

CHAPTER 6

Conclusions

1. The thickness of buccal cortical bone and buccal plate at the IZ crest site in both non-cleft and cleft sides increased from the cemento-enamel junction level towards the apical area. In addition, the buccal cortical bone and buccal plate at cleft sides were significantly thicker than those at non-cleft sides at some measurement sites. The biting depth between non-cleft and cleft sides were not statistically different.

2. Almost all of the buccal cortical bone thickness, buccal plate thickness and biting depth between non-cleft sides of cleft patients and non-cleft patients were not significantly different.

3. Positions and directions for miniscrew implant placement at either 6.0 or 7.2 mm vertical levels from buccal CEJ combined with 65 to 70 degree angulation at MB root axis of maxillary first molar and either 4.8 or 6.0 or 7.2 mm vertical levels for all angulations (from 45 to 70 degree angulation) at middle of buccal furcation of maxillary first molar for non-cleft sides, and at either 4.8 or 6.0 or 7.2 mm vertical levels combined with 60 to 70 degree angulation at MB root axis of maxillary first molar and either 4.8 or 6.0 or 7.2 for all angulations at middle of buccal furcation of maxillary first molar for cleft sides can provide adequate buccal cortical bone thickness, buccal plate thickness and biting depth.

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