
Sažetci

Abstracts

Suvremeni pogledi na ortognatsku kirurgiju

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Klinika za kirurgiju glave, čeljusti i lica - za plastičnu i rekonstruktivnu kirurgiju lica Medicinskog i Stomatološkog fakulteta, Würzburg, Njemačka

Sažetak

U proteklih pet godina ortognatska kirurgija je postala standardni postupak u kirurgiji glave, čeljusti i lica. Temeljen na radovima Obwegesera koji je uveo sagitalnu osteotomiju ramusa ranih 50-tih godina, danas je taj postupak postao zlatni standard u ortognatskoj kirurgiji donje čeljusti diljem svijeta. Uvođenjem naprava za osiguranje centrične pozicije kondila tijekom cijeloga kirurškog postupka Luhr je ranih 80-tih godina dao drugi doprinos modernom razumijevanju cijele funkcionalne rehabilitacije disgnatija.

Premda je LeFort-ova osteotomija uvedena od Wassmunda 20-tih godina, trebalo je sljedećih 50 godina da ta metoda bude prihvaćena u kirurgiji, uglavnom zbog straha od mogućega krvarenja.

Uvođenjem naprave za pozicioniranje kondila za vrijeme osteotomije gornje i donje čeljusti ili kombinirane bimaksilarne osteotomije, kao i upotrebom distrakcijskih naprava, danas smo u mogućnosti riješiti i najteže disgnacijske probleme.

U Zavodu za kirurgiju glave, čeljusti i lica Sveučilišta u Würzburgu u zadnja dva desetljeća s više od 2000 ortognatskih kirurških zahvata želimo prikazati razvoj suvremenih kirurških tehnika i kliničke rezultate. Napredak ne bi bio moguć bez primarne i stalne pripreme od strane ortodonta i interdisciplinarno određenih indikacija za kirurško liječenje, ortognatsku obradu pacijenta kao i za postoperativni postupak.

Posebna se pozornost daje ortognatskom liječenju i tehničkim preduvjetima za kirurški postupak.

Contemporary Aspects of Orthognathic Surgery

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Summary

Orthognathic surgery within the past half decade has become a standard procedure in cranio-maxillo-facial surgery. Based upon the elementary works by Obwegeser introducing the sagittal split ramus osteotomy in the early 50s, today this procedure has become the gold standard in mandibular orthognathic procedures worldwide. The introduction of devices to ensure the centric condyle position throughout the entire surgery by Luhr in the early 80ies gives another impact to modern understanding on complete functional rehabilitation after dysgnathia.

Even though the LeFort-I-Osteotomy was already introduced by Wassmund in the 20is it took almost another 50 years before this procedure became accepted in surgery, mainly based on the fear of severe bleeding that may occur during surgery. By introducing a compound condyle positioning device to ensure the exact condyle position throughout both procedures of maxillary and mandibular osteotomy respectively, during combined bimaxillary osteotomies, as well as the targeted use of distraction devices, today we are able to solve even the severest dysgnathia problems.

At the Department of Cranio-Maxillo-Facial Surgery of the University of Würzburg, during the past two decades and far more than 2000 orthognathic surgery cases, we are trying to present a broad overview of the development of the latest surgical techniques and clinical results.

This progress is not possible without the primary and consistent treatment by a specifically skilled orthodontist during primary treatment including the interdisciplinary indication for surgery, the orthognathic preparation of the patient as well as the postoperative treatment.

Therefore special emphasis will be put on the orthognathic treatment, as well as on technical prerequisites for the surgical procedure.