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A Case-Based Atlas of

COMPREHENSIVE ORTHODONTICS

Volume One & Two

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About the Book

- 300+ audited clinical cases.
- 10000+ high quality clinical photographs and radiographs.
- Illustrations with diagrammatic representation for easy comprehension.
- Detailed discussion of cases treated with various treatment philosophies and techniques with key stage photographs.
- Long term follow up of treated cases.
- Clinical tips to guide the clinician in day to day practice.
- Questions and answers to discuss the uniqueness of the case.
- Further reading and references for extensive literature search.
- Author's viewpoints are included.



K. Sadashiva Shetty



4 Decades of Sharing Knowledge

A Case-Based Atlas of COMPREHENSIVE ORTHODONTICS

The Chapters Are:.....

CHAPTER 1: HOW WE EVOLVED

**CHAPTER 2: GROWTH AND SOFT TISSUE
CONSIDERATIONS**

CHAPTER 3: INTERCEPTIVE ORTHODONTICS

CHAPTER 4: SAGITTAL PROBLEMS

Section A: Class I

Section B: Class II

Section C: Class III

CHAPTER 5: VERTICAL PROBLEMS

Section A: Open Bite

Section B: Deep Bite

CHAPTER 6: TRANSVERSE PROBLEMS

CHAPTER 7: INTERPLAY IN THREE PLANES OF SPACE

CHAPTER 8: ASYMMETRY

CHAPTER 9: IMPACTIONS

CHAPTER 10: ECTOPIC ERUPTION

CHAPTER 11: DENTAL ANOMALIES

CHAPTER 12: DRIFTODONTICS

CHAPTER 13: MISSING MAXILLARY LATERAL INCISORS

CHAPTER 14: MINIMAL INTERVENTION APPLIANCES

CHAPTER 15: ALIGNERS

CHAPTER 16: LINGUAL ORTHODONTICS

CHAPTER 17: SKELETAL ANCHORAGE

**CHAPTER 18: TEMPOROMANDIBULAR JOINT
CONSIDERATIONS**

CHAPTER 19: TRAUMA

**CHAPTER 20: ATYPICAL EXTRACTIONS AND
MUTILATED CASES**

**CHAPTER 21: INTERDISCIPLINARY
ORTHODONTICS**

CHAPTER 22: PERIODONTAL CONSIDERATIONS

CHAPTER 23: RETENTION AND RELAPSE

CHAPTER 24: RETREATMENT

**CHAPTER 25: MEDICALLY COMPROMISED AND
DIFFERENTLY ABLED PATIENTS**

CHAPTER 26: CLEFTS

CHAPTER 27: SYNDROMES

CHAPTER 28: TWINS

CHAPTER 29: SURGICAL MISHAPS

CHAPTER 30: LEARNING FROM MISTAKES

**CHAPTER 31: CLINICAL TIPS AND
BIOMECHANICS**

CHAPTER 32: QUESTIONS AND ANSWERS

Case 1: Growth and Development

CASE 1
Ali-RAMIEC Facemask Followed By Fixed-arch Therapy in a Severe Class II Growing Patient

KEY FINDINGS
EXTRAMANDIBULAR

Facial form	Maxillary
Facial symmetry	Yes (minor maxillary deviation)
Facial expression	Neutral (good patient self-image)
Facial profile	Convex (good lip support)
Stomatognathic	Normal (good oral health)
Malocclusion	Severe Class II malocclusion with maxillary skeletal deviation
Temporomandibular	Normal
Periodontal	Normal
Orthodontic	Normal
Orthodontic history	None

Figure 1 Pre-treatment photographs and panoramic radiograph.

Case 2: Growth and Development

TREATMENT HISTORY

Figure 2 Treatment progress photographs showing alignment of maxillary and mandibular incisors, reduction of gingival inflammation, and better lip support.

Figure 3 Post-treatment photographs and panoramic radiograph.

Case 3: Growth and Development

Figure 4 Post-treatment cephalometric and dental models.

Figure 5 Post-treatment photographs.

Case 4: Growth and Development

Questions

1. Why do you provide orthodontic treatment for this patient?
There are no previous orthodontic treatments. The orthodontic value is the patient's value. The orthodontic value is the patient's value. The orthodontic value is the patient's value.
2. What is the primary objective of your orthodontic treatment?
The goal is to achieve a functional occlusion and a good facial profile. The goal is to achieve a functional occlusion and a good facial profile.
3. Why do you choose Class II orthodontic treatment? From what does it differ from Class I?
Class II orthodontic treatment is characterized by a skeletal Class II malocclusion. It differs from Class I orthodontic treatment in that it involves the correction of a skeletal Class II malocclusion.
4. Why do you choose fixed-arch orthodontic treatment for this patient?
The patient was diagnosed to have a severe Class II malocclusion. The patient was diagnosed to have a severe Class II malocclusion.

Answers

1. The patient has a severe Class II malocclusion. The patient has a severe Class II malocclusion. The patient has a severe Class II malocclusion.

2. The primary objective of orthodontic treatment is to achieve a functional occlusion and a good facial profile. The primary objective of orthodontic treatment is to achieve a functional occlusion and a good facial profile.

3. Class II orthodontic treatment is characterized by a skeletal Class II malocclusion. It differs from Class I orthodontic treatment in that it involves the correction of a skeletal Class II malocclusion.

4. The patient was diagnosed to have a severe Class II malocclusion. The patient was diagnosed to have a severe Class II malocclusion.

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