

CHAPTER VI

CONCLUSION

1. The cranial flexure (NSAr) was not affected in both the Class I and Class II div. 1 deepbite. The mandible was in retruded position related to the anterior cranial base and the maxilla.
2. Most of the deepbite subjects had obtuse palatomandibular plane angle.
3. The gonial angle was not different between the deepbite group and the normal. However it was lesser in the Class I deepbite group than that in the Class II div.1 deepbite group.
4. The NSGn angle was the greatest in Class II div.1 deepbite group.
5. The TAFH and LAFH in the Class II div.1 deepbite group were significantly shorter than the normal.
6. The TPFH and LPFH in the deepbite groups were significantly shorter than the normal.
7. The upper anterior teeth were more proclined in the deepbite group than the normal.
8. There were the long upper anterior and short lower posterior dentoalveolar Heights in both Class I and Class II div. 1 deepbite groups. In addition there were short upper posterior and long lower anterior dentoalveolar heights in the Class I deepbite.
9. The maxillary exposure was greater in deepbite than the normal.
10. All of facial heights and dentoalveolar heights were significantly greater in male than female for both deep and normal bite groups.

This study indicated that the deepbite subjects who had different or even the same type of occlusion had various skeletal and dentofacial characteristics. The orthodontists should concern about their skeletal and dentofacial characteristics

especially the palatomandibular and gonial angles, the TAFH, LAFH, TPFH, LPFH and the dentoalveolar heights. Thus orthodontists should have individual diagnosis and treatment planning for each patient.

มหาวิทยาลัยเชียงใหม่
Chiang Mai University