with this described method, 28 patients either with mini- or microscrews or treated with the new screw-miniplate combination plate described by Ewers et al.[1]

Reference

1. *Ewers, R., M. Rasse, Ch. Kermer.* The combination of a screw with a miniplate for the therapy of dislocated collum fractures *Rev. Stomatol. Chir. Maxillofac.* XXXII Congress 1–5 October (1991) 208–209

Monomaxillary Stabilization of the Segmented Maxilla by Means of Splints

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Introduction: The transverse stability of a segmented Le Fort I osteotomy can be secured by means of rigid osteosynthesis, postoperative intermaxillary fixation, Goshgarian appliance, splints and combinations of these methods. The present retrospective study compares the dentoalveolar and skeletal stability obtained with monomaxillary stabilization by means of a splint with the stability obtained with a Goshgarian appliance and postoperative intermaxillary fixation.

Material and Methods: The stability of surgical maxillary expansion obtained by a paramedian sagittal division of the maxilla following down-grafting was studied in 30 patients treated with Goshgarian device and postoperative intermaxillary fixation for a period of 6 weeks and in a group of 20 patients treated with monomaxillary stabilization of the maxilla with a reinforced splint, without postoperative intermaxillary fixation. Dental casts and occlusal photographs were used for this investigation.

Results: In the group treated with splints, expansion up to 6 mm showed a predictable relapse of 15% between the first molars, whereas the relapse rate in more important expansions did not exceed 25%. In the group treated with Goshgarian and intermaxillary fixation, the stability was less predictable.

Conclusion: Monomaxillary stabilization of the expanded maxilla is predictable and permits avoidance of postoperative intermaxillary fixation. However, over correction should be planned as a function of the degree of expansion. The criteria for success are uncomplicated bone healing and dentoalveolar stability in that a cross bite does not occur.

Long-term Results following Mandibular Alveolar Ridge Augmentation using Calvarial Bone in Combination with Enosseous Implants

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Preprosthetic surgery of the mandible has changed due to the routine use of enosseous implants. Interforaminary placement of implants is almost technically possible and allows retention of a prosthesis. This, however, cannot be regarded as an optimal solution in cases of extremely atrophic mandibles with the risk of fracture or pressure damage to the mental nerve. Since 1991, we have been using a new method for these cases. Following experimental studies, we augment the extreme atrophic mandible with calvarial bone in combination with enosseous implants. To date we have reconstructed the extremely atrophic mandible of 31 patients using this technique. The results of our experience up to 48 months are presented. The postoperative results, and in particular the rate of bone resorption, was determined utilizing standardized radiographic techniques and clinical examinations. The implant mobility was assessed with the Periotest-instrument. The implant based prosthesis was usually retained very satisfactorily leading to a high degree of patients' satisfaction. Radiographic review at regular intervals revealed a resorption of 19.5% in the anterior region which amount to 1–2 mm resorption in absolute terms. The resorption in the premolar area did amount to 26% during the same period. The highest resorption rate was observed during the first 6 months. On the basis of minimal donor site morbidity, the excellent results and patient satisfaction we now prefer this new technique to all other methods. Of course further monitoring of the patients is necessary.

Epithelial Salivary Gland Tumours: A Study of 1225 Cases

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Salivary gland tumours are relatively uncommon; few large and homogeneous series are reported from a single institution. Since 1960 to date, the Department of Stomatology and Maxillofacial Surgery, Pitié-Salpêtrière Hospital, has accumulated 1258 tumours which arose in the major and intra-oral salivary glands; of these, 1225 were primary epithelial tumours and these formed the basis of the present study. All cases were reviewed according to the recent WHO classification and classified histologically as benign or malignant type and anatomic site. The parotid was the most often involved gland (665 patients), of which 429 pleomorphic adenomas were encountered (64.5%). The intraoral salivary tumours formed the second largest group (434 patients). The malignant tumours were more common in these sites (55.5%), particularly the adenoid cystic and mucoepidermoid carcinomas (27.9% and 21.4%). In the submandibular glands, 58% of the tumours were benign. The relative incidence and the location of various tumour types are compared with those reported in other series.

Osteogenesis in Bio–Oss® – Comparison of Spongiosa Granules with Spongiosa Block

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Theme: Bio–Oss® is an effective osteoinductive bone replacement material. It is available in the form of either block of granular spongiosa. The influence of the form of the material on the osteogenetic potential has been investigated in an animal experiment.

Material and Methods: Bio–Oss® granular spongiosa and spongiosa block was implanted unilaterally in 4 mm drill hole defects in distal femurs of 47 chinchilla rabbits. The