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Volumetric analysis of pharyngeal airway of 141 individuals who underwent orthognathic surgery

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Introduction: Facial deformities (FD) may be defined as defects in the growth and development of the maxilla and mandible. It may affect the function or development of related systems. Orthognathic surgery is the procedure of choice for the treatment of FD and it may affect the pharyngeal airway.

Objective: The aim of this study was to retrospectively evaluate, the changes in the dimensions of the pharyngeal airway space after orthognathic surgery, using a volumetric analysis.

Materials & Methods: Pre and post-operative volumetric and area measurements were done by the use of cone beam computed tomography (CBCT) and Dolphin Imaging 11.7 of 141 individuals who underwent orthognathic surgery. The subjects were divided into 5 groups according to the type of surgery: Group 1: isolated bilateral sagittal split ramus osteotomy (31 individuals); Group 2: isolated intraoral vertical ramus osteotomy (6 individuals), Group 3: Le Fort I osteotomy associated with bilateral sagittal split ramus osteotomy (12 individuals); Group 4: isolated Le Fort I osteotomy (80 individuals); Group 5: Le Fort I osteotomy associated with intraoral vertical ramus osteotomy (12 individuals). The data were analyzed by the ANOVA Test.

Results: In mandibular advancement (Group 1), maxillo/mandibular advancement (Group 3) and maxillary advancement (Group 4), the area and volume of the pharyngeal airway showed statistically significant increase. Group 2 (mandibular setback by IVRO osteotomy) showed no statistically significant decrease in the area and volume of the pharyngeal airway and Group 5 showed no statistically significant increase in all parameters studied, except the nasopharynx which showed decrease not statistically significant.

Conclusion: The pharyngeal airway space after orthognathic surgery will change according to the direction of the movements performed in the jaws.

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Restoration of ulnar nerve palsy hand

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Nasal deformities are synonymous to leprosy and give the cosmetic deformity and breathing problems. The surgeons have tried various bone grafts, fat grafts, full thickness skin grafts, silicon grafts with variable results. We have tried 2nd meta tarsal bone as a graft in moderately depressed nose and local facial flaps to cover the nasal fistula. 107 cases of depressed nose and 81 fistulas were operated during last 30 years. The long-term results of these cases evaluated and the nose shape is found very close to normal. The other cosmetic and functional problems were also satisfactory to the patients. This paper will discuss the long-term results in comparison to other procedures.

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