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Belgian News in Stomatology and Maxillo-Facial Surgery

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de Stomatologie et Chirurgie
Maxillo-Faciale

Programme de la Réunion de Printemps du 20 mars 2010
Programma van de Voorjaarsvergadering van 20 maart 2010

ORAL MEDECINE – ORAL PATHOLOGY – ORAL SURGERY

09.00 :Accueil – Onthaal

09.05 : Mc Cune Albright – Fibrous dysplasia: case report and literature references.
S. VERHAERT, J. SCHOENAERS (KUL)

09.15 : Application of vascularized soft tissue coverage in BRONJ – a possibility in the surgical armamentarium. A case report and review of literature.
K. NAGY, O. LENSSEN, P. VUYLSTEKE, J. SCHOENAERS (KUL)

09.25 : Biphosphonates-associated jaw osteonecrosis and Paget's diseases
M. MAGREMANNE, A. GRYSOLLE, H. REYCHLER (UCL-St Luc)

09.35: Maxillary odontogenic keratocysts : oral and nasal endoscopically assisted enucleation.
T. VAGENENDE, S. HALEWYCK, G. WACKENS (UZ Brussel)

09.45 : Basal cell nevus syndrome associated with cleft lip-and palate: a case report and review of the literature.
N. LOOMANS, K. NAGY, J. VAN GOETHEM, L. RENIER, J. SCHOENAERS (KUL)

17.05 : An original application of the 3D technology in craniofacial surgery.
H. REYCHLER, R. OLSZEWSKI (UCL - St Luc)

17.15 : Identifiable risk factors for the occurence of rhinosinusitis after sinus floor augmentation.
L. CESTELEYN, K. VAN GOOL, G. WACKENS, H. STIJN (UZ Brussel)

17.25 : DISCUSSION & CLOSING REMARKS.

An original application of the 3D technology in craniofacial surgery

H. Reychler & R. Olszewski
UCL – St-Luc

3D technology is nowadays very useful and mandatory in quasi all aspects of different surgeries, and this is also true in craniofacial surgery where so many vital or delicate structures must be preserved and/or dissected.
Specialllly during the LeFort III osteotomy, one of the critically point is the frontonasal osteotomy allowing for facial midline desinsertion of the cranial base.
To avoid the classical pitfalls related to this blind chisel osteotomy, we proposed to follow the next procedure, which will be detailled and illustrated in our oral communication : acquisition of 3D images issued from a craniofacial CAT scan (which must in these challenging patients also be done for other reasons), determination of the minimal ROI to fabricate a Rapid Prototyping Model, visualisation and determination under direct visual control the direction and extension of this frontonasal osteotomy, and fabrication of a surgical guide allowing to perform in vivo and safely this osteotomy.

Identifiable risk factors for the occurrence of Rhinosinusitis after sinus floor augmentation

L. Cesteleyn, K. Van Gool, G. Wackens, H. Stijn
UZ Brussel - VUB

Sinus floor augmentation, performed through a lateral window approach, is the only available option to provide enough bone allowing for implant placement in the severely resorbed maxilla. Established as a safe and reliable procedure, complications do occur leading to graft and, if placed immediately, implant loss. We evaluated available literature on sinus augmentation and complications in order to identify risk factors predisposing patients to the development of postoperative infection. Risk factors were divided into infection, anatomy, surgery and systemic disease related factors. We recommend routinely evaluating all patients preoperatively for clinical signs or a history of rhinosinusitis. Ct sinus for preoperative evaluation is preferable to dental scan. Patients without clinical signs of rhinosinusitis but with identified