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ABSTRACT BOOK

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OP-43

ALVEOLAR BONE GRAFTING IN CLEFT PATIENTS: OUR CLINICAL APPROACH

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The patient with cleft lip and palate has a complex skeletal deformity that usually requires multiple procedures, starting in infancy, and continuing through puberty. The reconstruction of a secondary alveolar cleft requires the use of autogenous bone grafting for closing the oronasal fistula, and providing bony support for dentition, the nasal alar base, and lip. The success of alveolar bone grafting is important for post surgery orthodontics treatments, stability and retention of the teeth adjacent to the cleft, and improvement of occlusion. Consequently; anterior iliac bone graft is preferred to the larger volume and improved quality. Twelve patients who ages from 8 to 26 were included in this study at the Ankara University Faculty of Dentistry, Oral and Maxillofacial Surgery Department between April 2012 to January 2013. Ten patients had unilateral cleft defects and two patients had bilateral cleft defects. In conclusion; harvesting cancellous bone from the anterior iliac crest in young patients is well-tolerated, allow early resumption of normal activities, has no morbidity and a reasonable esthetic outcome.

Keywords: cleft, alveolar bone grafting

OP-44

USING OF INTRAOPERATIVE C -ARM DIGITAL RADIOGRAPHY FOR REMOVING OF LOST ORTHODONTIC BRACKET DURING ORTHOGNATHIC SURGERY: REPORT OF A RARE CHALLENGING CASE

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Preoperative orthodontic is an essential phase for about all orthognathic surgeries. It can facilitate surgical repositioning of bony segments by increasing of dental discrepancies. Correction of dentoalveolar inclinations improves surgeons' ability to proper repositioning of osteotomized bony compartments. Adequate post operative dental occlusion may have effective influences on post operative surgical relaps. Banded and bonded brackets are routinely used in orthodontic treatments. They are useful fixation device for temporary intermaxillary fixation intraoperatively and also for final maxillomandibular fixation and elastic therapy. Both brackets have their own advantage and disadvantages. Bonded brackets offers improved periodontal health and patients comfort. Chance of debonding and failure might be greater during orthognathic surgical procedures. Failure and dislodgment of orthodontic brackets into the airway route or surgical wound could be associated with high risk of contamination, severe complications and medico legal consequences. Displacement of debonded bracket into the surgical osteotomy site is extremely rare. In this presentation author will report a rare challenging case and using of C - arm digital radiography for removing of dislodged orthodontic bracket intraoperatively. Technique of management and surgico-radiographic approach will report by illustrative slides.

Keywords: orthognathic, complications, c-arm radiography

OP-45

DESIGN AND PRODUCTION OF A NOVEL COMPUTER ASSISTED, PATIENT SPECIFIC SAGITTAL SPLIT OSTEOTOMY GUIDE AND SOFT TISSUE RETRACTOR

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Sagittal split osteotomy (SSO) is a maxillofacial surgery procedure that is used to correct mandibular prognathism, mandible retrusion or asymmetry. During the SSO operation, using the sharp rotary tools for

the osteotomy can induce complications mostly during the osteotomy of the medial side of the mandibular ramus. In this study, to decrease the SSO complications, it was aimed to design and product a novel computer assisted, patient specific sagittal split osteotomy guide and soft tissue retractor. To achieve this goal first, computed tomography images of a human cadaveric mandible were digitally converted into a three dimensional (3D) model. Then, a case-specific 3D model of the product was designed onto the surface of the cadaveric mandible by taking both the osteotomy line and geometric dimensions of the mandible into consideration. Finally, created 3D model of the product were manufactured using the metal laser sintering method. This instrument would be used to ensure that the osteotomy, which is planned in the computer-aided preoperative preparations, is applied correctly in the operation. The use of that instrument during the SSO would shorten the operation duration and time need for the general anesthesia which results in less time for the exposure to the bacterial contamination. It would also reduce the complications and the operation costs due to shorter operation time, as well as the corticosteroid need given for the edema control. The postoperative hospitalization period and the increase of the healing process would also be decreased.

Keywords: sagittal split osteotomy, patient specific sagittal split osteotomy guide, soft tissue retractor, laser sintering

OP-46

MAXILLARY ANTERIOR SEGMENTAL OSTEOTOMY: A META ANALYSIS OF THE LITERATURE WITH THE CONCURRENT 16 CASES

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AIM: To evaluate predictability, complications and patient satisfaction of anterior maxillary segmental osteotomy (ASO).

MATERIAL-METHODS: A web based literature research was performed in Pubmed, Ovid and Medline databases in terms of maxillary anterior segmental osteotomy, wunderer approach, wasmund osteotomy, complication, patient satisfaction and follow-up. In addition 16 consecutive cases that treated authors' departments were evaluated in the same manner.

RESULTS: A total number of 126 articles were evaluated. Palatal tear (7.2%), devitalization of adjacent teeth (0.4%), non-union (0.4%), periodontal problems (2%), oro-nasal communication (0.1%), temporary neurosensory deficit (1.6%) were the main complications of ASO. In the consecutive cases of authors' departments periodontal problem (12.5%) and insufficient esthetical appearance were noted (6%).

CONCLUSION: Although it's safe and predictable procedure, the awareness of complications during ASO is important.

Keywords: complication, facial correction, maxillary anterior segmental osteotomy, meta analysis