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# Evolution of the incisal relationship in a Central European population (1870/1970)

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The relationship between the upper and lower incisors is one of the keys to occlusal organisation and can be evaluated by:

- · occlusal and markers: overbite and overjet
- skeletal markers: cephalometric values

Phylogenetic analysis of the incisal relationship and of the occlusion suggests, however, that anterior guidance recent variations in relation with environemental factors

#### **Material and Method**

The material consisted of a series of dental cast (Fig. 1) and lateral cephalometric X ray (Fig. 2), of young men average age 25 years, caucasian type from central europe, displayed in two groups:

i) the 1870 group (Gr. 1870) data were 30 randomised subjects from 133 male skulls of soldiers who had served in the Austro-Hungarian army. They were all born circa 1870 and died of disease at around 25 years of age (the skulls form part of the Weisbach collection, Vienna, Austria).

ii) the 1970 group (Gr. 1970) data were 30 randomised subjects from 170 male conscripts to the Austrian Federal Army born in circa 1970, in the same region as the previous group, and of an average age of 20 years at the time of study.

Maxillary and mandibulary cast in centric occlusion were used to measure Over-bite and Over-jet with a calliper rule. (Fig. 3) Cephalometric measurement were made and the 52 points needed for computer analysis were marked (Fig. 4). These data were entered into the computer using a scanner and the computer analysis was performed. The different values (angles and distances) for the incisal relationship were retained (Table 1)





Fig. 1: Plaster models in centric occlusion

Fig. 2: Lateral cephalometric X ray

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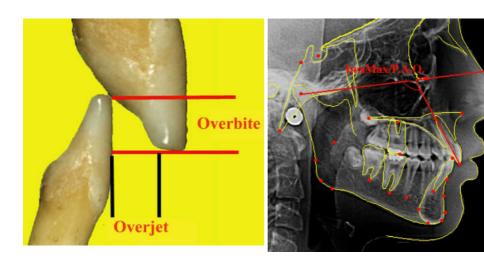


Fig. 3: Anthropometric measurements: overbite and overjet

Fig. 4: 52 cephalometric points were used to analyse the determinant of incisal relationships

Inter-incisal angle

Angle between upper incisor and A-pogonion

Angle between upper incisor and PAO (axial-orbital plane)

Position of upper incisor in relation to the tangent

Supra-occlusion (upper incisor / occlusal plane)

Lower incisor to PAO

Angle of lower incisor in relation to A pogonion

Angle of lower incisor in relation to mandibular plane

Horizontal values of lower incisor to PAO

Vertical values of lower incisor to PAO

Position of lower incisor in relation to the tangent

Position of lower incisor in relation to A Pogonion  $\label{eq:position} % \begin{center} \begi$ 

Inclination of upper incisor

Position of lower incisor

Egression of lower incisor

Skeletal Class

SNB, ANB, SNA, FMIA angles

SNA angle

ANB angle

FMIA angle

Radius of the curve of Spee

Table 1: Cephalometric values studied.

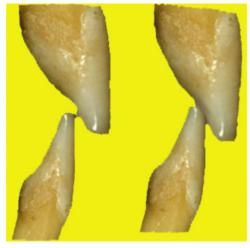
### Statistical analysis

The cephalometric and anthropometric measurements were compared between populations using parametric tests for large sample size and the distribution of skeletal class was determined using the Chi squared test.

#### Results

A statistically significant difference was found for the following variables (p<0.001):

- Overbite (Fig. 5)
- The FMIA (Fig. 6)
- Position of the free edge of the mandibular incisor Sagittal and Vertical Value (Fig. 7)
- Distribution in Skeletal class (Fig. 8)



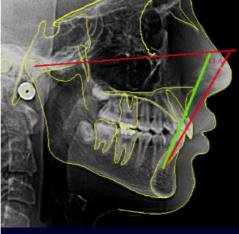
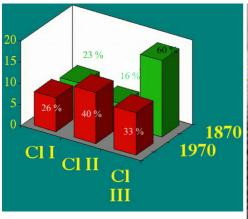
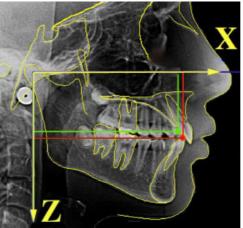


Fig. 5: Overbite evolution

Fig. 6: FMIA evolution





of mandibular incisor X (sagittal) value

Fig. 7: Evolution of Position of the free edge Fig. 8: Skeletal class: evolution of distribution

	Gr. 1870 Average (S.T.)	Gr. 1970 Average (S.T.)	
Overbite	1.17 mm (1.97)	3.81 mm (1.45)	Fig. 5
The FMIA angle	65.97° (8.83)	58.4° (7.85)	Fig. 6
Position of the free edge of the mandibular incisor Sagittal Value	78.75 mm (6.54)	82.88 mm (6.76)	Fig. 8
Vertical value	54.74 mm (5.82)	58.87 mm (8.21)	Fig. 8
Skeletal class	See distribution		Fig. 7
Table 2: Results			

## Conclusion

In the limits of this study, the overall tendency amongst this population of young Western European males was to mandibular retrusion, vestibuloversion of the mandibular incisors and caudalisation of the free edge of mandibular incisors and overbiting.

This poster was submitted by Dr. Olivier Laplanche.

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