

第5回日本 Tweed 研究会総会講演会 プログラム



*The Charles H. Tweed
International Foundation
for Orthodontic Research*

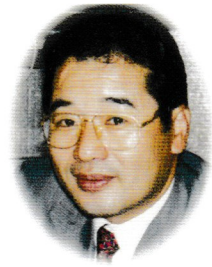


日時：2003年11月9日（日）10：00～16：00
会場：総評会館（東京）

会長あいさつ

日本 Tweed 研究会も TWEED INTERNATIONAL FOUNDATION の日本支部として設立されてはや 10 年が経過し第 5 回学術大会を開催する運びとなりました。今回は久しぶりにクロンツ先生に講演をお願いし、エッジワイズ法の基本である Tweed Philosophy に基づいた最新の治療方針、術式をお話頂くとともに、河田先生の教育講演ならびに会員の研究発表、症例発表等もごさいます。また、懇親会におきましてはクロンツ先生を囲んで大いに語り楽しんでいただきたいと思います。

多くの会員の参加によって楽しく、有意義な大会になることを願っています。



日本 Tweed 研究会会長
中久木正俊 先生

特別講演

Goals and Concepts for Treatment of High Vertical Class II Malocclusions and Their Comprehensive Correction.

Every orthodontist must have goals and concepts directing the treatment of his or her patients. Without goals treatments are aimless.

Treatment that is rendered to a patient should 1) preserve or enhance facial balance, 2) eliminate dental crowding, and 3) coordinate the dental arches.

In order to reach these objectives the orthodontist must employ a systematic approach in practice. First he must recognize, then identify and classify the malocclusion.

There are essentially four areas of responsibility that must be understood for proper malocclusion correction. These four areas are the face, the skeleton, the dentition and the surrounding environment (eg, muscles).

The foremost concern of the clinical orthodontist should be the face. We must have a concept of facial balance. It is well recognized that protruded and crowded teeth cause facial imbalance. The diagnosis of each patient requires that protruded and crowded teeth must be corrected for facial balance. Usually teeth need to be removed and the challenge is what teeth should be removed to provide facial balance and a healthy dentition with orthodontic correction.

The clinician must understand the skeletal pattern and have the ability to compensate for an abnormal skeletal relationship by changing the positions of the teeth.

After studying the face and the skeletal pattern, the orthodontist must analyze the dentition. A total dentition space analysis should be utilized to ascertain the severity of any dental disharmony. Tooth mass and the space available for these teeth must be considered. Along with the face, the skeletal pattern and the dentition, the orthodontist must understand the limitations imposed upon treatment for facial balance, a healthy and functional occlusion and the ultimate stability of the treatment result.

These goals and concepts will be presented and then demonstrated by diagnosing and treatment planning a variation of very protrusive Class II malocclusions including the very high Class II vertical malocclusion with one thought in the forefront "Our treatment plan is our patient destiny."



Tweed Course Director
Dr. Herbert A. Klontz

教育講演

A new bone regeneration technique integrated with orthodontic treatment for cleft lip and palate patients

Toshitsugu Kawata and Kazuo Tanne

The purpose of this presentation was to introduce a clinical application of bone regeneration technique integrated orthodontic treatment for alveolar bone cleft and to examine the outcome comparatively with that of bone and marrow grafts from the iliac bone. These patients of cleft lip and palate were treated with autogenous born graft (two boys) and guided bone regeneration (one girl). Autogenous particulate cancellous bone and marrow obtained from the ilium were used for the bone graft group. For guided bone regeneration (GBR), an absorptive expanded polytetrafluoroethylene membrane barrier (GC, Tokyo: Japan) was used. After bone bridge formation, orthodontic tooth alignment was initiated. The bone graft patients received bone-grafted alveoli. The alveolar bone height was decreased in the bone graft group during the observation period. In a patient with GBR, the alveolar bone height and width increased during the observation period. Those findings emphasize that the GBR technique can be available for bone regeneration in cleft defects if careful handling of the mucoperiosteal flaps and good anti-infective therapy are achieved to prevent early exposure and fiber structure irruption of the membrane barrier.

On the other hand, the other present findings are the first to demonstrate the potential of chondroid bone transplantation by distraction osteogenesis as a new therapeutic system of bone grafting, suitable for bone substitutes in craniofacial bone defects.



広島大学大学院医歯薬学
総合研究科展開医科学専
攻顎口腔頸部医科学講座
歯科矯正学

河田俊嗣 先生

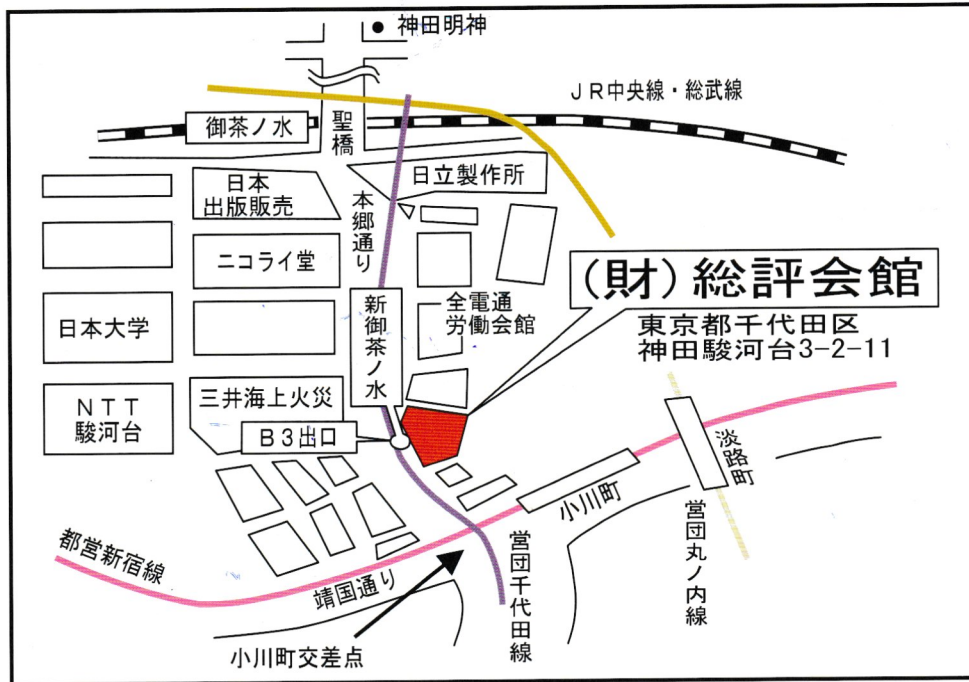
第5回日本 Tweed 研究会総会講演会 プログラム

2003年11月9日(日)

		司会・座長
9:15	受付開始	
10:00	特別講演 Dr. Herbert A. Klontz (Tweed Course Director) 「Goals and Concepts for Treatment of High Vertical Class II Malocclusions and Their Comprehensive Correction.」	中久木正俊
12:00	(同時通訳付き)	
12:10	会員総会	
12:40	昼食	
13:45	研究発表 藤崎臣弘 (いなげ矯正歯科医院、横浜市) 「良好な Profile を獲得した日本人と Caucasian の顎顔面形態の比較」	清水典佳
14:15	教育講演 河田俊嗣 (広島大学歯学部矯正学講座) 「A new bone regeneration technique integrated with orthodontic treatment for cleft lip and palate patients」	稲毛滋自
15:00	会員発表 大木葉孝宣 (おおきば矯正歯科医院、新潟市) 「当院での口蓋裂矯正治療について (Tweed technique を用いて)」	野村 聡
15:15	阿部 操 (日本大学松戸歯学部矯正学講座) 「High angle を伴う成人Ⅱ級一類およびⅠ級上下顎前突治験例」	
15:30	河合 悟 (樋口矯正歯科クリニック、福岡市) 「中高年患者の矯正歯科治療」	松原 進
15:45	飯島重樹 (いいじま矯正歯科、水戸市) 「Transverse な問題を有する症例」	
16:00	閉会の辞	大嶋 脩
16:30	懇親会 会場：東京ガーデンパレス	小野修一
18:30		

総会講演会会場

会場 総評会館
 所在地 東京都千代田区神田駿河台 3-2-11
 電話番号 (03) 3253-1771(代)



<交通機関>

- 営団地下鉄千代田線 新御茶ノ水駅
- 営団地下鉄丸ノ内線 淡路町駅
- 都営地下鉄新宿線 小川町駅
 (丸ノ内線と都営新宿線をご利用の方は千代田線方面へ)
 いずれも B3 出口より徒歩 0 分
- JR 中央線・総武線 御茶ノ水駅
 (聖橋出口) 徒歩 5 分

懇親会会場

会場： 東京ガーデンパレス
 〒113-0034 東京都文京区湯島 1-7-5
 TEL 03(3813)6211
 JR 御茶ノ水駅より徒歩 5 分
 地下鉄丸ノ内線 御茶ノ水駅より徒歩 5 分
 地下鉄千代田線 新御茶ノ水駅より徒歩 5 分

