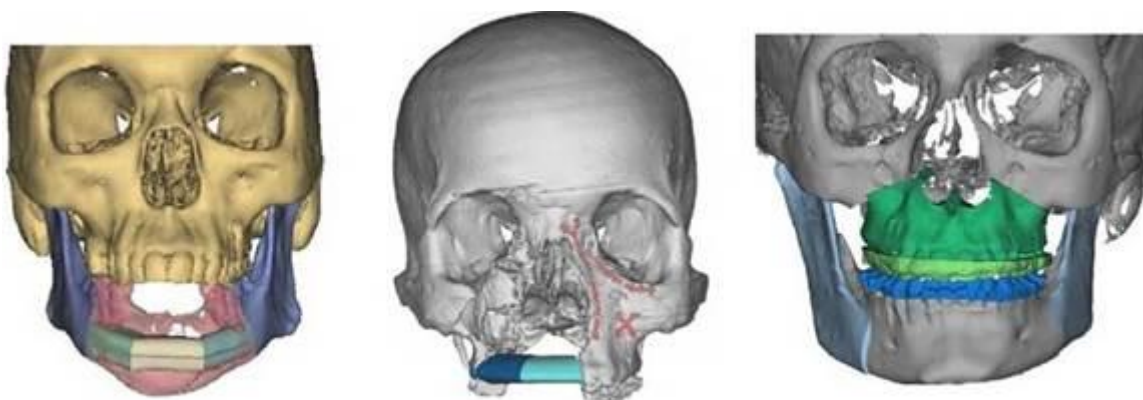


Oral & Maxillofacial Surgery

Evidence Update



January 2018
(Bimonthly)

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.



Lunchtime Drop-in Sessions

All sessions last one hour

January (13.00-14.00)	
4th (Thu)	Statistics
8th (Mon)	Literature Searching
18th (Thu)	Critical Appraisal
24th (Wed)	Statistics
February (12.00-13.00)	
1st (Thu)	Literature Searching
9th (Fri)	Critical Appraisal
12th (Mon)	Statistics
20th (Tue)	Literature Searching
28th (Wed)	Critical Appraisal

Your Outreach Librarian- Jo Hooper

Whatever your information needs, the library is here to help. As your Outreach Librarian I offer **literature searching services** as well as training and guidance in **searching the evidence** and **critical appraisal** – just email me at library@uhbristol.nhs.uk

Outreach: Your Outreach Librarian can help facilitate evidence-based practise for all in the oral and maxillofacial surgery team, as well as assisting with academic study and research. We can help with **literature searching, obtaining journal articles and books**, and setting up individual **evidence update alerts**. We also offer one-to-one or small group training in **literature searching, accessing electronic journals, and critical appraisal**. Get in touch: library@uhbristol.nhs.uk

Literature searching: We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a one-to-one session where we can guide you through the process of creating a well-focused literature research and introduce you to the health databases access via NHS Evidence. Please email requests to library@uhbristol.nhs.uk

Contents

Your Outreach Librarian- Jo Hooper	2
Latest Evidence	4
NICE National Institute for Health and Care Excellence	4
	4
	4
Recent Database Articles on Oral and Maxillofacial Surgery.....	5
Oral surgery	5
Bisphosphonate-related osteonecrosis of the jaw	10
Maxillofacial	15
Cleft lip and palate	34
Journal Tables of Contents.....	38
British Journal of Oral and Maxillofacial Surgery	38
Head and Neck	38
Oral Surgery	38
Oral Surgery Oral Medicine Oral Pathology Oral Radiology	38
The Cleft Palate-Craniofacial Journal	38
Departmental News	39
News, Research, Conferences, Training etc.....	39
Library Opening Times	40

Latest Evidence

NICE National Institute for
Health and Care Excellence

[Lip and Oral Cavity Cancer Treatment \(Adult\) \(PDQ®\)–Health Professional Version](#)

Source: [National Cancer Institute, USA](#) - 12 January 2018

[Salivary Gland Cancer Treatment \(Adult\) \(PDQ®\)–Health Professional Version](#)

Source: [National Cancer Institute, USA](#) - 12 January 2018

[Oropharyngeal Cancer Treatment \(Adult\) \(PDQ®\)–Health Professional Version](#)

Source: [National Cancer Institute, USA](#) - 12 January 2018

[Hypopharyngeal Cancer Treatment \(Adult\) \(PDQ®\)–Health Professional Version](#)

Source: [National Cancer Institute, USA](#) - 12 January 2018

[Clinical efficacy and effectiveness of 3D printing: a systematic review](#)

Source: [PubMed](#) - 21 December 2017 - Publisher: Bmj Open

[Bisphosphonates in multiple myeloma: an updated network meta-analysis](#)

Source: [Cochrane Database of Systematic Reviews](#) - 18 December 2017

[Patient understanding of commonly used oral medicine terminology](#)

01 December 2017 - Publisher: British Dental Journal



[Supportive periodontal therapy \(SPT\) for maintaining the dentition in adults treated for periodontitis](#)

Online Publication Date: January 2018

[Periodontal therapy for the management of cardiovascular disease in patients with chronic periodontitis](#)

Online Publication Date: November 2017

UpToDate®

OpenAthens login required. Register here: <https://openathens.nice.org.uk/>

[Congenital anomalies of the jaw, mouth, oral cavity, and pharynx](#)

Literature review current through: Dec 2017. | This topic last updated: Oct 20, 2017.

[Oral toxicity associated with chemotherapy](#)

Literature review current through: Dec 2017. | This topic last updated: Nov 17, 2017

Recent Database Articles on Oral and Maxillofacial Surgery

Below is a selection of articles on oral and maxillofacial surgery recently added to the healthcare databases, grouped into the following categories:

- Oral surgery
- Bisphosphonate-related osteonecrosis of the jaw
- Maxillofacial
- Cleft lip and palate

If you would like any of the following articles in full text, or if you would like a more focused search on your own topic, then get in touch:

library@uhbristol.nhs.uk

Oral surgery

Effects of preoperative oral carbohydrate therapy on perioperative glucose metabolism during oral- maxillofacial surgery: randomised clinical trial.

Author(s): Esaki, Kanako; Tsukamoto, Masanori; Sakamoto, Eiji; Yokoyama, Takeshi

Source: Asia Pacific journal of clinical nutrition; 2018; vol. 27 (no. 1); p. 137-143

Publication Type(s): Journal Article

Available at [Asia Pacific journal of clinical nutrition](#) - from EBSCO (MEDLINE Complete)

Abstract:BACKGROUND AND OBJECTIVESPreoperative oral carbohydrate therapy has been suggested to attenuate postoperative insulin resistance. The purpose of this study was to investigate the effect of a carbohydrate-rich beverage given preoperatively on intraoperative glucose metabolism. **[ABSTRACT EDITED]**

Furthering Precision in Sentinel Node Navigational Surgery for Oral Cancer: a Novel Triple Targeting System.

Author(s): Chand, Manish; Keller, Deborah S; Devoto, Laurence; McGurk, Mark

Source: Journal of fluorescence; Jan 2018

Publication Type(s): Journal Article

Abstract:To describe an innovative sentinel lymph node (SLN) guidance approach using a radionuclide tracer, 3D augmented reality-guided imaging, and near infrared (NIR) fluorescence over-lay imaging with hand-held probes to optimize accuracy, efficiency, and precise navigation for sentinel node (SN) localization in head and neck cancer. In a cT1N0M0 squamous cell carcinoma of the tongue, pre-operative radionuclide lymphoscintigraphy was performed with a sentinel node-specific radiolabeled tracer. Intraoperatively, a 3D hand-held augmented reality (AR) scanning SPECT probe assessed concordance of the SN with pre-operative SPECT-CT images. The real-time optical video was linked to the SPECT-CT images for added precision. Final guidance to the SN was performed using ICG fluorescence imaging. Dynamic and SPECT-CT showed bilateral lymphatic drainage from the tumor. The 3D hand-held AR SPECT probe SN localization was concordant with

pre-operative imaging. The optical video successfully demonstrated the lymphatic drainage in real-time through a unique overlay fluorescence image. The ICG localized to the same nodes identified by both the SPECT-CT and hand-held SPECT images. The use of dual radiation and fluorescence tracers improved SN detection, especially for SN close to the injection site. The hand-held probes allowed the surgeon to dissect continuously, without needing to change tools. The combination of augmented reality, nuclear medicine, and over-lay fluorescence imaging allowed greater accuracy for matching the preoperative imaging with intraoperative identification and precisely guiding the dissection. This method uniquely permitted the surgeon to efficiently dissect the SN with accurate visualization and optimal precision.

How do oral and maxillofacial surgeons manage concussion?

Author(s): Hammond, D; Welbury, R; Sammons, G; Toman, E; Harland, M; Rice, S

Source: The British journal of oral & maxillofacial surgery; Jan 2018

Publication Type(s): Journal Article

Abstract: Craniofacial trauma results in distracting injuries that are easy to see, and as oral and maxillofacial surgeons (OMFS) we gravitate towards injuries that can be seen and are treatable surgically. However, we do tend not to involve ourselves (and may potentially overlook) injuries that are not obvious either visually or radiographically, and concussion is one such. We reviewed the records of 500 consecutive patients who presented with facial fractures at the Queen Elizabeth Hospital, Birmingham, to identify whether patients had been screened for concussion, and how they had been managed. **[ABSTRACT EDITED]**

Treatment modalities and risk factors associated with refractory neurosensory disturbances of the inferior alveolar nerve following oral surgery: a multicentre retrospective study.

Author(s): Hasegawa, T; Yamada, S I; Ueda, N; Soutome, S; Funahara, M; Akashi, M; Furuno, S

Source: International journal of oral and maxillofacial surgery; Jan 2018

Publication Type(s): Journal Article

Abstract: Little research has been conducted into hypoesthesia, and no studies have elucidated the risk factors for refractory hypoesthesia and compared treatment modalities. The purpose of this multicentre retrospective cohort study was to investigate the relationships between various risk factors, treatment modalities, and refractory hypoesthesia. **[ABSTRACT EDITED]**

Three-dimensional Printing in Reconstructive Oral and Maxillofacial Surgery.

Author(s): Prasad, T Srinivasa; Sujatha, Govindarajan; Muruganandhan, Jayanandan;

Source: The journal of contemporary dental practice; Jan 2018; vol. 19 (no. 1); p. 1-2

Publication Type(s): Journal Article

Abstract: Three-dimensional (3D) printing involves the process of constructing a 3D solid object from a digital file. Charles Hull was the first to introduce 3D printer in 1983 by using the technique of stereolithography.¹ Since the 1990s 3D printing has gained attention in the field of medicine where more precision is required and has largely replaced the traditional technique in prosthetic works.^{2,3.}

Genetic analysis of surgical margins in oral cavity cancer.

Author(s): Liu, S A; Wang, C C; Jiang, R S; Wang, W Y; Lin, J C

Source: The British journal of surgery; Jan 2018; vol. 105 (no. 2); p. e142

Publication Type(s): Journal Article

Abstract:BACKGROUND A histological, tumour-free surgical margin does not guarantee recurrence-free survival in patients with cancer. This study investigated the association between microsatellite alteration in tumour-free surgical margins and local recurrence in patients with oral cavity squamous cell carcinoma. **[ABSTRACT EDITED]**

Postoperative nausea and vomiting after oral and maxillofacial surgery: a prospective study.

Author(s): Dobbeleir, M; De Coster, J; Coucke, W; Politis, C

Source: International journal of oral and maxillofacial surgery; Jan 2018

Publication Date: Jan 2018

Publication Type(s): Journal Article

PubMedID: 29301675

Abstract:Postoperative nausea and vomiting (PONV) is one of the most unpleasant experiences after surgery. It reduces patient satisfaction and also increases hospital costs due to longer hospitalizations. The aim of this prospective study was to determine whether orthognathic surgery is associated with more PONV than less invasive maxillofacial surgery. **[ABSTRACT EDITED]**

Surgical Management of Oral Cancer.

Author(s): Shanti, Rabie M; O'Malley, Bert W

Source: Dental clinics of North America; Jan 2018; vol. 62 (no. 1); p. 77-86

Publication Type(s): Journal Article Review

Abstract:Today, most head and neck cancer subsites, such as the larynx, hypopharynx, nasopharynx, and oropharynx, are treated with radiation therapy with or without chemotherapy as a primary treatment modality. Surgery is reserved for the salvage of recurrent tumors that occur within the head and neck in the absence of distant (ie, lung, liver) metastasis. However, unlike all other head and neck subsites, oral cancer should ideally be managed with primary surgery with the possibility of adjuvant radiation therapy with or without chemotherapy depending on the presence of certain high-risk pathologic features.

Oral surgery in patients under antithrombotic therapy: perioperative bleeding as a significant risk factor for postoperative hemorrhage.

Author(s): Rocha, Amanda L; Souza, Alessandra F; Martins, Maria A P; Fraga, Marina G

Source: Blood coagulation & fibrinolysis : an international journal in haemostasis and thrombosis; Jan 2018; vol. 29 (no. 1); p. 97-103

Publication Type(s): Journal Article

Abstract: To investigate perioperative and postoperative bleeding, complications in patients under therapy with anticoagulant or antiplatelet drugs submitted to oral surgery. To evaluate the risk of bleeding and safety for dental surgery, a retrospective chart review was performed. **[ABSTRACT EDITED]**

HIV and the oral and maxillofacial surgeon

Author(s): Hills A.; Chadha A.; Fan K.

Source: British Journal of Oral and Maxillofacial Surgery; Dec 2017; vol. 55 (no. 10)

Publication Type(s): Conference Abstract

Abstract:Background: The operating room poses the greatest risk for injury for blood borne pathogens, with needle stick injuries the most common type of exposure, but splash and other percutaneous exposures also representing additional hazards. It is known that surgical trainees having the greatest risk of exposure due the nature of their training, working with sharp instruments whilst learning technically challenging skills overlong hours. With the current incidence of Human Immunodeficiency Virus (HIV) positive patients in the UK estimated to be 103, 700 and increasing, it brings with it an increased risk of exposure to HIV infection to the OMFS surgeon. This is confounded by the fact that approximately 18, 100 (17%) people living with HIV in the UK being unaware of their HIV infection, and therefore are not receiving treatment, increasing the transmission risk. Objectives:We explored the opinions of OMFS surgeons within the UK on managing the HIV positive OMFS patient **[ABSTRACT EDITED]**

Surgical simulation training in patient specific mandibular reconstruction: A pilot training model for oral and maxillofacial surgery trainees

Author(s): Ali R.; Feeney L.; Shekar V.; Shekar K.; Taylor R.

Source: British Journal of Oral and Maxillofacial Surgery; Dec 2017; vol. 55 (no. 10)

Publication Type(s): Conference Abstract

Abstract:Background: Advanced mandibular reconstruction can utilise computer design and 3D printing to fabricate custom cutting guides and implants. Trainees rarely have the opportunity to learn the practical skills of advanced reconstruction techniques outside of patient care.We demonstrate a novel surgical simulation model which provides this learning opportunity. Aim: We present a unique 3-D advanced simulation surgery model for Maxillofacial trainees to allow hands-on understanding of advanced mandibular reconstruction. This utilised CAD/CAM additive manufacture technology and simulation surgery, including laser sintered titanium plates. **[ABSTRACT EDITED]**

Laser for bone healing after oral surgery: systematic review

Author(s): Noba C.; Moura-Netto C.; Mello-Moura A.C.V.; Gimenez T.; Tedesco T.K.

Source: Lasers in Medical Science; Dec 2017 ; p. 1-8

Publication Type(s): Article In Press

Abstract:The purpose of this study is to perform a systematic review on the use of lasers in oral surgery for bone healing. Selection of articles was carried out by two evaluators in Pubmed and Web of Science databases for published articles and OpenGray for gray literature. Search strategy was developed based on the PICO Question "Does the use of lasers after oral surgery improve bone healing?". Eligibility criteria were: being on laser; evaluate bone healing; involve oral surgery; do not be about implant, periodontics, orthodontics, osteonecrosis or radiotherapy, nor revisions, clinical cases, etc. **[ABSTRACT EDITED]**

Oral surgery II: Part 6. Oral and maxillofacial trauma.

Author(s): Durham, J; Moore, U J; Hill, C M; Renton, Tara

Source: British dental journal; Dec 2017; vol. 223 (no. 12); p. 877-883

Publication Type(s): Journal Article

Abstract:Oral and maxillofacial trauma can range from an avulsed tooth as a result of a simple fall, to pan-facial injuries in the context of a polytraumatised patient involved in a road traffic accident. Regardless of aetiology, similar principles apply to all oral and maxillofacial injuries, and this chapter broadly outlines the more common forms of oral and maxillofacial trauma and the options available

for their management. Throughout the chapter all references and values are for adult patients unless indicated.

Effects of deep sedation under mechanical ventilation on cognitive outcome in patients undergoing surgery for oral and maxillofacial cancer and microvascular reconstruction.

Author(s): Terada, Y; Inoue, S; Konda, M; Egawa, J; Ueda, J; Kirita, T; Kawaguchi, M

Source: Medicina intensiva; Dec 2017

Publication Type(s): Journal Article

Abstract:OBJECTIVECognitive impairment after intensive care unit (ICU) admission is becoming increasingly recognized. High-dose deep sedation has been suggested to play an important role in the development of cognitive impairment. However, the impact of heavy sedation as a single cause in the development of cognitive impairment in ICU patients remains unclear. In this study we investigated whether a three-day deep sedation protocol could reduce cognitive function in mechanically ventilated non-critical patients. **[ABSTRACT EDITED]**

Oral surgery II: Part 5. Chronic orofacial pain.

Author(s): Renton, T

Source: British dental journal; Dec 2017; vol. 223 (no. 11); p. 826-836

Publication Type(s): Journal Article

Abstract:Chronic orofacial pain syndromes represent a diagnostic challenge for any practitioner. Patients are frequently misdiagnosed or attribute their pain to a prior event such as a dental procedure, ENT problem or facial trauma. Psychiatric symptoms of depression and anxiety are prevalent in this population and compound the diagnostic conundrum. Treatment is less effective than in other pain syndromes and thus often requires a multidisciplinary approach to address the many facets of these conditions.

Pain measurement in oral and maxillofacial surgery.

Author(s): Sirintawat, Nattapong; Sawang, Kamonpun; Chaiyasamut, Teeranut; **Source:** Journal of dental anesthesia and pain medicine; Dec 2017; vol. 17 (no. 4); p. 253-263

Publication Type(s): Journal Article Review

Available at [Journal of dental anesthesia and pain medicine](#) - from nih.gov

Abstract:Regardless of whether it is acute or chronic, the assessment of pain should be simple and practical. Since the intensity of pain is thought to be one of the primary factors that determine its effect on a human's overall function and sense, there are many scales to assess pain. The aim of the current article was to review pain intensity scales that are commonly used in dental and oral and maxillofacial surgery (OMFS). **[ABSTRACT EDITED]**

Definition of "Close Margin" in Oral Cancer Surgery and Association of Margin Distance With Local Recurrence Rate.

Author(s): Tasche, Kendall K; Buchakjian, Marisa R; Pagedar, Nitin A; Sperry, Steven M

Source: JAMA otolaryngology-- head & neck surgery; Dec 2017; vol. 143 (no. 12); p. 1166-1172

Publication Type(s): Journal Article

Available at [JAMA otolaryngology-- head & neck surgery](#) - from EBSCO (MEDLINE Complete)

Versatility of Modified Nasolabial Flap in Oral and Maxillofacial Surgery.

Author(s): Mitra, Geeti Vajdi; Bajaj, Sarwpriya Sharma; Rajmohan, Sushmitha; Motiwale, Tejas

Source: Archives of craniofacial surgery; Dec 2017; vol. 18 (no. 4); p. 243-248

Publication Type(s): Journal Article

Available at [Archives of craniofacial surgery](#) - from nih.gov

Abstract:BackgroundTo evaluate the versatility and reach of modified nasolabial flap used in reconstruction of defects created in and around the oral cavity. **[ABSTRACT EDITED]**

Bisphosphonate-related osteonecrosis of the jaw

Effect of different doses and durations of teriparatide therapy on resolution of medication-related osteonecrosis of the jaw: A randomized, controlled preclinical study in rats

Author(s): Zandi M.; Zandipoor N.; Doulati S.; Dehghan A.; Amini P.

Source: Journal of Cranio-Maxillofacial Surgery; 2018

Publication Type(s): Article In Press

Abstract:Objective: To evaluate the effects of different doses and durations of teriparatide therapy on MRONJ resolution in rats. Subjects and methods: A total of 120 rats that had been affected with MRONJ (after six weekly zoledronate injections and tooth extraction) were randomly divided into eight subgroups: 2, 10, and 20 mug/kg/day teriparatide were administered to L4, M4, and H4 for 4 weeks, and to L8, M8, and H8 for 8 weeks, respectively. C4 and C8 received saline for 4 and 8 weeks, respectively. One week after the final injection, rats were sacrificed and assessed clinically (bone exposure/fistula) and histologically (number of osteocytes in extraction socket and empty lacunae in alveolar bone). **[ABSTRACT EDITED]**

SIRT1/HERC4 Locus Associated With Bisphosphonate-Induced Osteonecrosis of the Jaw: An Exome-Wide Association Analysis

Author(s): Yang G.; Hamadeh I.S.; Langaee T.Y.; Gong Y.; Katz J.; Riva A.; Lakatos P.; Kosa J.; Balla B.

Source: Journal of Bone and Mineral Research; Jan 2018; vol. 33 (no. 1); p. 91-98

Publication Type(s): Article

Abstract:Osteonecrosis of the jaw (ONJ) is a rare, but serious drug side effect, mainly associated with the use of intravenous (iv) bisphosphonates (BPs). The purpose of this study was to identify genetic variants associated with ONJ in patients of European ancestry treated with iv BPs using whole-exome sequencing (WES). **[ABSTRACT EDITED]**

Treatment of Medication-Related Osteonecrosis of the Jaw and its Impact on a Patient's Quality of Life: A Single-Center, 10-Year Experience from Southern Italy

Author(s): Oteri G.; Lo Presti L.; Trifiro G.; Peditto M.; Sultana J.; Marciano A.; Marciano I.

Source: Drug Safety; Jan 2018; vol. 41 (no. 1); p. 111-123

Publication Type(s): Article

Abstract:Introduction: No official guidelines are available for the management of medication-related osteonecrosis of the jaw (MR-ONJ). The additional benefit of surgery after pharmacological treatment is debated by both clinicians and patients. Objective: The aim of this study was to evaluate the changes in patients' MR-ONJ-related quality of life (QoL) after pharmacological treatment with or without surgery in a large cohort affected by MR-ONJ. **[ABSTRACT EDITED]**

CT Imaging Features of Antiresorptive agent-Related Osteonecrosis of the Jaw/ Medication-Related Osteonecrosis of the Jaws.

Author(s): Baba, Akira; Goto, Tazuko K; Ojiri, Hiroya; Takagiwa, Mutsumi; Hiraga, Chiho;

Source: Dento maxillo facial radiology; Jan 2018 ; p. 20170323

Publication Type(s): Journal Article

Abstract:OBJECTIVESAntiresorptive agent-related osteonecrosis of the jaw (ARONJ)/medication-related osteonecrosis of the jaw (MRONJ) include both bisphosphonate-related osteonecrosis of jaw (BRONJ) and denosumab-related osteonecrosis of jaw (DRONJ). The purpose of this study is to study radiological characteristics of ARONJ/MRONJ. These imaging features may serve as one useful aid for assessing ARONJ/MRONJ. **[ABSTRACT EDITED]**

Duration of treatment with bisphosphonates at the time of osteonecrosis of the jaw onset in patients with rheumatoid arthritis. Review.

Author(s): Compain, Hugo; Berquet, Alexandre; Loison-Robert, Ludwig-Stanislas; Ahoosi, Victorin

Source: Journal of stomatology, oral and maxillofacial surgery; Jan 2018

Publication Type(s): Journal Article

Abstract:INTRODUCTIONRheumatoid arthritis (RA) is a frequent and co-morbid condition. One of the main complications is induced osteoporosis. Treatments related to this complication significantly modify oral and implant management. Affected patients represent a population at intermediate risk of osteonecrosis of the jaw (ONJ). The objective was to search the literature for durations of treatment with bisphosphonates at the time of ONJ occurrence in patients with RA in order to obtain an average duration. **[ABSTRACT EDITED]**

Rapid onset of osteonecrosis of the jaw in patients switching from bisphosphonates to denosumab.

Author(s): Yarom, Noam; Lazarovici, Towy Sorel; Whitefield, Sara; Weissman, Tal; Wasserzug, Oshri

Source: Oral surgery, oral medicine, oral pathology and oral radiology; Jan 2018; vol. 125 (no. 1); p. 27-30

Publication Type(s): Journal Article

Abstract:OBJECTIVEThe aim of this study was to determine whether osteonecrosis of the jaw (ONJ) developed more rapidly in patients who switched from bisphosphonates (BP) treatment to denosumab than in patients who received only denosumab. **[ABSTRACT EDITED]**

A multicenter case registry study on medication-related osteonecrosis of the jaw in patients with advanced cancer

Author(s): Schiodt M.; Vadhan-Raj S.; Chambers M.S.; Nicolatou-Galitis O.; Politis C.; Coropciuc R.

Source: Supportive Care in Cancer; Dec 2017 ; p. 1-11

Publication Type(s): Article In Press

Abstract:Purpose: This observational case registry study was designed to describe the natural history of cancer patients with medication-related osteonecrosis of the jaw (ONJ) and evaluate the ONJ resolution rate. **[ABSTRACT EDITED]**

Short-Term Teriparatide and Recombinant Human Bone Morphogenetic Protein-2 for Regenerative Approach to Medication-Related Osteonecrosis of the Jaw: A Preliminary Study

Author(s): Jung J.; Yoo H.-Y.; Lee J.-W.; Kwon Y.-D.; Kim G.-T.; Lee Y.-A.; Kim D.-Y.

Source: Journal of Bone and Mineral Research; Dec 2017; vol. 32 (no. 12); p. 2445-2452

Publication Type(s): Article

Abstract:Our objective was to examine whether adjunct teriparatide administration and local application of recombinant human bone morphogenetic protein-2 (rhBMP-2) is beneficial for the regeneration of jaw bone in patients with medication-related osteonecrosis of the jaw (MRONJ). This study enrolled 17 patients diagnosed with MRONJ. All patients received sequestrectomy under general or local anesthesia with suspension of bisphosphonate. **[ABSTRACT EDITED]**

Vitamin D (25-OHD) deficiency may increase the prevalence of medication-related osteonecrosis of the jaw

Author(s): Heim N.; Warwas F.B.; Wilms C.T.; Reich R.H.; Martini M.

Source: Journal of Cranio-Maxillofacial Surgery; Dec 2017; vol. 45 (no. 12); p. 2068-2074

Publication Type(s): Article

Abstract:Introduction Osteonecrosis of the jaw (ONJ) is a severe complication of antiresorptive medication (AM) in the treatment of bone-affecting cancer-related conditions and osteoporosis. Aim of this study was to reveal whether patients treated with AM and show Medication Related Osteonecrosis of the Jaw (MRONJ) are vitamin D deficient or not. **[ABSTRACT EDITED]**

Zoledronic acid increases the prevalence of medication-related osteonecrosis of the jaw in a dose dependent manner in rice rats (*Oryzomys palustris*) with localized periodontitis.

Author(s): Messer, J G; Mendieta Calle, J L; Jiron, J M; Castillo, E J; Van Poznak, C; Bhattacharyya, N

Publication Date: Dec 2017

Publication Type(s): Journal Article

Abstract:OBJECTIVE Investigate role of dose/duration of zoledronic acid (ZOL), a powerful anti-resorptive (pAR), on prevalence of medication-related osteonecrosis of the jaw (MRONJ) in rice rats (*Oryzomys palustris*), a species with natural susceptibility to food impaction-induced localized periodontitis (FILP). We hypothesize that ZOL induces MRONJ lesions in rice rats with FILP, and that the prevalence of MRONJ rises with increasing dose and duration of ZOL treatment. **[ABSTRACT EDITED]**

Identifying a combined biomarker for bisphosphonate-related osteonecrosis of the jaw.

Author(s): Kim, Ki-Yeol; Zhang, Xianglan; Cha, In-Ho

Source: Clinical implant dentistry and related research; Dec 2017

Publication Type(s): Journal Article

Abstract:BACKGROUND For this study, the aim was to identify combined biomarkers associated with bisphosphonate-related osteonecrosis of the jaw (BRONJ). **[ABSTRACT EDITED]**

Microbial population changes in patients with medication-related osteonecrosis of the jaw treated with systemic antibiotics.

Author(s): De Bruyn, Lieselotte; Coropciuc, Ruxandra; Coucke, Wim; Politis, Constantinus

Source: Oral surgery, oral medicine, oral pathology and oral radiology; Dec 2017

Publication Type(s): Journal Article

Abstract:OBJECTIVE This study aimed to investigate the bacterial population in patients with medication-related osteonecrosis of the jaw (MRONJ) after treatment with doxycycline and metronidazole [ABSTRACT EDITED]

Differences between osteoradionecrosis and medication-related osteonecrosis of the jaw.

Author(s): Akashi, Masaya; Wanifuchi, Satoshi; Iwata, Eiji; Takeda, Daisuke; Kusumoto, Junya

Source: Oral and maxillofacial surgery; Dec 2017

Publication Type(s): Journal Article

Abstract:PURPOSE The appearance of osteoradionecrosis (ORN) and medication-related osteonecrosis of the jaw (MRONJ) is similar, but clinically important differences between ORN and MRONJ exist. The aim of this study was to compare the clinical data between ORN and MRONJ and to reveal the critical differences between these diseases. [ABSTRACT EDITED]

Cross-Sectional Study of four Serological Bone Turnover Markers for the Risk Assessment of Medication-Related Osteonecrosis of the Jaw.

Author(s): Peisker, Andre; Raschke, Gregor F; Fahmy, Mina D; Guentsch, Arndt

Source: The Journal of craniofacial surgery; Dec 2017

Publication Type(s): Journal Article

Abstract:BACKGROUND Despite the benefits related to the use of bisphosphonates and denosumab, medication-related osteonecrosis of the jaw (MRONJ) is a serious complication. The purpose of this study was to investigate the utility of 4 biochemical markers including serum c-terminal telopeptide cross-link of type I collagen (s-CTX), serum osteocalcin (s-OC), serum parathormon (s-PTH), and serum bone-specific alkaline phosphatase (s-BAP) as useful clinical tools to help assess the risk for MRONJ prior to invasive oral surgery. [ABSTRACT EDITED]

Medication-related osteonecrosis of the jaw: a preliminary retrospective study of 130 patients with multiple myeloma.

Author(s): Choi, Woo-Sung; Lee, Jae-Il; Yoon, Hyun-Joong; Min, Chang-Ki; Lee, Sang-Hwa

Source: Maxillofacial plastic and reconstructive surgery; Dec 2017; vol. 39 (no. 1); p. 1

Publication Type(s): Journal Article

Available at [Maxillofacial plastic and reconstructive surgery](#) - from Europe PubMed Central - Open Access

Abstract:BACKGROUND Multiple myeloma (MM) is characterized by a neoplastic proliferation of plasma cells primarily in the bone marrow. Bisphosphonates (BP) are used as supportive therapy in the management of MM. This study aimed to analyze the incidence, risk factors, and clinical outcomes of medication-related necrosis of the jaw (MRONJ) in MM patients. [ABSTRACT EDITED].

Treatment with teriparatide for advanced bisphosphonate-related osteonecrosis of the jaw around dental implants: a case report.

Author(s): Zushi, Yusuke; Takaoka, Kazuki; Tamaoka, Joji; Ueta, Miho; Noguchi, Kazuma;

Source: International journal of implant dentistry; Dec 2017; vol. 3 (no. 1); p. 11

Publication Type(s): Journal Article

Available at [International journal of implant dentistry](#) - from Europe PubMed Central - Open Access

Abstract:We report a case of a 66-year-old severely osteoporotic woman with bisphosphonate-related osteonecrosis of the jaw (BRONJ) around her dental implants, who was treated successfully with teriparatide and sequestrectomy of the mandible. After 5 months of teriparatide therapy, the sequestrum separation had progressed and a sequestrectomy was performed under general anesthesia. Five months after the operation, new bone formation was observed around the bone defect in the region of the sequestrectomy. A repeat computed tomographic image revealed improvement in the bone defect in the mandible. These results suggest that teriparatide provides beneficial effects in the treatment of advanced BRONJ around dental implants.

Phosphate buffer-stabilized 0.1% chlorine dioxide oral rinse for managing medication-related osteonecrosis of the jaw.

Author(s): Myneni Venkatasatya, Srinivas Rao; Wang, Howard H; Alluri, Swetha; Ciancio, Sebastian G

Source: American journal of dentistry; Dec 2017; vol. 30 (no. 6); p. 350-352

Publication Type(s): Journal Article Review

Abstract:PURPOSEThis is a review of the literature on nonsurgical treatment of non-healing medication related osteonecrosis of the jaw (MRONJ) utilizing a phosphate buffer-stabilized 0.1% chlorine dioxide mouthrinse. **[ABSTRACT EDITED]**

The assessment of surgical and non-surgical treatment of stage II medication-related osteonecrosis of the jaw

Author(s): Eguchi T.; Kanai I.; Basugi A.; Miyata Y.; Inoue M.; Hamada Y.

Source: Medicina Oral, Patologia Oral y Cirugia Bucal; Nov 2017; vol. 22 (no. 6)

Publication Type(s): Article

Available at [Medicina Oral, Patologia Oral y Cirugia Bucal](#) - from Europe PubMed Central - Open Access

Abstract:Background: Non-surgical treatment has generally been recommended for stage II medication-related osteonecrosis of the jaw (MRONJ) in preference to surgery. However, non-surgical treatment is not empirically effective. The aim of this study was to evaluate whether surgical or non-surgical treatment leads to better outcomes for stage II MRONJ. **[ABSTRACT EDITED]**

Preventive Effect of Phosphodiesterase Inhibitor Pentoxifylline Against Medication-Related Osteonecrosis of the Jaw: An Animal Study

Author(s): Yalcin-Ulker G.M.; Cumbul A.; Duygu-Capar G.; Uslu U.; Sencift K.

Source: Journal of Oral and Maxillofacial Surgery; Nov 2017; vol. 75 (no. 11); p. 2354-2368

Publication Type(s): Article

Abstract:Purpose The aim of this experimental study was to investigate the prophylactic effect of pentoxifylline (PTX) on medication-related osteonecrosis of the jaw (MRONJ). **[ABSTRACT EDITED]**.

Can Autofluorescence Guide Surgeons in the Treatment of Medication-Related Osteonecrosis of the Jaw? A Prospective Feasibility Study.

Author(s): Giudice, Amerigo; Bennardo, Francesco; Barone, Selene; Antonelli, Alessandro;

Source: Journal of oral and maxillofacial surgery : official journal of the American Association of Oral and Maxillofacial Surgeons; Nov 2017

Publication Type(s): Journal Article

Abstract:PURPOSEThe main limitation of surgical treatment of medication-related osteonecrosis of the jaw (MRONJ) is difficulty in defining resection margins. The aim of this study was to compare the efficacy of the surgeon's experience and autofluorescence-guided bone surgery to delimit resection margins for necrotic bone. **[ABSTRACT EDITED]**.

Incidence of osteonecrosis of the jaw (ONJ) in cancer patients with bone metastases treated with bisphosphonates and/or denosumab: some comments and questions.

Author(s): Fusco, Vittorio; Rossi, Maura; De Martino, Iolanda; Alessio, Manuela; Fasciolo, Antonella;

Source: Acta clinica Belgica; Nov 2017 ; p. 1-2

Publication Type(s): Journal Article

Effects of dexamethasone and nimesulide on bisphosphonate-related osteonecrosis of the jaw: An experimental study.

Author(s): Oliveira, Camila Carvalho de; Barros Silva, Paulo Goberlânio de;

Source: Archives of oral biology; Nov 2017; vol. 83 ; p. 317-326

Publication Type(s): Journal Article

Abstract:OBJECTIVETo evaluate the effects of dexamethasone (DEX) and nimesulide (NIM) on Bisphosphonate-related Osteonecrosis of the Jaw (BRONJ) in rats. **[ABSTRACT EDITED]**.

Maxillofacial

Microbiological analysis of conjunctival secretion in anophthalmic cavity, contralateral eye and ocular prosthesis of patients with maxillofacial abnormalities

Author(s): Guiotti A.M.; da Silva E.V.F.; Catanoze I.A.; de Carvalho K.H.T.; Malavazi E.M.; Goiato M.C

Source: Letters in Applied Microbiology; 2018

Publication Type(s): Article In Press

Abstract:The purpose of this study was to identify and analyse the micro-organisms present in the conjunctival secretion in anophthalmic cavities of wearers of ocular prostheses, as well as on the prostheses used by them, correlating them with the microbiota of the contralateral eye. **[ABSTRACT EDITED]**

Is the routine practice of antibiotic prescription and microbial culture and antibiotic sensitivity testing justified in primary maxillofacial space infection patients? A prospective, randomized clinical study

Author(s): Kumari S.; Mohanty S.; Sharma P.; Dabas J.; Kohli S.; Diana C.

Source: Journal of Cranio-Maxillofacial Surgery; 2018

Publication Type(s): Article In Press

Abstract:Purpose: The purpose of this prospective, randomized, comparative clinical study was to compare treatment outcome of removal of foci and incision and drainage, with or without oral antibiotic therapy, in the management of single primary maxillofacial space infection with a known focus. **[ABSTRACT EDITED]**

Anatomy of the fasciae and fascial spaces of the maxillofacial and the anterior neck regions

Author(s): Kitamura S.

Source: Anatomical Science International; Jan 2018; vol. 93 (no. 1)

Abstract:This review provides an overview of comprehensive knowledge regarding the anatomy of the fasciae and fascial spaces of the maxillofacial and the anterior neck regions, principally from the standpoint of oral surgery, whose descriptions have long been puzzling and descriptively much too complex. **[ABSTRACT EDITED]**.

Management of extensive maxillofacial injury related to a Tyre Blast: A rare case report

Author(s): Rao S.S.; Baliga S.D.; Bhatnagar A.

Source: Saudi Dental Journal; Jan 2018; vol. 30 (no. 1); p. 97-101

Publication Type(s): Article

Available at [Saudi Dental Journal](#) - from sciencedirect.com

Abstract:Background Severe blast injuries of large tyres are similar to those resulting from explosions with neither thermal nor chemical effects. The literature related to the destructive nature of these blasts is very sparse. This case aims to report the clinical management of a patient involved in large tyre blasts who presented with a severe soft tissue injury, comminuted mandible and associated multiple facial fractures due to a tyre blast injury. **[ABSTRACT EDITED]**

In vivo evaluation of modified silk fibroin scaffolds with a mimicked microenvironment of fibronectin/decellularized pulp tissue for maxillofacial surgery

Author(s): Thai T.H.; Nuntanaranont T.; Kamolmatyakul S.; Meesane J.

Source: Biomedical Materials (Bristol); Jan 2018; vol. 13 (no. 1)

Publication Type(s): Article

Abstract:This study aimed to carry out in vivo testing of the formation of new bone by modified silk fibroin scaffolds with a mimicked microenvironment of fibronectin/decellularized pulp in bone defects. **[ABSTRACT EDITED]**.

Non-vascularized autogenous bone grafts for reconstruction of maxillofacial osseous defects

Author(s): Ahmed W.; Abbas Q.; Asim M.A.; Ehsan A.

Source: Journal of the College of Physicians and Surgeons Pakistan; Jan 2018; vol. 28 (no. 1); p. 17-21

Publication Type(s): Article

Available at [Journal of the College of Physicians and Surgeons Pakistan](#) - from EBSCO (MEDLINE Complete)

Abstract:Objective: To determine the outcomes of non-vascularized bone grafts for reconstruction of maxillofacial defects. Study Design: Case series. Place and Duration of Study: Department of Oral and Maxillofacial Surgery, Armed Forces Institute of Dentistry, Rawalpindi, from January 2013 to December 2015. **[ABSTRACT EDITED]**.

Trends in maxillofacial imaging

Author(s): Boeddinghaus R.; Whyte A.

Source: Clinical Radiology; Jan 2018; vol. 73 (no. 1); p. 4-18

Publication Type(s): Review

Abstract:Maxillofacial imaging encompasses radiology of the teeth and jaws, including the temporomandibular joints. Modalities used include intra-oral radiographs, panoramic tomography,

cephalograms, cone-beam computed tomography, computed tomography, magnetic resonance imaging, ultrasound, and radionuclide imaging. Common indications for imaging are impacted and supernumerary teeth, dental implants, inflammatory dental disease, and fibro-osseous lesions, cysts, and masses of the jaws. Osteonecrosis of the jaws may follow radiotherapy or the use of bisphosphonates and other drugs. Imaging of the temporomandibular joints and the potential role of imaging in obstructive sleep apnoea are also discussed. Copyright © 2017 The Royal College of Radiologists

Oral and Maxillofacial Anatomy

Author(s): Sadrameli M.; Mupparapu M.

Publication Date: Jan 2018

Publication Type(s): Review

Abstract:This article deals with identification and descriptions of intraoral and extraoral anatomy of the dental and maxillofacial structures. The anatomic landmarks are highlighted and described based on their radiographic appearance and their clinical significance is provided. Cone beam CT-based images are described in detail using the multiplanar reconstructions. **[ABSTRACT EDITED]**

Dedifferentiated Fat (DFAT) Cells: a cell source for oral and maxillofacial tissue engineering.

Author(s): Kishimoto, Naotaka; Honda, Yoshitomo; Momota, Yoshihiro; Tran, Simon D

Source: Oral diseases; Jan 2018

Publication Type(s): Journal Article

Abstract:Tissue engineering is a promising method for the regeneration of oral and maxillofacial tissues. Proper selection of a cell source is important for the desired application. This review describes the discovery and usefulness of Dedifferentiated Fat (DFAT) cells as a cell source for tissue engineering. DFAT cells are a highly homogeneous cell population (high purity), highly proliferative, and possess a multilineage potential for differentiation into various cell types under proper in vitro inducing conditions and in vivo. Moreover, DFAT cells have a higher differentiation capability of becoming osteoblasts, chondrocytes, and adipocytes than do bone marrow-derived mesenchymal stem cells and/or adipose tissue-derived stem cells. **[ABSTRACT EDITED]**.

Dermatologic Lesions Submitted to an Oral and Maxillofacial Pathology Biopsy Service: An Analysis of 2487 Cases.

Author(s): Reddy, Rekha; Davidova, Liya; Bhattacharyya, Indraneel; Cohen, Donald M; Islam, Mohammed N; Fitzpatrick, Sarah G

Source: Head and neck pathology; Jan 2018

Publication Type(s): Journal Article

Abstract:Skin lesions are often submitted to oral and maxillofacial pathology practices. The purpose of this study is to evaluate the frequency, distribution, variability, and composition of dermatologic lesions within a large oral and maxillofacial pathology biopsy service. **[ABSTRACT EDITED]**

Using virtual reality to control preoperative anxiety in ambulatory surgery patients: A pilot study in maxillofacial and plastic surgery.

Author(s): Ganry, L; Hersant, B; SidAhmed-Mezi, M; Dhonneur, G; Meningaud, J P

Source: Journal of stomatology, oral and maxillofacial surgery; Jan 2018

Publication Type(s): Journal Article

Abstract:INTRODUCTIONPreoperative anxiety may lead to medical and surgical complications, behavioral problems and emotional distress. The most common means of prevention are based on using medication and, more recently, hypnosis. The aim of our study was to determine whether a virtual reality (VR) program presenting natural scenes could be part of a new therapy to reduce patients' preoperative anxiety. **[ABSTRACT EDITED]**.

Diagnosis and Treatment of Gorham-Stout Disease in Maxillofacial Regions.

Author(s): Qu, Luyao; Cai, Xieyi; Wang, Baoli

Source: The Journal of craniofacial surgery; Jan 2018

Publication Type(s): Journal Article

Abstract:PURPOSEThis study was aimed to investigate the clinical features, imaging examination, and treatment of the patients with Gorham-Stout disease (GSD) in maxillofacial region, so as to improve the understanding of GSD. **[ABSTRACT EDITED]**.

Analyses of combat-related injuries to the maxillofacial and cervical regions and experiences in an operational field hospital.

Author(s): Aşık, Mehmet Burak; Akay, Sinan; Eksert, Sami

Source: Ulusal travma ve acil cerrahi dergisi = Turkish journal of trauma & emergency surgery : TJTES; Jan 2018; vol. 24 (no. 1); p. 56-60

Publication Type(s): Journal Article

Abstract:BACKGROUNDWith the changing conditions of war, maxillofacial injuries are observed more frequently. Particularly in urban areas, high-energy explosive devices (HEEDs), such as improvised explosive devices, are often used alongside long-barreled weapons (LBWs). It is important to use trauma scoring systems and a multidisciplinary approach for medically and accurately responding to the trauma patient in a timely manner. This study aimed to compare the Military Combat Injury Scale (MCIS) and Military Functional Incapacity Scale (MFIS) between injuries sustained by LBWs or HEEDs and to share experiences of an operational field hospital. **[ABSTRACT EDITED]**

Computed Tomographic Artifacts in Maxillofacial Surgery.

Author(s): Kim, Jun Ho; Arita, Emiko Saito; Pinheiro, Lucas Rodrigues; Yoshimoto, Marcelo

Source: The Journal of craniofacial surgery; Jan 2018; vol. 29 (no. 1); p. e78

Publication Type(s): Journal Article

Abstract:OBJECTIVESThe present study aimed to present 4 cases and to undertake a systematic review on the current knowledge of the impact of cone beam computed tomographic (CBCT) artifacts on oral and maxillofacial surgical planning and follow-up. **[ABSTRACT EDITED]**

Oral and maxillofacial manifestations of chronic kidney disease-mineral and bone disorder: a multicenter retrospective study.

Author(s): Pontes, Flávia Sirotheau Corrêa; Lopes, Márcio Ajudarte; de Souza, Lucas Lacerda;

Source: Oral surgery, oral medicine, oral pathology and oral radiology; Jan 2018; vol. 125 (no. 1); p. 31-43

Publication Type(s): Journal Article

Abstract:OBJECTIVE To describe the oral and maxillofacial manifestations of patients diagnosed with chronic kidney disease-mineral and bone disorders. **[ABSTRACT EDITED]**

Occupational group, educational level, marital status and deleterious habits among individuals with maxillofacial fractures: retrospective study.

Author(s): Esses, D-F-S; Costa, F-W-G; Sá, C-D-L; Silva, P-G-B; Bezerra, T-M-M; Carvalho, F-S-R;

Source: Medicina oral, patologia oral y cirugia bucal; Jan 2018; vol. 23 (no. 1); p. e13

Publication Type(s): Journal Article

Available at [Medicina oral, patologia oral y cirugia bucal](#) - from Europe PubMed Central - Open Access

Abstract:BACKGROUND To investigate the occupational profile, educational level, marital status and deleterious habits to the health of patients with maxillofacial fractures of a population of northeastern Brazil. **[ABSTRACT EDITED]**

Genomic identification of microbial species adhering to maxillofacial prostheses and susceptibility to different hygiene protocols.

Author(s): Pinheiro, Juliana Barchelli; Vomero, Marina Peris; do Nascimento, Cássio;

Source: Biofouling; Jan 2018; vol. 34 (no. 1); p. 15-25

Publication Type(s): Journal Article

Abstract:This study investigated the microbial colonization of maxillofacial prostheses and support tissues using the Checkerboard DNA-DNA hybridization method, and the efficacy of 0.12% chlorhexidine gluconate, 10% Ricinus communis solutions, or brushing, on colony forming unit (CFU) reduction in monospecies biofilms (*Candida glabrata*, *Staphylococcus aureus*, *Streptococcus mutans*, *Escherichia coli*, *Enterococcus faecalis*, and *Pseudomonas aeruginosa*) formed on two silicones (MDX 4-4210 and Bio-Skin). **[ABSTRACT EDITED]**

A Simple Scatter Reduction Method in Cone-Beam Computed Tomography for Dental and Maxillofacial Applications Based on Monte Carlo Simulation.

Author(s): Thanasupsombat, Chalinee; Thongvigitmanee, Saowapak S.; Aootaphao, Sorapong;

Source: BioMed Research International; Jan 2018 ; p. 1-15

Publication Type(s): Academic Journal

Available at [BioMed Research International](#) - from EBSCO (MEDLINE Complete)

Abstract:The quality of images obtained from cone-beam computed tomography (CBCT) is important in diagnosis and treatment planning for dental and maxillofacial applications. However, X-ray scattering inside a human head is one of the main factors that cause a drop in image quality, especially in the CBCT system with a wide-angle cone-beam X-ray source and a large area detector. In this study, the X-ray scattering distribution within a standard head phantom was estimated using the Monte Carlo method based on Geant4. **[ABSTRACT EDITED]**

A 10-year retrospective review of Maxillofacial trauma in Prisoners - The East Grinstead experience

Author(s): Garg M.; Jones F.; Tekeli K.M.; Collyer J.

Source: British Journal of Oral and Maxillofacial Surgery; Dec 2017; vol. 55 (no. 10)

Publication Type(s): Conference Abstract

Abstract: Introduction: There are 84,737 prisoners in the UK (Data from January, 2017). Violence in the UK prisons is on the rise with 17,782 cases of prisoner on prisoner assault incidents in the 12 months to June, 2016- an increase of 32% in one year. An American study looking at the pattern of traumatic injury in New York City prisoners found mandible fractures (46.5%) and facial fractures (14.9%) as the most common injuries. No previous study has looked at the incidence of Maxillofacial trauma in UK prisoners. We retrospectively analysed prisoners who were treated for Maxillofacial trauma at the Queen Victoria Hospital (QVH), East Grinstead. Method: We identified all prisoners who were reviewed and treated for Maxillofacial trauma at the QVH from January, 2007 to December, 2016. Data was filtered from the OMFS department trauma database. We identified 151 prisoners. Results: The nature of injury included 77 (40%) mid-face fractures (orbital/zygomatic/maxillary), 56 (29%) mandible fractures, 43 (22%) maxillofacial lacerations, 9 (4.6%) cases of dentoalveolar trauma and 7 (3.6%) isolated nasal fractures. The table below shows the number of prisoners who were reviewed/treated at QVH each year for Maxillofacial trauma. (Table Presented) Conclusion: Our study shows that maxillofacial trauma in prisoners has increased over the years in keeping with the national findings. The most common injuries include mid-face fractures (40%), mandible fractures (29%) and maxillofacial lacerations (22%).

Virtual trauma clinic: A novel platform to enhance patient care and educational value of maxillofacial trauma cases

Author(s): Chana S.

Source: British Journal of Oral and Maxillofacial Surgery; Dec 2017; vol. 55 (no. 10)

Publication Type(s): Conference Abstract

Abstract: Introduction/Aims: Many traumatic maxillofacial injuries do not require hospital admission. Review by senior staff is a prerequisite to treatment planning. As there is no recognised, approved method for viewing clinical photographs remotely many trusts arrange review appointments; some of these attendances may be unnecessary. For trainees, observing the complete patient journey is beneficial to their education - building experience and viewing different treatment modalities whilst developing an understanding of the healing process following trauma. We aim to trial an innovative approach towards management of trauma patients to improve service provision and enhance trainee education. Methods: Using tablet devices, DCTs at GHNHSFT are able to record clinical photos/video alongside written findings and radiography using a novel software 'MedShr' (multiplatform application). This data can be viewed by any clinician within a private group facilitating discussion, teaching and appropriate treatment planning. It is updated at each stage of the patient journey. Results: Currently being trialled: Cases are available to view on the platform. Feedback from trainees demonstrates that the virtual clinic is beneficial to education as experiences of one trainee can be shared across an entire team thus increasing exposure to trauma cases. Senior staff see greatest value thus far from rapid generation and easy accessibility of secure clinical images. Conclusions: It has been demonstrated that a log of the entire patient journey can be generated and therefore a secure database of trauma presentation, treatment and outcomes for educational purposes created. An assessment of cost/time saved by the platform is planned.

An audit to analyse adherence to IV sedation standards in the Pinderfields General Hospital Oral and Maxillofacial Department

Author(s): Giles M.E.; Sim C.; Suida M.I.

Source: British Journal of Oral and Maxillofacial Surgery; Dec 2017; vol. 55 (no. 10)

Publication Type(s): Conference Abstract

Abstract: Introduction: The Oral and Maxillofacial Surgery department at Pinderfields General Hospital offers intravenous midazolam sedation for patients undergoing oral surgery procedures.

Conscious sedation is a useful treatment modality to manage patients that are dentally anxious or when undertaking a difficult surgical procedure. The main aim of this audit was to holistically assess the compliance of our entire IV sedation service with national guidance from SDCEP and IACSD, in order to ensure high quality of care for our patients. Consequently, every aspect of service provision was included, including pre-assessment, pre-operative, intraoperative and post-operative aspects of care. Methods: The audit was conducted retrospectively in December 2016. A 31-point audit protocol was developed based on the standards above and itemised in a spreadsheet. Data was collected by identifying the last 30 patients that had undergone IV sedation and comparing their clinical notes to the the protocol. The target compliance was 100%. Results: Overall, we achieved an average of 97.2% compliance to national standards. Although this didn't quite reach our target of 100%, it is still a very positive score and improved upon the 95.7% in the audit conducted last year. It also helped to outline areas in which improvement was required. Conclusions: Utilising a holistic approach when auditing IV sedation allows an entire service to be evaluated and improved, ensuring safe patient care. This audit methodology is a useful template that can be utilised by other units wishing to audit their sedation practice, in line with national guidelines.

Delayed presentation of white eye blowout injuries; An ongoing maxillofacial educational need - A case series and review of timing of management

Author(s): Basu I.; Ria S.; Chegini S.; Madattigowda R.; McCaul J.

Source: British Journal of Oral and Maxillofacial Surgery; Dec 2017; vol. 55 (no. 10)

Publication Type(s): Conference Abstract

Abstract:Introduction: The 'White eye' blowout fracture is an uncommon type of orbital floor fracture seen most frequently in paediatric patients and considered a surgical emergency. These fractures can present a diagnostic challenge due to lack of apparent soft tissue injury and associated autonomic symptoms can mimic intracranial injury, often compounded by the difficulty of a thorough assessment of an uncooperative child. This can lead to mistaken diagnosis of head injury and delayed recognition and treatment of the fracture, with long term consequences for ocular motility. Methods: We present three cases of delayed referral of white eye blowout fractures to our unit within a 6 month period. Results: All three children were initially observed for head injury for 24 hours. Two were referred and surgically treated within 48 hours and have regained full range of eye movement with no residual diplopia. The third was referred 6 days post injury and has persistent diplopia post-surgery reflecting muscle damage due to prolonged entrapment. The majority of the literature suggests that children who present early after initial injury and undergo prompt surgical repair have better postoperative ocular motility than those receiving delayed treatment, ideally within 48 hours. A number of studies recommend surgical repair within 12-24 hours to reduce complications. Conclusions: Delay in diagnosis of white eye blowout because of suspected head injury due to autonomic symptoms is still a common occurrence. This series highlights the ongoing need to educate emergency departments of the signs and symptoms of these injuries in the paediatric population.

The maxillofacial considerations for patients with cerebrocostomandibular syndrome

Author(s): Hameed O.; Amin N.; Alibhai M.; Ayliffe P.

Source: British Journal of Oral and Maxillofacial Surgery; Dec 2017; vol. 55 (no. 10)

Publication Type(s): Conference Abstract

Abstract:Introduction: Cerebrocostomandibular syndrome is an extremely rare, inherited, congenital disorder with approximately 50 cases reported in the medical literature. It is characterized by micrognathia, malformations of the palate, retracted or downwardly positioned tongue and rib dysplasia. Respiratory problems and failure to thrive during early infancy are common. Treatment

depends upon each individual patient's symptoms as well as the severity of the anatomical abnormalities. This will require the coordinated efforts of a multidisciplinary team of specialists including paediatricians, surgeons, respiratory physicians, audiologists, and speech and language therapists. Method: We present 2 cases of cerebrocostomandibular syndrome with pulmonary hypoplasia, chronic respiratory insufficiency, severe micrognathia, suspected submucosal cleft palate and hearing impairment. Initial management required tracheostomy and PEG insertion. Bilateral mandibular distraction was undertaken early to address the severe micrognathia and lengthen the oropharynx with the ultimate aim to decannulate the patients and start oral feeding. In one case, bilateral costochondral graft reconstruction of the temporomandibular joints was undertaken to establish posterior mandibular height and allow mandibular growth. Results: We discuss the indications for procedures, surgical considerations and the potential pitfalls in the management of these complex patients. Conclusion: Patients with cerebrocostomandibular syndrome require coordinated care from a multidisciplinary team. Management of the micrognathia and the associated problems can be addressed with early mandibular distraction and costochondral grafting.

A retrospective audit to assess the efficacy of delegated consent training for maxillofacial trauma

Author(s): Carroll C.

Source: British Journal of Oral and Maxillofacial Surgery; Dec 2017; vol. 55 (no. 10)

Publication Type(s): Conference Abstract

Abstract: Introduction: Clinicians have a legal and ethical responsibility to ensure that valid consent is obtained prior to any procedure as per GMC guidelines. In the majority of clinical negligence cases, the consent has been found to be inadequate or signed by junior trainees who often have little experience of the operation being performed. We aim to assess the documentation of trauma consent forms at a Regional Maxillofacial Unit and to assess the effectiveness of delegated consent training. Method: A retrospective audit was carried out of 47 randomly selected mandibular trauma patients from January- April 2016 at Aintree University Hospital. Data was collected via a proforma including type of procedure, local and general risks, grade of surgeon and timing of consent prior to the procedure. Results: Dental Core Trainees (DCT) took consent for 68% (n=32) of patients during the 4 month period whilst consultants and registrars accounted for 30%. There were no statistical differences in the documentation of numbness and infection, however, only 65% (n = 21) of DCTs consented for malocclusion. 1% did not state the correct site and position of the operation. Following delegated consent training, 98% and 100% now included malocclusion and bruising as a post operative risk respectively. Conclusion: The competency of Dental Core Trainees to consent varies significantly depending on their previous experience as well as exposure to different surgical procedures. We implemented a local delegated consent training programme for all Dental Core Trainees prior to consenting for maxillofacial trauma procedures which has shown significant improvements.

An audit on diagnostic value and appropriateness of radiographs attached to general dental practitioner referrals to the oral and maxillofacial unit

Author(s): Broderick D.; Peethala C.; Akhtar S.

Source: British Journal of Oral and Maxillofacial Surgery; Dec 2017; vol. 55 (no. 10)

Publication Type(s): Conference Abstract

Abstract: The aim of the audit is to identify if referrals with radiographic imaging from general dental practitioners are substandard for the purposes of a patient consultation. Sending patients for further radiographs exposes the patient to further radiation and prolongs the clinic appointment. No literature exists exploring the quality of radiographs sent with outpatient referrals to an oral and maxillofacial department. The expectation is that if patients are being exposed to radiation that any

radiograph should be diagnostic. Therefore our gold standard is that 100% of radiographs should be diagnostic. Materials and Methods: A retrospective analysis of 157 referrals were included in the audit. For the purpose of the audit the following was recorded. 1. Was radiographic appropriate 2. Was the radiographic diagnostic The referrals and radiographs were reviewed by a consultant oral and maxillofacial surgeon, a speciality doctor in oral and maxillofacial surgery and a specialist registrar in oral and maxillofacial surgery. Results: An average of 20% of the referrals was considered inappropriate, (17% by consultant, 22% by speciality doctor and 22% by SpR). An average of 48% of radiographic was considered non-diagnostic, (46% by consultant, 49% by speciality doctor and 50% by SpR). Conclusion: The gold standard is not being met. Inter examiner reliability between Spr and SAS doctor was high. This was not seen when both SpR and Speciality doctor were compared with a consultant. No clear-cut reason exists for this. Action Plan 1. Disseminate the results of the findings to GDPs who form the referral basin for the department 2. Re-Audit in 12months.

Perioperative assessment and management of maxillary sinus function around the time of maxillofacial surgical procedures

Author(s): Collier J.; Dawood A.; Grant W.; Bast F.

Source: British Journal of Oral and Maxillofacial Surgery; Dec 2017; vol. 55 (no. 10)

Publication Type(s): Conference Abstract

Abstract:Introduction: As our surgical specialty name suggests, OMFS procedures often involve instrumentation around the maxillary sinus. In all (except oncological ablation) we rely on maxillary sinus function to re-establish itself. This is despite osteotomy and repositioning, alloplastic augmentation, cyst enucleation and osseosynthesis or integration. Methods: We have developed a multi-modal assessment and management protocol for maxillary sinus function in conjunction with our ENT colleagues. This includes pertinent history, validated questionnaires (including tube dysfunction ETDQ-7 and rhinosinusitis SNOT-22) and imaging. Management strategies include a pre-operative medical / surgical optimization protocol, nasendoscopy and FESS by our ENT colleagues when indicated. Results: Using a "root cause analysis" approach on our extensive patient experience, we have developed mechanisms to determine pre-operatively the "sinus at risk". We have found this to be usually due to patient, procedure or a combination of factors. Discussion: Post-operative maxillary sinus dysfunction can have devastating consequences on surgical healing, particularly if alloplastic materials are used. Appropriate pre-operative assessment, identification and management is mandatory to minimize the risk of sinus-based complications in OMFS trauma, reconstruction, orthognathic and implantbased procedures.

A maxillofacial surgeon and trainee's perspective of the medial sural artery perforator flap

Author(s): Maini N.; Dhanda J.; Bisase B.; Gulati A.; Newman L.; Tighe J.; Norris P.

Source: British Journal of Oral and Maxillofacial Surgery; Dec 2017; vol. 55 (no. 10)

Publication Type(s): Conference Abstract

Abstract:Introduction: The medial sural artery perforator (MSAP) flap is gaining popularity for intra-oral reconstruction in some centres. Its appeal is obtaining a pliable thin skin flap with less donor site morbidity when compared to a radial forearm free flap (RFFF). The aim of this study is to appraise the MSAP flap raised by maxillofacial surgeons and trainees and present our findings. Methods: Data was collected prospectively on MSAP flaps used for intra-oral reconstruction in our unit. We collected flap size, thickness, pedicle length, vessel diameters, number of perforators, donor site closure as well as details of complications. Results: Nine patients underwent reconstruction with MSAPflaps between October 2015 and December 2016. Flap length was 5.0-9.0 cm and width was 5.0-7.0 cm. Mean flap thickness was 8.2 mm. Mean pedicle length was 12 cm. All but one donor site was closed primarily. There was one flap failure and one dehiscence of the donor site. Conclusions:

The MSAP flap as raised by maxillofacial surgeons and trainees is a useful flap for oral cavity reconstruction providing a thin skin paddle with a long pedicle. From a trainees perspective flap raising is more difficult than the RFFF but similar to the anterolateral thigh (ALT) flap. Intramuscular dissection was easier due to the direction of the muscle fibres in relation to the perforator, needing less muscle dissection than an ALT, however microvascular surgery was more demanding as the calibre of vessels was much smaller. The challenge that trainees face is competency in difficult microsurgery.

A study of clinical-pathological agreement of intra-oral lesions in the maxillofacial department

Author(s): Jebriil A.; Kalawadia P.; Chavda V.

Source: British Journal of Oral and Maxillofacial Surgery; Dec 2017; vol. 55 (no. 10)

Publication Type(s): Conference Abstract

Abstract:Background: Due to the limited pathological analysis resources available to maxillofacial departments, the clinical risk evaluation of oral lesions is of paramount importance to allow prioritisation of high risk cases. This study aims to investigate the clinical-pathological agreement (CPA) on 205 soft tissue biopsy cases. Areas of interest include: Analysis of CPA when compared to training grade and when comparing different intra-oral lesions. Methods: The consecutive files of 205 patients with oral lesions from the pathological laboratory archives of Queens Medical Centre (NUH) within a 3-month period were reviewed. The data sets included patient identifier details, the clinical description as presented by the operating clinician and the histological findings. Data analysis was undertaken to collate areas of agreement between primary clinical impression and histological findings. Analysis was broken down by Training grade and Lesion type. Results: Lichen planus (LP) was the most common histological finding making up 26% of all lesions. Neoplastic findings amounted to 4% of lesions. The overall CPA was 56%. CPA was seen in Staff Grade Staff (58%) compared to Registrars (50%) and DCTs (47%). The lesions that allowed the greatest CPA were Mucocele (85%) followed by LP (78%). The lowest CPA was that of candidal infections (0%). In lesions of neoplastic histology, the CPA was 44%. Conclusion: The results of this study show that while Mucocele and LP were readily anticipated, intraoral lesions (especially neoplastic) are difficult to risk-assess irrespective of training grade. Risk prioritisation of lesions based on clinical assessment would appear to yield poor results.

Inpatient management of cervicofacial infection: A multicentre UK-wide snapshot audit of current maxillofacial practice

Author(s): Hennedige A.; McDonald C.; Henry A.; Dawoud B.; Morrison R.; Kyzas P.; Gilbert K.;

Source: British Journal of Oral and Maxillofacial Surgery; Dec 2017; vol. 55 (no. 10)

Publication Type(s): Conference Abstract

Abstract:Introduction/Aims: Cervicofacial infection is a common presentation to maxillofacial departments in the UK. The evidence base for treatment is poor. Recent evidence gathered by the Maxillofacial Trainee Collaborative (MTReC) confirms variation in managing these patients, and shows equipoise in the role of high dose corticosteroids as an adjunct to surgical and antibiotic therapy. MTReC are planning a national controlled trial to define the role of corticosteroids in this setting. We describe a pilot study to gather currently missing information to inform practice and facilitate trial design and power calculations. Materials/Methods: A prospective, multicentre, UK-wide snapshot audit capturing data on >1000 hospital admissions of cervicofacial infection. Data collection will be through the Maxillofacial Trainee Research Collaborative (MTReC - a national network of research active Maxillofacial trainees). Case Reporting Forms (CRFs) have been piloted in three centres and finalised. Trainee-leads and local collaborators for each participating site have been identified and data collection is underway. Results/Statistics: The results will constitute the largest study of cervicofacial infection ever undertaken and allow planning for a national multicentre

trainee led trial of the use of corticosteroids as an adjunct to standard surgical and antibiotic therapy. Conclusions/Clinical Relevance: MTReCis a highly versatile and effective means of involving trainees in research and audit. It has the power to tackle projects that would not be possible at a local or regional level. We describe preliminary results of the largest data capture of cervicofacial infection in the literature and future plans for a UK-wide controlled trial.

Do oral and maxillofacial surgery (OMFS) posts improve oral and dento-alveolar surgery confidence in dental core trainees (DCTs)?

Author(s): Keat R.; Sheik S.; Hill K.; Thomas M.

Source: British Journal of Oral and Maxillofacial Surgery; Dec 2017; vol. 55 (no. 10)

Publication Type(s): Conference Abstract

Abstract: Introduction: The Committee of Postgraduate Dental Deans and Directors (COPDEND) estimate that over 50% of dental graduates will undertake at least one year of dental core training, with a majority of these posts in OMFS units. The new COPDEND curriculum requires DCTs to 'work within their level of competence.' Therefore, to confirm the benefit of these posts, it is important to ascertain any perceived improvement in oral and dento-alveolar surgical competence from working as an OMFS DCT. Methods: An email survey was sent out to dental students (year 4&5) and junior dentists (Foundation Dentists (DF1) and OMFS DCTs Year 1&2) across the Midlands. The survey contained 14 questions regarding oral and dento-alveolar surgery confidence. Likert scale responses were obtained; 1 being completely unconfident to attempt, 5 being fully confident to perform unassisted. Responses were randomised and 20 responses from each cohort allocated to the study. Results: Each respondent receives a confidence score out of 70 for 14 responses. To ascertain differences in overall surgical confidence across different grades, we can compare the mean for each group: (Table presented) There is a perceived improvement in all 14 competencies, with the most marked increases in providing extra-oral anaesthesia and soft tissue surgery. Conclusions: A statistically significant increase in surgical confidence occurs when junior dentists undertake an OMFS DCT rotation, showing these posts have clear merit. Facilitating surgical growth may be influential in attracting DCTs to an OMFS career.

Can we rely on emergency department radiographic reports alone to identify maxillofacial trauma patients requiring operative intervention? the Glasgow Experience

Author(s): Steele P.; Holland I.

Source: British Journal of Oral and Maxillofacial Surgery; Dec 2017; vol. 55 (no. 10)

Publication Type(s): Conference Abstract

Abstract: Introduction: Patients suffering from maxillofacial trauma are often reviewed in an outpatient clinic a number of days after their initial injury, some of whom require operative intervention. The aim of this study is to ascertain if radiographic reports alone are sufficient to identify such patients. Method: Data was collected prospectively over a six month period. This included the number of patients attending clinic, available radiographs, whether the radiographs were reported as positive or negative for facial bone fractures and the number of these patients going on to have surgery. Results: 343 new referrals were seen. 100 of these patients had a radiology report which reported no facial bone fracture. Of these 100 patients 5 went on to undergo surgery. This surgery included MUAnasal bones, Re-do ORIF mandibular fracture, ORIF nasorbital fracture / lip laceration revision, ORIF nasorbital fracture and ORIF zygomatic fracture. Conclusions: In our experience a 5% of patients presenting to clinic following maxillofacial trauma with a radiological report negative for facial bone fractures required operative intervention. This highlights the ongoing need to review such patients in a clinic environment in order to utilise patient history and clinical examination to aid in treatment planning. This approach may necessitate the review of a high

number of patients on clinic without facial fractures but within our current system is vital to ensure patients requiring operative intervention are not missed.

Completeness of basal cell carcinoma excisions in an oral and maxillofacial surgery department

Author(s): Wright C.

Source: British Journal of Oral and Maxillofacial Surgery; Dec 2017; vol. 55 (no. 10)

Publication Type(s): Conference Abstract

Abstract: **Aims:** The aim of this audit was to determine the completeness of excision of head and neck Basal Cell Carcinomas (BCCs) in Altnagelvin Hospital in 2016. I aimed to provide context to the results based on patient and tumour features. **Methods:** A retrospective audit of 100 consecutive BCC excisions in 2016 by four OMFS consultants was carried out. The histopathology for each BCC was assessed to determine if the lesion was fully excised with an adequate margin. The standard was for 100% of BCCs to be excised with a margin of at least 1 mm.¹ **Results:** 16% of excised BCCs had involved histological margins. Successful excision rate was 84% and therefore reaudit was indicated. Of the 16 BCCs with involved margins, 8 were nose lesions and the most common subtypes were infiltrative and nodular. Two of the lesions with involved margins were re-excised and neither had residual tumour cells present. All lesions were reviewed clinically and to date none have recurred. **Conclusion:** Complete excision of a lesion can be complicated in the head and neck region by anatomical position. In order to achieve acceptable functional and aesthetic outcomes for patients each surgeon must balance these considerations with an acceptable excision margin when marking the surgical site. Alternative options such as Mohs surgery could be considered.

A review into the utilisation of the 2-week-waiting oncology pathway for intra-oral lesions in the Maxillofacial Surgery Department

Author(s): Jebriil A.; Kalawadia P.; Chavda V.

Source: British Journal of Oral and Maxillofacial Surgery; Dec 2017; vol. 55 (no. 10)

Publication Type(s): Conference Abstract

Abstract: **Background:** Due to the limited clinical resources available to maxillofacial departments, correct use of referral pathways is of paramount importance to allow prioritisation of high risk cases and the delivery of optimal care. This study aims to investigate the utilisation of the 2-week-waiting-list-pathway (2WWP) at Queens Medical Centre (NUH). Areas of interest include: Analysis of appropriate referrals based on clinical impression of biopsying clinician, the referral pathway used and the type of healthcare professional making the referral. **Methods:** Files of 205 referred patients with oral lesions that were biopsied and sent for histological analysis at Queens Medical Centre within a 3-month period were reviewed. The data sets included patient identifier details, clinical description as per the operating clinician and histological findings. These were paired with referring clinician (GDP/GP) and the pathway used. Data analysis was undertaken to collate areas of "inappropriate" use of the 2WWP as defined by assessing both the primary clinical impression and the final histological finding of the biopsied lesion. The data was further broken down to allow analysis of "inappropriate" use by clinical group and by lesion type. **Results:** 136 GDP and 69 GP referrals were noted. 2WWP accounted for 30% of referrals. Only 10% of these patients presented with histological neoplasia. In the 2WWP Traumatic lesions accounted for 21% while FEPs accounted for 19% of lesions. GPs accounted for 64% of "inappropriate" referrals. 33% of all noted neoplastic lesions were referred on routine pathway. **Conclusion:** The results shows worrying misuse of the appropriate pathways of referral.

Inpatient management of cervicofacial infection: A multicentre UK-wide survey of current maxillofacial practice

Author(s): Henedige A.; McDonald C.; Henry A.; Dawoud B.; Kulkarni R.; Kyzas P.; Morrison R.

Source: British Journal of Oral and Maxillofacial Surgery; Dec 2017; vol. 55 (no. 10)

Publication Type(s): Conference Abstract

Abstract:Introduction/Aims: Cervicofacial infections are a frequent presentation in UK maxillofacial departments. We sought to establish evidence of variation in managing these patients, in particular with regard to medical management and use of corticosteroids. Methods: A questionnaire was designed, piloted and refined by a team of maxillofacial consultants and trainees to assess inpatient management of cervicofacial infections. This was distributed to maxillofacial surgeons in 17 units throughout the UK via regional maxillofacial trainee research collaborative (MTReC) collaborators and at the 2016 Junior Trainees Group (JTG) conference via e-mail and paper hardcopy. Results: Questionnaires were completed in 17 maxillofacial units across the UK and at the 2016 JTG conference achieving a total response rate of 91.3% (n = 324). Antibiotic prescribing practice was variable, with Coamoxiclav the most frequently administered agent. Only one in four responders stated a protocol was in use in their unit. Ten percent of responders stated that they routinely used corticosteroids for these patients. Target time to operative intervention was <24 hours for 94% but actual time to theatre <76% was recorded. There are significant differences in practice between and within maxillofacial units in the UK in managing cervicofacial infections. Conclusion: These data provide evidence of practice variation in the UK for cervicofacial infection patients and equipoise for corticosteroid use. MTReC now plan a snapshot audit of >1000 cases to gather valid realtime data in the Spring of 2017. We aim to use information generated to proceed to a randomised controlled trial of corticosteroid use in these patients.

Systematic review of the prevalence of maxillofacial injuries sustained in Gaelic Games over 35 years

Author(s): Courtney R.; Sexton P.; Barry T.; McCann P.

Source: British Journal of Oral and Maxillofacial Surgery; Dec 2017; vol. 55 (no. 10)

Publication Type(s): Conference Abstract

Abstract:Objective: To ascertain the incidence and type of maxillofacial injury occurring in Gaelic games (GG). Design: A systematic review of the literature detailing all injuries sustained in GG and specifically those occurring in the maxillofacial region. Method: A literature review was performed on Pubmed, Science Direct and Clinicalkey using the search terms - 'GAA', 'hurling', 'shinty', 'gaelic football', 'gaelic games', 'camogie', 'facial injury' and 'facial trauma' from studies published between 1980 and 2015. Results: A total of 6,339 injuries were described as a result of playing gaelic games (25 out of 35 papers examined met the inclusion criteria), with 1,571 involving the maxillofacial area. Accident and Emergency departments (Dublin - 40%, Galway - 21%, Cork -10%) provided the largest dataset. The majority were male (92%). Facial bone fracture(s) represented 30% of all injuries however soft tissue injury was the most common. Two papers included dental injuries (13 patients). The majority of injuries occurred during competition and not training. There was a poor adherence to the wearing of protective equipment. Conclusions: As public opinion increasingly focuses on sports safety it is important to educate players, medical professionals and parents about the aetiology and type of injuries sustained. Worryingly there was poor data collection on dentoalveolar injury. Surprisingly there was a poor adherence to the 2010 guidelines regarding the wearing of helmets and mouth guards. Therefore increased education and enforcement in the wearing of protective equipment and harsher penalties for fouls committed will help reduce the incidence of maxillofacial trauma in GG.

The characteristics of facial injuries presenting to the Oral and Maxillofacial Department at the University Hospital of Wales. What has changed?

Author(s): Lewis R.P.; Sivarajasingam V.; Hay G.

Source: British Journal of Oral and Maxillofacial Surgery; Dec 2017; vol. 55 (no. 10)

Publication Type(s): Conference Abstract

Abstract:Background: Oral and Maxillofacial Surgeons repair routine and complex facial injuries on a daily basis. The University Hospital of Wales remains the largest hospital within Wales providing treatment to approximately 350,000 people in Cardiff and the surrounding areas. Over a 12-month period the incidents of facial trauma were analysed. Previous research has outlined the sharing of A&E data with violence prevention initiatives have helped reduce the number of patients receiving treatment for assault injuries by 35% (Shepherd, 2007b). In addition of this, we were able to explore A&E waiting times and outline common trends amongst all injuries in order to help with the management of emergency admissions. Methods: Information related to 1200 traumatic injuries was obtained from the OMFS database. Relationships between gender, age, post code, type and method of injury and the management were analysed. The proportion of injuries related to assault and alcohol intake were also investigated. Findings: The study was able to isolate injuries to specific locations within the city centre and predict when there was an increase in A&E attendance, helping to plan the distribution of public services. Conclusion: The OMFS team were meeting national targets and the work within the unit on violence and prevention had helped to reduce alcohol related injuries.

The use and application of lasers in oral and maxillofacial surgery

Author(s): Mitchell O.; Blackhall K.; Lister T.; Downie I.

Source: British Journal of Oral and Maxillofacial Surgery; Dec 2017; vol. 55 (no. 10)

Publication Type(s): Conference Abstract

Abstract:Lasers play a key role in modern surgical procedures. They utilise high energy photons at controlled wavelengths to heat or ablate biological tissue. Lasers are important in both ablative, reconstructive and aesthetic surgical procedures and there are many variations in the types of lasers used. Laser surgery bears several advantages over conventional surgery and is often synonymous with the term "bloodless surgery" as laser procedures often result in less blood loss when compared to the traditional surgical techniques. We review the types of lasers commonly used in oral and maxillofacial surgery, particularly looking at their clinical applications. We compare and contrast the CO2 laser, diode laser, Nd:YAG laser and the Er:YAG laser.

Cricket related maxillofacial fractures

Author(s): Hameed O.; Bridle C.

Source: British Journal of Oral and Maxillofacial Surgery; Dec 2017; vol. 55 (no. 10)

Publication Type(s): Conference Abstract

Abstract:Background: Cricket is direct contact sport involving a hard leather ball being delivered at speeds of up to 100mph. Although the incidence of facial trauma while batting in cricket has greatly reduced due to the common use of helmets since the 1970s, it is still widely prevalent. Aim: To raise awareness of the importance of wearing protective equipment while playing cricket. Method: We collected retrospective data at The Royal London Hospital regarding the number of patients who had sustained a facial fracture while playing cricket from April to September 2016. Injuries which were purely dental or of soft tissue origin were not included in the study due to the relative reduced morbidity caused. Results: From this one cricket season alone, five patients presented with facial fractures which required surgical intervention; this included: three zygoma fractures, two orbital floor fractures, one fractured mandible and one broken nose. However, perhaps most interestingly, all of these injuries involved a batsman being hit by a cricket ball, who was either not wearing a helmet or was wearing one incorrectly. In other words, all of these injuries were entirely preventable

had the correct safety equipment been worn appropriately. Conclusion: Maxillofacial injuries sustained from batting in cricket are a relatively common occurrence. Although injuries are a widely accepted unfortunate inevitability in ball sports such as cricket, we found that the majority of the facial injuries sustained from cricket could have been prevented by the correct utilisation of a helmet while batting.

Utilization of CBCT in maxillofacial Dept of Leicester Royal Infirmary Hospital

Author(s): Mantevas A.; Adegbite N.; Vaidhyanath R.; Bujtar P.

Source: British Journal of Oral and Maxillofacial Surgery; Dec 2017; vol. 55 (no. 10)

Publication Type(s): Conference Abstract

Abstract: Since its introduction in the late 90's CBCT has been constantly gaining ground in the dentomaxillofacial imaging and today it consists a widely used method. The purpose of this poster is to depict the CBCT utilization in Maxillofacial Dpt of Leicester Royal Infirmary Hospital and propose measures to optimize its use by examining adherence to the SEDENTEXCT Project guidelines. The installation of a CBCTomographer in our Radiology Dpt 2 years ago, has led to a number of more than 1000 CBCTs performed, with an increase in referrals by 30% regarding the second year of its function. For that reason a retrospective study of 100CBCTreferrals was performed, randomly chosen over a 6 month period (July- December 2016). 38% of the referrals regarded exodontia (including impacted canines and premolars, supernumerary and third molars) and 41% were related to bone pathology investigation (including cysts, radioluscent and radiopaque lesions). The remaining 21% regarded other indications (such as TMJ, maxillary sinus assessment, pain assessment, syndromic assessment, oroantral fistulas and osteomyelitis) Although high compliance with the SEDENTEXCT criteria was achieved (ranging from 92.6 to 100%), certain proposals have been made to optimize this imaging tool. That led to an adaptation of a protocol by the Maxillofacial Dpt in order to clarify the referral indications as well as the need for CBCT reporting by Radiographers, which in selective cases may reduce their working load by 66%.

A retrospective review of animal and insect bites in the Oral and Maxillofacial region

Author(s): Garg M.; Law C.; Sharma D.; Al-Aswad F.; Dheansa B.; Norris P.; Collyer J.

Source: British Journal of Oral and Maxillofacial Surgery; Dec 2017; vol. 55 (no. 10)

Publication Type(s): Conference Abstract

Abstract: Introduction: Animal bites to the maxillofacial region are quite common and the majority are dog bites. The NICE Clinical Knowledge Summary (CKS) provides guidance for the management of animal bites. We retrospectively reviewed patients referred to the Queen Victoria Hospital (QVH) with maxillofacial animal and insect bites. Method: Clinical coding was used to identify patients with maxillofacial animal bites treated at the QVH. Clinical records were reviewed. Data on patient demographics (age, sex), the type of injury (site, time of attack, time until surgery), details of culprit animal, treatment details, infection rate, follow up, antibiotics provided and adherence to CKS NICE guidelines were recorded. Results: 28 patients were retrospectively reviewed. There were 57% male patients and 43% female patients. The site of injury included lip (33%), cheek (22%), nose (7%), ear (7%), chin (4%), forehead (2%) and temple (2%). 79% of the bites were from dogs, 7% horses, 7% ferrets and 7% insects. All patients except one needed operative intervention. They were all managed in accordance to CKS NICE guidelines. However, there were 3 patients with penicillin allergy who were given clindamycin and clarithromycin after discussion with the trust microbiologist. The NICE guidelines recommend metronidazole plus doxycycline or oxytetracycline in penicillin allergic patients. None of our patients had any long term complications. Conclusion: Maxillofacial animal bites, particularly dog bites are common. Lips and cheeks are commonly affected areas in the

face. We propose OMFS units manage patients with animal bites by creating local trust policies in accordance to CKS NICE guidelines.

Influence of a strictly perioperative antibiotic prophylaxis vs a prolonged postoperative prophylaxis on surgical site infections in maxillofacial surgery

Author(s): Bartella A.K.; Burnic A.; Kloss-Brandstatter A.; Kamal M.; Holzle F.; Lethaus B.; Lemmen S

Source: Infection; Dec 2017 ; p. 1-6

Publication Type(s): Article In Press

Abstract: Purpose: The adequate perioperative antibiotic prophylaxis in maxillofacial surgery is still under discussion due to the wide range of hard and soft tissue procedures as well as contaminated, semi-contaminated and clean surgical sides. Perioperative antibiotics is an easily applicable tool that can be used to decrease nosocomial morbidity and mortality by reducing the rate of infections. We compared strictly perioperative antibiotics with an extended postoperative prophylactic antibiotics. Materials and methods: In this study, 901 consecutive patients, from a tertiary care maxillofacial surgery department were included and distributed into two groups: The first group received peri- and postoperative antibiotic prophylaxis (PP; n = 365) from the day of operation until the fifth day postoperatively. The second group was treated with single shot prophylaxis with intraoperative repetition as needed (SSP; n = 536) only. Furthermore, the patients were grouped according to their main diagnosis and surgical procedure. For comparison, general anamnestic data, cultured bacteria and resistances, number of surgical site infections and duration of hospitalization were compared. Results: There were no statistically significant differences in general diseases or extent of surgery between the groups. There was no statistical difference in the surgical site infections between the groups regardless of their diagnosis. There were significant correlations between tracheotomized patients ($p < 0.001$) as well as patients with a higher BMI ($p = 0.009$) and the incidence of surgical site infections. Most common cultured bacteria were staphylococci. Conclusion: Based on the findings of the study, we believe that a perioperative antibiotics delivers a sufficient prophylaxis for patients undergoing maxillofacial surgery procedures. Copyright © 2017 Springer-Verlag GmbH Germany, part of Springer Nature

Etiology, diagnosis, and demographic analysis of maxillofacial trauma in elderly persons: A 10-year investigation

Author(s): Possebon A.P.D.R.; Faot F.; Pinto L.D.R.; Leite F.R.M.; Torriani M.A.; Granke G.

Source: Journal of Cranio-Maxillofacial Surgery; Dec 2017; vol. 45 (no. 12); p. 1921-1926

Publication Type(s): Article

Abstract: Purpose The aim of this study was to investigate etiologies and diagnoses of maxillofacial trauma in emergency services in Brazil over a period of 10 years. Additionally, associations among sex, age, accident location, and dependent variables were analyzed. Understanding the epidemiology of trauma and the physiology of aging is important in maintaining health and bettering service for the elderly population. **[ABSTRACT EDITED]**

Correlation of general and oral health-related quality of life in malocclusion patients treated with a combined orthodontic and maxillofacial surgical approach

Author(s): Tamme J.A.; Ciesielski R.; Fischer-Brandies H.; Koos B.; Rohnen M.; Gasling V.; Wiltfang J.

Source: Journal of Cranio-Maxillofacial Surgery; Dec 2017; vol. 45 (no. 12); p. 1971-1979

Publication Type(s): Article

Abstract: Purpose The aim of the study was to collect information about the oral health-related quality of life (OHRQoL) after combined orthodontic and maxillofacial surgical treatment as well as its influence on health-related quality of life (HRQoL). **[ABSTRACT EDITED]**

Risk factors for intraoperative bradycardia during ear, nose, throat and maxillofacial surgery

Author(s): Ivosevic T.; Stojanovic M.; Stevanovic K.; Kalezic N.; Milicic B.; Dimitrijevic M.; Ivanovic B.

Source: European Archives of Oto-Rhino-Laryngology; Dec 2017 ; p. 1-8

Publication Type(s): Article In Press

Abstract: Intraoperative bradycardia (IOB) is one of the most common cardiac arrhythmias observed in clinical anaesthetic practice. Controlled hypotension, as a strategy of lowering patient's blood pressure during anesthesia has been practiced for decades in head and neck surgery. The aim of our study was to determine the incidence and the risk factors for intraoperative bradycardia in maxillofacial, ear, nose and throat surgery, as well as to determine whether controlled hypotension affects the occurrence of IOB. The retrospective study included 2304 patients who underwent maxillofacial, ear, nose or throat surgery. We studied the influence of: sex, age, comorbidity, type of surgery, duration of anesthesia and controlled hypotension on the occurrence of IOB. IOB was registered in 473 patients (20.5%). **[ABSTRACT EDITED]**

Mandibular Reconstruction with Lateral Tibial Bone Graft: An Excellent Option for Oral and Maxillofacial Surgery

Author(s): Miceli A.L.C.; Pereira L.C.; Torres T.D.S.; Louro R.S.; Calasans-Maia M.D.

Source: Craniomaxillofacial Trauma and Reconstruction; Dec 2017; vol. 10 (no. 4); p. 292-298

Publication Type(s): Article

Abstract: Autogenous bone grafts are the gold standard for reconstruction of atrophic jaws, pseudoarthroses, alveolar clefts, orthognathic surgery, mandibular discontinuity, and augmentation of sinus maxillary. Bone graft can be harvested from iliac bone, calvarium, tibial bone, rib, and intraoral bone. Proximal tibia is a common donor site with few reported problems compared with other sites. The aim of this study was to evaluate the use of proximal tibia as a donor area for maxillofacial reconstructions, focusing on quantifying the volume of cancellous graft harvested by a lateral approach and to assess the complications of this technique. **[ABSTRACT EDITED]**

Parotid gland tumors. Results of retrospective analysis of 149 patients treated at the clinical department of cranio-maxillofacial surgery, clinic of otolaryngology and oncologic laryngology of military institute of medicine in warsaw in years 2006-2016

Author(s): Chloupek A.; Zarzycki K.; Dbrowski J.; Domanski W.

Source: Otolaryngologia Polska; Dec 2017; vol. 71 (no. 3); p. 42-46

Publication Type(s): Article

Abstract: Introduction: Salivary gland tumors are rare and comprise 3-10% of all tumors of the head and neck. Materials and methods: Between 2006 and 2016, 149 patients with parotid gland tumors were treated in our department. Our report is based on medical records, histopathological examinations, and surgery reports. **[ABSTRACT EDITED]**

Rerouting the internal thoracic pedicle: a novel solution for maxillofacial reconstruction in vessel-depleted situations? A preliminary anatomic study.

Author(s): Morel, François; Crampon, Frédéric; Adnot, Jérôme; Litzler, Pierre-Yves; Duparc, Fabrice;

Source: Surgical and radiologic anatomy : SRA; Dec 2017

Publication Type(s): Journal Article

Abstract: PURPOSE Microsurgical reconstruction in a vessel-depleted neck is a challenge due to the lack of reliable vessels in or nearby the host site. The use of the internal thoracic pedicle (ITP) by rib section or sparring is a limited option due to the small length of the pedicle of some flaps. However, in cardiac surgery, the internal thoracic artery (ITA) is widely used for myocardial revascularization, providing a long and versatile pedicle. We aimed at determining precise anatomical bases for the use of the ITP, approached by sternotomy and rerouted in the neck, as recipient vessels for free-flap facial reconstructions. **[ABSTRACT EDITED]**

Biomimetic Tissue-Engineered Bone Substitutes for Maxillofacial and Craniofacial Repair: The Potential of Cell Sheet Technologies.

Author(s): Kawecki, Fabien; Clafshenkel, William P; Fortin, Michel; Auger, François A; Fradette, Julie

Source: Advanced healthcare materials; Dec 2017

Publication Type(s): Journal Article Review

PubMedID: 29280323

Abstract: Maxillofacial defects are complex lesions stemming from various etiologies: accidental, congenital, pathological, or surgical. A bone graft may be required when the normal regenerative capacity of the bone is exceeded or insufficient. Surgeons have many options available for bone grafting including the "gold standard" autologous bone graft. However, this approach is not without drawbacks such as the morbidity associated with harvesting bone from a donor site, pain, infection, or a poor quantity and quality of bone in some patient populations. This review discusses the various bone graft substitutes used for maxillofacial and craniofacial repair: allografts, xenografts, synthetic biomaterials, and tissue-engineered substitutes. **[ABSTRACT EDITED]**

Prevalence of soft tissue calcifications in the maxillofacial region detected by cone beam CT.

Author(s): Missias, Eucaé Miranda; Nascimento, Eduarda Helena Leandro;

Source: Oral diseases; Dec 2017

Publication Type(s): Journal Article

Abstract: OBJECTIVE To determine the prevalence of soft tissue calcifications in cone beam computed tomography (CBCT) scans with different fields of view (FOV), and to assess its relation with the clinical relevance of the CBCT findings. **[ABSTRACT EDITED]**

Digital Diagnosis and Treatment Program for Maxillofacial Fractures: A Retrospective Analysis of 626 Cases.

Author(s): Zeng, Wei; Lian, Xiaotian; Chen, Gang; Ju, Rui; Tian, Weidong; Tang, Wei

Source: Journal of oral and maxillofacial surgery : official journal of the American Association of Oral and Maxillofacial Surgeons; Dec 2017

Publication Type(s): Journal Article

Abstract: PURPOSE The purpose of this study was to evaluate the accuracy of the digital diagnosis and treatment program for maxillofacial fractures. **[ABSTRACT EDITED]**

Endoscope-assisted resection of nonneoplastic space-occupying lesion in oral and maxillofacial areas.

Author(s): Li, Yanan; Xue, Runqi; Lai, Qingguo; Xu, Bingbing; Yuan, Kuifeng; Tang, Xiaopeng; Ci

Source: Scientific reports; Dec 2017; vol. 7 (no. 1); p. 16920

Publication Type(s): Journal Article

Available at [Scientific reports](#) - from Europe PubMed Central - Open Access

Abstract:Endoscope-assisted oral and maxillofacial surgeries have been applied to the resection of tumors with minimal invasion and good cosmetic outcomes. However, with regard to endoscope-assisted resection of nonneoplastic space-occupying lesion (NSOL) in oral and maxillofacial areas which differ from tumors in treatment, there are no systematic reports. Therefore the advantages and limitations of the endoscopy-assisted approach (EAA) in resection of NSOL remain unclear. In this novel study we describe endoscope technique for resection of NSOL in face and submandibular areas and compare the feasibility and effectiveness of EAA with external approach (EA). **[ABSTRACT EDITED]**

Intimate partner violence against women, circumstances of aggressions and oral-maxillofacial traumas: A medical-legal and forensic approach.

Author(s): de Macedo Bernardino, Ítalo; Santos, Luzia Michelle; Ferreira, Alysson Vinicius Porto;

Source: Legal medicine (Tokyo, Japan); Dec 2017; vol. 31 ; p. 1-6

Publication Type(s): Journal Article

Abstract:INTRODUCTIONIntimate partner violence (IPV) is a serious public health problem that frequently results in oral-maxillofacial traumas, generating high social and economic costs. The aim of this study was to describe the profile of women victims of IPV and determine the pattern of oral-maxillofacial traumas, according to a medical-legal and forensic perspective. An exploratory study of 1361 suspected cases of women victims of IPV was carried out based on database of an Institute of Legal Medicine and Forensic Dentistry of Northeastern Brazil during a period of 4 years. Medico-legal and social records of victims were searched for information related to sociodemographic data, circumstances of aggressions and trauma patterns. Descriptive and multivariate statistics and Multiple Correspondence Analysis (MCA) were performed. **[ABSTRACT EDITED]**.

Surface Coating of Gypsum-Based Molds for Maxillofacial Prosthetic Silicone Elastomeric Material: Evaluating Different Microbial Adhesion.

Author(s): Khalaf, Salah; Ariffin, Zaihan; Husein, Adam; Reza, Fazal

Source: Journal of prosthodontics : official journal of the American College of Prosthodontists; Dec 2017; vol. 26 (no. 8); p. 664-669

Publication Type(s): Journal Article

Abstract:PURPOSETo compare the adhesion of three microorganisms on modified and unmodified silicone elastomer surfaces with different surface roughnesses and porosities.**MATERIALS AND [ABSTRACT EDITED]**

Maxillofacial Injuries in Women: A Retrospective Study of 10 Years.

Author(s): Ramisetty, Sudhir; Gaddipati, Rajasekhar; Vura, Nandagopal; Pokala, Satheesh

Source: Journal of maxillofacial and oral surgery; Dec 2017; vol. 16 (no. 4); p. 438-444

Publication Type(s): Journal Article

Available at [Journal of maxillofacial and oral surgery](#) - from Europe PubMed Central - Open Access

Abstract:INTRODUCTIONDiversities exists in incidence, etiology and epidemiology of facial fractures among male and female individuals due to various reasons. Many of the epidemiological studies

published during the millennium have shown male predilection. This study was carried to evaluate the etiology, patterns and distribution of facial fractures among different age groups in women.
[ABSTRACT EDITED]

Management of Malocclusion after Maxillofacial Trauma.

Author(s): Sharma, Ashish P; Hondorp, Brian; Gaiduchik, Andrey; Baba, Nadim Z; Thakker, Jayini

Source: Facial plastic surgery : FPS; Dec 2017; vol. 33 (no. 6); p. 562-570

Publication Type(s): Journal Article

Cleft lip and palate

Variants in members of the cadherin-catenin complex, CDH1 and CTNND1, cause blepharochelodontic syndrome

Author(s): Kievit A.; Douben H.; Hoogeboom J.; van Unen L.; de Klein A.; Tessadori F.; Jordens I.

Source: European Journal of Human Genetics; Jan 2018 ; p. 1-10

Publication Type(s): Article In Press

Abstract: Blepharochelodontic syndrome (BCDS) consists of lagophthalmia, ectropion of the lower eyelids, distichiasis, euryblepharon, cleft lip/palate and dental anomalies and has autosomal dominant inheritance with variable expression. We identified heterozygous variants in two genes of the cadherin-catenin complex, CDH1, encoding E-cadherin, and CTNND1, encoding p120 catenin delta1 in 15 of 17 BCDS index patients, as was recently described in a different publication. CDH1 plays an essential role in epithelial cell adherence; CTNND1 binds to CDH1 and controls the stability of the complex. Functional experiments in zebrafish and human cells showed that the CDH1 variants impair the cell adhesion function of the cadherin-catenin complex in a dominant-negative manner.
[ABSTRACT EDITED].

Analysis of arch widths in patients with isolated pierre robin sequence

Author(s): Ohashi A.S.C.; Varela T.; Marques I.L.; Brosco T.V.S.; Oliveira R.P.; Garib D.G.; Ozawa T.O.

Source: Cleft Palate-Craniofacial Journal; Jan 2018; vol. 55 (no. 1); p. 70-73

Publication Type(s): Article

Abstract: Objective: To compare arch widths of patients with isolated Robin sequence (IRS) operated using modified von Langenbeck technique and modified Furlow double-opposing z-plasty. Design: Retrospective, transversal study. **[ABSTRACT EDITED]**

A Prospective Study of Chin Bone Graft Harvesting for Unilateral Maxillary Alveolar Cleft During Mixed Dentition

Author(s): Shirzadeh A.; Rahpeyma A.; Khajehahmadi S.

Source: Journal of Oral and Maxillofacial Surgery; Jan 2018; vol. 76 (no. 1); p. 180-188

Publication Type(s): Article

Abstract: Purpose The chin is a common donor site for alveolar cleft bone grafting. The amount of bone available at this site can be limited, because conservative harvesting with mixed dentition must

consider the incisive nerve, the unerupted mandibular canine, and the integrity of the inferior mandibular border. **[ABSTRACT EDITED]**

Third molar agenesis as a potential marker for craniofacial deformities.

Author(s): Fernandez, Clarissa Christina Avelar; Pereira, Christiane Vasconcellos Cruz Alves;

Source: Archives of oral biology; Jan 2018; vol. 88 ; p. 19-23

Publication Type(s): Journal Article

Abstract:The identification of clinical patterns of tooth agenesis in individuals born with craniofacial deformities may be a useful tool for risk determination of these defects. We hypothesize that specific craniofacial deformities are associated with third molar agenesis.**OBJECTIVE**The aim of this study was to identify if third molar agenesis could have a relation with other craniofacial structure alterations, such as cleft lip and palate, skeletal malocclusion, or specific growth patterns in humans. **[ABSTRACT EDITED]**

Art or Science? An Evidence-Based Approach to Human Facial Beauty a Quantitative Analysis Towards an Informed Clinical Aesthetic Practice.

Author(s): Harrar, Harpal; Myers, Simon; Ghanem, Ali M

Source: Aesthetic plastic surgery; Jan 2018

Publication Type(s): Journal Article Review

Abstract:**BACKGROUND**Patients often seek guidance from the aesthetic practitioners regarding treatments to enhance their 'beauty'. Is there a science behind the art of assessment and if so is it measurable? Through the centuries, this question has challenged scholars, artists and surgeons.**AIMS AND OBJECTIVES**This study aims to undertake a review of the evidence behind quantitative facial measurements in assessing beauty to help the practitioner in everyday aesthetic practice. **[ABSTRACT EDITED]**

The impact of rapid maxillary expansion on maxillary first molar root morphology of cleft subjects.

Author(s): Cardinal, Lucas; da Rosa Zimmermann, Gabriela; Mendes, Fausto Medeiros; Andrade, Ildeu

Source: Clinical oral investigations; Jan 2018; vol. 22 (no. 1); p. 369-376

Publication Type(s): Journal Article

Abstract:**OBJECTIVE**The aim of this prospective cohort study was to determine the effects of rapid maxillary expansion (RME) on the first molar roots of cleft lip and palate subjects along different root development stages. **[ABSTRACT EDITED]**

Dynamic Cleft Maxillary Orthopedics and Periosteoplasty.

Author(s): Lukash, Frederick N; Shikowitz-Behr, Lauren B; Schwartz, Michael; Tuminelli, Frank

Source: Annals of plastic surgery; Jan 2018; vol. 80 (no. 1); p. 40-44

Publication Type(s): Journal Article

Abstract:In 1985 this cleft team, dissatisfied with the treatment and results from cleft lip and palate repair, began a longitudinal long-term study using dynamic maxillary orthopedics and periosteoplasty as was originally described by Drs Millard and Latham. All cases were carefully documented through adolescence, including clinical assessments, orthodontic, radiographic, and cephalometric analyses. In 1998, in this journal, we published our data on 35 complete unilateral and 10 complete bilateral cleft patients. **[ABSTRACT EDITED]**

Autotransplantation of teeth to the reconstructed alveolus in unilateral cleft lip and palate patients

Author(s): Sinha D.; Dormaar T.; Schoenaers J.

Source: British Journal of Oral and Maxillofacial Surgery; Dec 2017; vol. 55 (no. 10)

Publication Type(s): Conference Abstract

Abstract: Congenitally missing or malformed anterior maxillary teeth are a frequent finding in cleft patients, the maxillary lateral incisor being the most commonly affected tooth. This has a bearing on occlusion, function, speech and aesthetics. Conventional treatment options involve both prosthetic and surgical solutions in conjunction with orthodontic therapy, however, not without limitations. With the increasing acceptance of autotransplantation of teeth as a safe procedure with predictable outcomes in the non-cleft patient population, this technique has been extended to cleft patients with reconstructed cleft alveolus. We present our findings on the outcomes of tooth autotransplantation in the canine fossa region in 7 unilateral cleft lip and palate patients, in whom more than 1 missing dental element was noted in the affected quadrant and who had previously undergone reconstruction of the cleft alveolus with iliac crest bone. **[ABSTRACT EDITED]**

Dentition Patterns in Different Unilateral Cleft Lip Subphenotypes

Author(s): Asllanaj B.; Kragt L.; Voshol I.; Koudstaal M.; Ongkosuwito E.M.; Kuijpers M.A.; Xi T.

Source: Journal of dental research; Dec 2017; vol. 96 (no. 13); p. 1482-1489

Publication Type(s): Article

Abstract: Oral clefts play an essential role in disturbed odontogenesis of the deciduous and permanent dentition, yet little is known about this relationship. We investigated, within the categories cleft lip with or without alveolus (CL +/- A) and cleft lip, alveolus and palate (CLAP), whether different CL subphenotypes based on morphological severity of the cleft show different dentition patterns and whether a more detailed subdivision of the incomplete CL has clinical relevance. **[ABSTRACT EDITED]**

A cross-sectional analysis of the prevalence of tooth agenesis and structural dental anomalies in association with cleft type in non-syndromic oral cleft patients

Author(s): Konstantonis D.; Alexandropoulos A.; Nassika M.; Konstantoni N.

Source: Progress in Orthodontics; Dec 2017; vol. 18 (no. 1)

Publication Type(s): Article

Available at [Progress in Orthodontics](#) - from Europe PubMed Central - Open Access

Abstract: Background: The aim of this study was to investigate the prevalence of tooth agenesis, microdontia, and tooth malformation among non-syndromic oral cleft patients and their potential association with cleft type and gender. **[ABSTRACT EDITED]**

Minimal incision palatoplasty with or without muscle reconstruction in patients with isolated cleft palate: a cast and medical records analysis.

Author(s): Parikakis, Konstantinos A; Larson, Ola; Larson, Margareta; Karsten, Agneta

Source: European journal of orthodontics; Dec 2017

Publication Type(s): Journal Article

Abstract: Objectives To compare the minimal incision (MI) technique with the minimal incision including muscle reconstruction (MMI) technique regarding surgical complications and dentoalveolar status at 5 years of age. **[ABSTRACT EDITED]**

Tooth agenesis code (TAC) in complete unilateral and bilateral cleft lip and palate patients.

Author(s): López-Giménez, Ana; Silvestre-Rangil, Javier; Silvestre, Francisco Javier; Paredes-Gallardo, Vanessa

Source: Odontology; Dec 2017

Publication Type(s): Journal Article

Abstract: The objective of this study is to characterize and compare tooth agenesis codes and their prevalence in a population of Spanish patients with unilateral cleft lip and palate (UCLP) and bilateral cleft lip and palate (BCLP), and to determine if the extent of the cleft (BCLP or UCLP) was associated with the number of absent teeth. **[ABSTRACT EDITED]**.

Differences in the Alignment Pattern of the Maxillary Dental Arch Following Fixed Orthodontic Treatment in Patients With Bilateral Cleft Lip and Palate: Anteroposterior-Collapsed Arch Versus Transverse-Collapsed Arch.

Author(s): Hong, Mihee; Baek, Seung-Hak

Source: The Journal of craniofacial surgery; Dec 2017

Publication Type(s): Journal Article

Abstract: The purpose of this study was to investigate differences in the alignment pattern of the collapsed maxillary arch following fixed orthodontic treatment (FOT) in bilateral cleft lip and palate (BCLP) patients according to collapse type. **[ABSTRACT EDITED]**

Mucosal Dehiscence After Alveolar Bone Graft in Cleft.

Author(s): Amodeo, Giulia; Scopelliti, Domenico

Source: The Journal of craniofacial surgery; Dec 2017

Publication Date: Dec 2017

Publication Type(s): Journal Article

Abstract: Cleft lip and palate patient represent a challenging experience for the surgeon. This kind of patients had to be followed by a multidisciplinary team from the beginning to the end to avoid the deformation sequelae. During the several surgical procedures, the bone graft represents a possible procedure that, through the new procedure, could be avoided. Unfortunately, patient treated following the previous procedure must be submitted to alveolar bone graft to coordinate the arch, to restore the maxillary integrity, to allow the correct dentition.

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January 2018; Volume 40, Issue 1

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November 2017; Volume 10, Issue 4 (Quarterly)

[Oral Surgery Oral Medicine Oral Pathology Oral Radiology](#)

January 2018; Volume 125, Issue 1

[The Cleft Palate-Craniofacial Journal](#)

January 2018; Volume 55, Issue 1

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