**Introduction**

**SUBJECTS AND METHOD:** Three cases showing patients who underwent bimaxillary surgery.

**AIM:** A Class II skeletal deformity is frequently considered to be a unilateral maxillary problem. The purpose of this presentation is to show that solving Class II skeletal problems can be achieved with bimaxillary surgery even when the problem is unilateral. A further aim is to show the benefit of a team approach and the aesthetic results of a series of severe Class II patients who underwent bimaxillary surgery.

**Case 1:**

![Initial Pictures of Case 1](Image)

**DIAGNOSIS SUMMARY**
- Angle Class II
- Retractive Maxilla: SNA = 78°
- Retractive Mandible: SNB = 65°
- Hyperdivergent

**TREATMENT PLAN**
- Upper and lower braces
- Extraction of 24 and 34
- Maxilla: Le Fort I for impaction and advancement
- Mandible: BSSO (Bilateral Sagittal Split Osteotomy) advancement surgery

**Results:** Good aesthetic results were achieved together with a functional and stable occlusion.

**Conclusion:** Orthognathic surgery is the best option when camouflage is not possible and growth modification is limited. Bimaxillary surgery is often necessary to achieve good aesthetic results in Class II patients.

**Case 2:**

![Initial Pictures of Case 2](Image)

**DIAGNOSIS SUMMARY**
- Angle Class II
- Retractive Maxilla: SNA = 78°
- Retractive Mandible: SNB = 72°
- Hyperdivergent

**TREATMENT PLAN**
- Upper and lower braces
- Extraction of 24 and 34
- Maxilla: Le Fort I for impaction and advancement
- Mandible: BSSO (Bilateral Sagittal Split Osteotomy) advancement surgery and asymmetry correction

**References:**