

Review of craniofacial surgery

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Craniofacial surgery is highly specialized branch of plastic and reconstructive surgery which generally deals with the rearrangement of deformities of the face and skull.

There are various conditions which affects the face and skull. It may be hereditary, accidental or any disease condition. Craniofacial surgery generally focused on the complex reconstruction of jaw bone, eye sockets, skull and soft tissues of the face.

When a person go through craniosynostosis, facial clefts, jaw deformities, head and neck cancer, facial palsy, snoring and obstructive sleep apnoea, neurofibroma, fibrous dysplasia, Romberg's disease etc. like conditions are treated by craniofacial surgeon. The craniofacial surgery performed by a highly trained group of specialist doctors. That group consists of –

- Craniofacial and plastic surgeon
- Neurosurgeon
- Ophthalmologist
- Speech pathologist
- Paediatric and neuroanesthetist
- Neuropsychiatric
- Specialist plastic surgery nurse

The goal of this surgery included recreation of the dysmorphogenesis and prevention of functional dysfunction like mental retardation and visual disturbances. As per European statistics, the cases of common craniosynostosis average 1:2200 live births and the cases of faciocraniosynostosis average 1:150000 live births. Although a few cases of craniosynostosis clearly are familial, but generally most are sporadic. The pathogenesis of craniosynostosis is premature fusion of the sutural system of a growing skull.

If we compared faciocraniosynostosis and craniosynostosis, the facial involvement in pure craniosynostosis is limited to the forehead and orbital region and the faciocraniosynostosis related with midface hypoplasia characterized by malocclusion. Not in all cases craniosynostoses or faciocraniosynostoses present at the time of birth but in most of the cases craniosynostoses are

congenital and present at the time of birth as a result of fetal sutural problem. Genuine oxycephaly and Crouzon's disease are delayed condition in which deformities appearing after 3-4 years of age and in this type of

cases, the skull is different and the functional consequences like increased intracranial pressure or visual impairment.

Now days due to improve in science and technology this type of surgery can performed on body which is also safe. In children due to advance in anesthetic practices, well trained and experienced paediatric and neuro anesthesia teams and excellent paediatric ICU services. The minimum age of a child is 3 months for this type of surgery. Both anterior and posterior cranial remodeling before 1 year of age and a good psychosocial environment are associated with a more favorable mental outcome.

This type of surgery not very painful as this surgery carried out by applying general anesthesia and after surgery for acute pain doctors prescribe different types of pain killer. The recovery time depends upon the type of procedure the patient had undergone. Basically if patient have undergone a daycare procedure, the recovery time is short and patient might be able to go back to normal activities in a couple of days.

After development in technology and facility, also found some complication at the time of surgery and after surgery. The perioperative mortality rate now days approximately 1% and it is depends upon the types of procedures performed. The major complications are –

- Bleeding
- Coma
- Blindness
- Meningitis
- Intracranial hematoma
- Hydrocephalus

The above mentioned complications can be reduced by appropriate preoperative planning and an excellent experienced surgical team. Before surgery some preoperative evaluation of craniofacial patient carried out like-

- Study of the morphological ability
- Calculation of functional risks
- Identification of associated malformations e.g.,cardiac, cerebral
- CT scan and MRI scan carried out incase of brain abnormalities and in all syndromic patients
- Classification of any existing syndrome

As per a recent reports of International Society of

Craniofacial Surgery (ISCFS) indicated a range of 0-2% mortality rate.

Conclusion

In before craniofacial surgery was performed in adults to treat deformities but the success rate in adult inspire surgeon to performed surgery at childhood and they found that, they are getting better results and follow less complicated method. Surgery performed in early childhood obviates many of the problems that usually found in untreated adults. The reason behind this is, greater plasticity of tissue of children allows for significant remodeling which is generally not observed in adult tissues.