STABILITY OF SKELETAL CLASS III SURGICAL TREATMENT. AFFECT OF HIGH CONDYLECTOMY

PENHAVEL RA***, Peixoto AP, Wolford LM, Cassano DS, Pinto AS, Gonçalves JR

Craniofacial e Ortodontia, Hospital de Reabilitação de Anomalias Craniofaciais - HRAC-USP, Bauru/SP

PURPOSE: To evaluate the role of high condylectomy on surgical treatment stability of Class III patients with condylar hyperplasia. **MATERIALS AND METHODS:** Twenty-four patients (9 females and 15 males) were paired according to gender, age, skeletal and dental characteristics in three groups. Group 1 (no condylar hyperplasia) underwent orthognathic surgery only, Group 2 (with unilateral or bilateral condylar hyperplasia) underwent high condylectomy, articular disc repositioning and orthognathic surgery in the same procedure and Group 3 (with unilateral or bilateral condylar hyperplasia) underwent orthognathic surgery only. Lateral cephalometric radiographs were selected at the immediately before surgery (T1), immediate after surgery (T2) and longest follow-up (T3). **RESULTS:** Cephalometric comparison between the 3 groups showed no significant differences among the variables at the initial observation period (T1). During the observational period (T3-T2), patients in Group 3 showed significant relapse at SNB, ANB, SN.Pog, OJ, OB, Ar-Go, Ar-Gn, S-Gn and ANS-Me, demonstrating that treatment adopted was insufficient for stable results within this Group. Groups 1 and 2 remained stable one year after surgery. **CONCLUSIONS:** Orthognathic surgery for correction of skeletal class III malocclusion is a stable procedure for patients without condylar growth abnormalities and for patients undergoing simultaneous high condylectomies and articular disc repositioning. Those patients with preoperative condylar hyperplasia who underwent double-jaw surgery and no TMJ intervention experienced significant relapse.