Endoscopically Guided Maxillary Osteotomy

Jaquinet A., Richter M.

Department of Maxillofacial Surgery, Hôpital Cantonal Universitaire, Geneva, Switzerland

Several techniques for approaching the craniofacial skeleton have been described. We present four cases of maxillary transverse discrepancies treated by surgically assisted, rapid maxillary expansion, performed by means of endoscopic control. Special attention is given to the use of an endoscope to increase accuracy of osteotomy lines, and the possibility to teach via a television screen. The small access incisions result in lesser postoperative oedema, improve the patient's comfort and provide more safety for those patients who are ambulatory.

Functional Results in Noma Surgery

Jaquinet A.R., Pittet B. M., Montandon D., Richter M.

Department of Reparative Surgery, Hôpital Cantonal Universitaire, Geneva, Switzerland

In Geneva from 1989 to 1993, 40 Nigerian paediatric patients underwent reconstructive facial procedure in order to treat Noma sequelae. We mainly use temporogaleal combined with latissimus dorsal flaps. In 1994 and 1995, the surgeons controlled the patients in their home environment in Niger. Functional evaluation of masticatory performance was made. Special attention was given to the social implication of an overseas treatment.

Immediate Reconstruction of Mandible with Reimplantation of Frozen-Treated Autogenous Mandibular Bone via Intraoral Route

Jeon J.-H.

Department of Oral and Maxillofacial Surgery, Chungnam National University Hospital, Taejun, South Korea

Currently there are various approaches for reconstructing mandibular discontinuity defect with autogenous bone grafts. But none are universally successful. Each method for reconstructing the resected mandible has some physiologic and technical advantages or disadvantages. Immediate reimplantation of resected mandibular bone has been carried out following extracorporal treatment such as heating, freezing or irradiation. In our department, we have experienced immediate mandibular reconstruction using frozen-treated autogenous mandibular bone combined with or without particulate cancellous bone and marrow (PCBM), and obtained good postoperative results since 1988. This report describes 4 cases of immediate mandibular reconstruction with reimplantation of frozen-treated autogenous mandibular bone combined with PCBM via intraoral approach.

Carcinoma Ex PSA: A 10-Year Experience

Jones D.C., Patel M., Beirne C., Vaughan E.D., Brown J.S., Woolgar J.

Regional Maxillofacial Unit, Walton Hospital, Liverpool, UK

Carcinoma Ex PSA is an uncommon malignant tumour with a poor overall prognosis. Seventy-eight malignant salivary gland tumours have been treated at the Regional Maxillofacial Unit in the past 10 years. Fourteen of these were histologically proven carcinoma Ex PSA (17.9%). The age range was 38–82 years with a mean age of 62 years. There were an equal number of male and female patients. Most tumours arose from the major salivary glands (parotid = 8, submandibular = 5), with 1 tumour arising in a minor gland of the palate. Of the 14 patients, 11 underwent neck dissection as part of their primary treatment and 9 were found to have positive nodes. In this small series, even with radical surgery followed by radiotherapy, the prognosis remains poor. This emphasizes the early management of any mass arising within a major salivary gland.

Craniofacial Malformation after Nuclear Exposure In Utero: The Unique Case of Berik

Josca R., Sailer H.F.

Department of Cranio-Maxillofacial Surgery, University Hospital Zürich, Zürich, Switzerland

A monstrous malformation is described in a 16-year-old boy whose mother was exposed to nuclear radiation during pregnancy. The boy is blind because of a glaucoma. He is also suffering from hypertension and chronic nephritis and colitis. The malformations are restricted especially to the face and head. The right side is more involved than the left one; there is an enormous overdevelopment of facial skin in the forehead and temporal area of the eyelids and the cheeks, especially the right one. The malformation samples show a monstrous neurofibromatosis or a Proteus syndrome.

The Vascularized Iliac Crest and Bone Graft Anatomy, Indications and Results

Kärcher H.

Department of Oral and Maxillofacial Surgery, University of Graz, Graz, Austria

The anatomy of the vascularized iliac crest was first published by Taylor et al. (1979) and Mayou (1979). The surgical approach has not changed a lot since then. The fibula can be harvested by different approaches. I prefer the lateral approach (Gilbert, 1979). The indications for the vascularized iliac crest are first of all defects after tumour surgery, but also after osteoradionecrosis, after trauma, patients with hemi-facial microsomia, patients with extreme atrophied mandible and maxilla. The first vascularized augmentation of a mandibular atrophy with an iliac crest was performed 1985 (Kärcher et al. 1986). The fibular bone has its major indication as augmentation procedure. Since 1994 we have used it for augmentation of the maxilla and the mandible (Kärcher, 1995).

Surgical Approach of Facial Tumours Extended to the Skull Base

Karabouta I., Tsodoulos S., Drevelengas A.

Department of Oral and Maxillofacial Surgery, Dental School University of Thessaloniki, Thessaloniki, Greece

In this paper the surgical approach to treatment of facial tumours, which are extended to the skull base, is presented.