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Six-year Follow-up in Skeletal Class III Patient Aged over 40 Receiving Orthognathic Surgery and Autotransplantation: A Case Report

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Abstract: This paper describes the post-operative course of care in a patient requiring orthognathic surgery for skeletal mandibular protrusion in whom autotransplantation of a third molar was performed. A lower third molar that had to be removed for sagittal split ramus osteotomy (SSRO) was transplanted to replace the missing right second molar during pre-surgical orthodontic treatment, contributing to post-treatment occlusal stability. A 44-year-old woman presented with mandibular protrusion. The upper left second molar was congenitally missing and the lower right second molar had been extracted. She was diagnosed as having skeletal mandibular protrusion with excess vertical growth of the mandible and anterior open bite. Correction of the skeletal problem required orthognathic surgery by SSRO and Le Fort I osteotomy without orthodontic tooth extraction. At month 5 during 18 months of pre-surgical orthodontic treatment, the lower left third molar was transplanted to the lower right second molar site. Active treatment was completed after 7 months of post-surgical orthodontic treatment. The patient wore upper and lower Begg-type removable retainers for approximately 2 years. She returned for a recall checkup at 6 years post-treatment. Although radiographic examination revealed root resorption and

ankylosis of the autotransplanted tooth at 8 years after transplantation, occlusion has remained stable with no clinically significant complications. The autotransplanted tooth helped stabilize her occlusion and acted as a kind of temporary tooth prior to the final decision on treatment to be given such a dental implant.

Key words: [Orthognathic surgery](#), [Autotransplantation](#), [Middle-aged patient](#), [Long-term follow-up](#), [Skeletal class III](#)

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