

بسم الله الرحمن الرحيم



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شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



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جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
على هذه الأقراص المدمجة قد أعدت دون أية تغيرات



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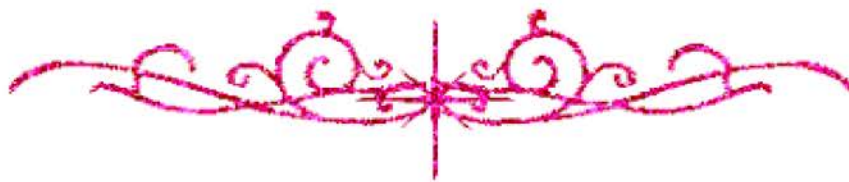
تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



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بالرسالة صفحات

لم ترد بالأصل



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B10EAO

Dental Arch Asymmetry In Egyptian Children in the mixed dentition

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Thesis

*Submitted to the Faculty of Oral and Dental Medicine,
Cairo University*

*In partial fulfillment of the requirements for the
Master Degree In Orthodontics-Pedodontics*

By

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Dedication

To My Beloved
Holyland That I'll never
Forget.....

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INTRODUCTION

INTRODUCTION

Although each person shares with the rest of the population a great many characteristics, still there are many differences that make each human being a unique individual. Variations in the size, shape and relationship of the dental, skeletal and soft tissue facial complexion are important in providing each individual his or her own identity.

The human body can be divided into two parts by central median but the two parts are not necessarily mirror image type. True bilateral body symmetry is largely a theoretical concept that seldom exists in living organisms. Right-left differences occur everywhere in nature where two congruent types are present. In general, mammals have marked asymmetry as to the placement of the viscera in the body cavity. Man, frequently, experiences functional as well as morphological asymmetries, e.g. right and left handedness as well as preference for one eye or one leg. Some of these asymmetries are embryonically rooted and are associated with asymmetry in the central nervous system (*Lundstrom, 1961*).

Symmetry can be defined as “equality or correspondence in form of parts distributed around a center or an axis, at the two extremes or poles, or on the two opposite sides of the body (*Stedman, 1966*).

While, clinically, symmetry means balance while significant asymmetry means imbalance (*Fischer, 1954*).

Many factors as congenital malformations, digital habits, interproximal caries and premature extractions can influence dental arch asymmetry (*Bishara et al., 1994 and Pirttiniemi, 1994*).

The dentofacial asymmetry is considered a major etiological factor of malocclusion (*Cheney, 1961*). Early recognition and treatment of dental arch asymmetries could minimize the need for complex treatment mechanics. However, there is a paucity of data in the literature that addresses the issue of the dental arch asymmetry in the mixed dentition.

Accordingly, the purpose of this study was to quantify and describe maxillary and mandibular intra-arch asymmetry in a group of Egyptian children in the mixed dentition and to relate asymmetry to the possible etiological factors.