the presence of lingually inclined upper central incisors and labially tipped upper lateral incisors overlapping the central incisors.

The lingually inclined upper centrals gives the arch a squarish appearance, unlike the narrow V-shaped arch seen in Division 1 classification of malocclusion.



Class III malocclusion classification of malocclusion

the mesio-buccal cusp of the maxillary first permanent molar occluding in the interdental space between the mandibular first and second molars.

Class III classification of malocclusion can be classified into

True Class III

This is a skeletal ClassIII classification of malocclusion of genetic origin that can occur due to the following causes:

- a. Excessively large mandible**
- b. Forwardly placed mandible**
- c. Smaller than normal maxilla.**
- d. Retropositioned maxilla**
- e. Combination of the above causes**

Pseudo Class III

produced by a forward movement of the mandible during jaw closure thus it is also called 'postural' or 'habitual'

causes of pseudo Class III malocclusion:

- a. Presence of occlusal prematurities may deflect the mandible forward.**
- b. In case of premature loss of deciduous posteriors, the child tends to move the mandible forward to establish contact in anterior region.**
- c. A child with enlarged adenoids tends to move the mandible forward in an attempt to prevent the tongue from contacting the adenoids.**

Class III Subdivision classification of malocclusion

This is a condition characterized by a Class III molar relation on one side and a Class I relation on the other side.

Drawbacks of Angle's classification of malocclusion

- a. Angle considered malocclusion on the antero-posterior plane. He did not consider malocclusions in the transverse and vertical planes.**
- b. Angle considered the first permanent molars as fixed points in the skull. But is not found to be so.**

c. The classification cannot be applied if the first

permanent molars are extracted or missing.

d. The classification cannot be applied to the deciduous dentition.

e. The classification does not differentiate between skeletal and dental malocclusions.

f. The classification does not highlight the etiology of the malocclusion.

g. Individual tooth malpositions have not been considered by Angle.

Dewey's Modification of Angle's classification of malocclusion

Class I modifications of Dewey classification of malocclusion

Type 1: Class I malocclusion with bunched or crowded anterior teeth.

Type 2 : Class I with protrusive maxillary incisors.

Type 3: Class I malocclusion with anterior crossbite.

Type 4: Class I molar relation with posterior crossbite.

Type 5: The permanent molar has drifted mesially due to early extraction of second deciduous molar or second premolar.

Class III modifications of Dewey:

Type 1: The upper and lower dental arches when viewed separately are in normal alignment. But when the arches are made to occlude the patient shows an edge to edge incisor alignment, suggestive of a forwardly moved mandibular dental arch.

Type 2: The mandibular incisors are crowded and are in lingual relation to the maxillary incisors.

Type 3: The maxillary incisors are crowded and are in cross bite in relation to the mandibular anteriors.

Lischer's Modifications of Angle's classification

He added a few more terms which designated certain other malocclusions.

Neutroclusion : Synonymous with Angle's Class I malocclusion.

Distocclusn: Synonymous with Angle's Class II malocclusion.

Mesioclusion: Synonymous with Angle's Class III malocclusion.

Buccoclusion: Buccal placement of a tooth or a group of teeth.

Linguoclusion: Lingual placement of a tooth or a group of teeth.

Supraocclusion: When a tooth or group of teeth have erupted beyond normal level.

Infraocclusion: When a tooth or group of teeth have not erupted to normal level.

Mesioversion: Mesial to the normal position.

Distoversion: Distal to the normal position.

Transversion: Transposition of two teeth.

Axiversion: Abnormal axial inclination of a tooth.

Torsiversion: Rotation of a tooth around its long axis.

Bennet's classification of malocclusion

Norman Bennet classified malocclusion based on its etiology.

Class I – Abnormal position of one or more teeth due to local causes.

Class II – Abnormal formation of a part of or whole of either arch due to developmental defects of bone.

Class III – Abnormal relationship between upper and lower arches, and between either arch and facial contour and correlated abnormal formation of either arch.

Ackerman-profit system of classification of malocclusion

Step 1 (Alignment) The first step involves assessment of the alignment and symmetry of the dental arch. It is classified as ideal/crowded/spaced.

Step 2 (Profile)

It involves the consideration of the profile. The profile is described as convex/straight/concave. The facial divergence is also considered, i.e, anterior or posterior divergence.

Step 3 (Type)

The transverse skeletal and dental relationships is evaluated. Buccal and palatal cross bites if any are noted. The cross bite is further sub- classified as unilateral or bilateral. In addition, differentiation is made between skeletal and dental cross bite.

Step 4 (Class)

This involves the assessment of the sagittal relationships. It is referred as Angle's Class I/ Class II/Class II classification of malocclusion.

Differentiation is made between skeletal and dental malocclusion.

Step 5 (Bite depth)

Malocclusions in the vertical plane are noted. They are described as anterior or posterior open bite, anterior deep bite or posterior collapsed bite. A mention is made whether the malocclusion is skeletal or dental.

Thank

you