The calculation of the tension and deformity has been conducted in the packet program for FEA ANSYS Work bench. The maximum tension with model 1 is 5.83×10 7 Pa. The calculation of model 2 has shown a great value A of deformity, that implies that the total mandibular denture has no real stable prop and that complete mandibular denture is moving on muco-oseal base under the influence of the outer loadings. The maximum value of the tension with model 3 is 5.05×10 7 Pa.

Conclusion: The shape of the residual alveolar ridge influences on the image of the tension states and deformities of the toothless mandibule.

108. DEEP IMPACTİON OF A MANDİBULAR PRİMARY CANİNE BY A COMPLEX ODONTOMA: A CASE REPORT

Özdīler Fe*, Derecī Ö*
**Ankara University, Faculty of Dentistry, Department of Orthodontics, Ankara, Turkey*
***Ankara University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Ankara, Turkey*

Sixteen year old male patient was referred to Ankara University, Faculty of Dentistry, Department of Orthodontics for evaluation of necessity for orthodontic therapy. Clinical examination revealed missing left primary canine. A complex odontoma above the crown of impacted manibular left molar was observed on panoramic radiography. Surgical removal of the odontoma and orthodontic traction of the primary canine was decided although it is deeply impacted. After surgical excision of the complex odontoma with local anasthesia, an orthodontic bracket and ligature wire was fixed on the crown of impacted canine. Orthodontic traction of the tooth was initiated with the conventional orthodontic treatment. The patient is still in follow-up period and traction of the impacted canine is under control. Careful radiographic and clinical examination must be performed in case of delayed eruption of primary teeth in pediatric patients. Several factors such as bone density, local infection or cystic changes may be effective on the impaction of primary canine teeth. Complex odontoma is also a way for impaction and must be eliminated as quick as possible in order to provide orthodontic traction of impacted canine.

109. A MINI MAXILLARY PROTACTOR FOR CLASS III CORRECTION

Altuğ Zahīr*[1], Bīlgi Özlem[2].
[1]Division of Orthodontics, Faculty of Dentistry, Ankara University, Ankara / Turkey.
[2]PhD student, Division of Orthodontics, Faculty of Dentistry, Ankara University, Ankara / Turkey.

Class III malocclusions may involve a variety of skeletal and dental components, including a large or protrusive mandible, a deficient or retrusive maxilla, a protrusive mandibular dentition, and a retrusive maxillary dentition. In the case of a skeletal class III patient with a retrusive maxilla, a reverse headgear can reliably produce forward movement of the maxilla and posterior rotation of the mandible.

This poster shows the use of a modified maxillary protactor in a patient with severe class III malocclusion. The mini-maxillary protaction appliance consisted of four parts; a maxillary expander, a mandibular plate, chin-cup and a lower facebow which is used to connect the chin-cup to the mandibular plate. Positive overjet waas obtained in four months and cephalometric analysis indicated an improvement in the sagittal jaw relationship. We have been using this mini-maxillary protractor for the past few years to correct skeletal class III malocclusions in growing patients. Our **Results** suggest that a mini maxillary protactor appliance is effective for correcting skeletal class III cases with maxillary deficiencyand mandibular protrusion.

110. TREATMENT WITH ACTIVE ORTHODONTIC MOBILE APPLIANCE IN ADULT PATIENT

Radeska A.* [1] Radeski J.[2], Zlatanovska K.[1] Papakoca K.[1] Zarkova J.[1]
Faculty of medical sciences – General Stomatology, University "Goce Delcev", Stip, R. F.Y.R.O.M[1]
PHO "Dr Radeski",Demir Hisar, R.F.Y.R.O.M[2]

Aim: Showing the efficiency of orthodontic mobile appliance in treatment of adult patient.

Case summary: The patient A.K aged 25 years with forced progenia, bilateral hipodontia of the maxillary lateral incisors and cross bite of 2mm in front. The patient was treated with active orthodontic mobile appliance with bitten ridge and down labial arch. The treatment lasted 18 months after which period is reached normal occlusion with normal overlap in front and closed diastema mediana. The hipodontia of the maxillary lateral incisors is resolved by prosthetic construction.

Conclusion: By solving this malocclusions the patient has established normal function of stomatognathic system and the required esthetic is satisfied. This case demonstrates that orthodontic mobile appliance can be used in treatment of adult patients with significant success.