

leukoplakias, more likely to develop oral cancer, has been defined based on long-term follow-up studies, where the speckled (erosive) type of leukoplakias showed the highest malignancy rate, and therefore could be considered as a risk group for oral leukoplakias.

These sad statistics are there, in spite of the fact that oral cancer is accessible both for the eyes, as well as for the palpating hands. Therefore, the new Hungarian Health Program pays special attention to oral cancer, involving recommendations for primary prevention, as well as accentuating the role of the dentist and physician in secondary prevention enabling early diagnosis.

## Suvremeni aspekti ortognatske kirurgije

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Ortognatska kirurgija se tijekom prošlih 50 godina razvila jednom od standardnih zahvata čeljusne kirurgije. Na osnovama rada Obwegesera, koji je uveo sagitalnu osteotomiju ramusa mandibule početkom 50-tih godina, danas se ova metoda smatra "Gold-standardom" mandibularnih ortognatskih zahvata u cijelome svijetu. Luhrov uvod sprava osiguranja centrične pozicije kondilusa tijekom čitavog zahvata ranih 80-ih godina daje dodatnu podršku modernom pristupu sveobuhvatne funkcionalne rehabilitacije pacijenata s disgnatijama.

Iako je Wassmund već 20-ih godina uveo LeFort-I-osteotomiju, trajalo je daljnjih 50-ak godina dok je ta tehnika bila prihvaćena u čeljusnoj kirurgiji. Najvažniji razlog tome je ležao u strahu od teških krvarenja do kojih može doći tijekom zahvata.

Uvođenjem kompletnog sustava za osiguranje kondilarnih pozicije tijekom maksilarne i mandibularne osteotomije pri bimaksilarnim zahvatima, kao i ciljanom korištenju distraktora u određenim indikacijama, u današnje vrijeme kirurgija je u stanju riješiti i najteže slučajeve disgnatija.

S iskustvom dužim od 20 godina, te nakon više od 2000 ortognatskih zahvata u našoj klinici, pokušavam dati široki pregled o razvitku kirurških tehnika te kliničkih rezultata na tom području.

Ovaj napredak ne bi bio moguć bez primarne i kontinuirane terapije specifično obrazovanog specijalista ortodontije tijekom primarne terapije, uključujući interdisciplinarne indikacije za zahvat, ortognatske pripreme pacijenata te postoperativne terapije. Radi toga naglašavam ortognatsku terapiju te tehničke preduvjete za kirurški zahvat.

## Contemporary Aspects of Orthognatic Surgery

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Orthognatic Surgery within the past half decade has become a standard procedure in crani-maxillo-facial surgery. Based upon the elementary works by Obwegeser introducing the sagittal split ramus osteotomy in the early 50ies, 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 the modern understanding on a complete functional rehabilitation after dysgnathia.

Even though the LeFort-I-Osteotomy already was introduced by Wassmund in the 20ies it took almost another 50 years until this procedure became accepted in surgery, mainly based on the fear of severe bleeding that may occur during surgery. By introducing 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 severest dysgnathia problems.

At the Department of Crani-Maxillo-Facial Surgery of the University of Würzburg during the past two decades and far more than 2000 orthognatic surgery cases we are trying to present a broad overview over 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

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

## Pregled pristupu boli u stomatologiji

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Eliminacija boli kod stomatoloških pacijenata veoma je važna. Učinkovito ukloniti bol zahtijeva da se razumiju temeljni mehanizmi boli. Promijenjeno je tradicionalno shvaćanje kako je bol rezultat aktivnosti određenog niza događaja koji počinju u perifernim nociceptorima. Kompleksniji pogled razmatra i plastičnost prijenosnoga puta te opisuje kako proces počinje stimulusom i dovodi do pojave osjetilnog i emocionalnog odgovora. Ova suvremena koncepcija pomaže kliničarima da bolje rješavaju bol. Na primjer, mehanizmi u podlozi primarne hiperalgije upućuju na bolje uklanjanje boli uporabom više lijekova. Slično tomu, fenomen pojačavanja boli, u kojem periferni stimulus može biti pojačan i do 20 puta, doveo je do razvoja nove koncepcije analgezije i razumijevanja važnosti vremenskoga rasporeda doza analgetika, ali i potrage za novim sredstvima koja mogu središnje blokirati senzibilizaciju. Broj analgetika na raspolaganju stomatolozima je velik, ali jednostavni protokoli, temeljeni na najboljim kliničkim dokazima, mogu osigurati jednostavne smjernice. Izbor analgetika uvelike će ovisiti o jakosti boli koji opisuje ili očekuje pacijent, uzimajući u obzir pacijentovo opće zdravlje. Paracetamol, nesteroidni antiinflamatorni lijekovi i kodein korisni su za većinu stomatoloških pacijenata. Doziranje i vremenski raspored uzimanja lijekova također su važni, ali važne su i informacije dostupne pacijentu. Na primjer, znanje o tome kako pacijentova prijeoperativna anksioznost može pojačati poslijeoperativnu bol naglašava važnost prijeoperativnog uklanjanja anksioznosti jednostavnim sredstvima, kao što su priladne informacije.

## Perspectives on Management of Dental Pain

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Management of pain in dental patients is important. Effective management of pain requires an understanding of basic pain mechanisms. The traditional view that pain could be adequately described as resulting from the activity in a dedicated pathway originating in peripheral nociceptors has changed. Now a more complex view takes into account the plasticity of the conduction pathways and describes a process that starts with a stimulus and leads to both a sensory and emotional response. This contemporary understanding of pain systems helps clinicians manage pain better. For example, the mechanisms underlying primary hyperalgesia suggest ways to provide optimum pain relief by using a multi-drug approach. Similarly, the phenomenon of wind-up, whereby peripheral input may be amplified as much as twenty times, has led to the concept of preemptive analgesia and an understanding of the importance of timing analgesic dosing, and the search of novel agents that may block central sensitisation.

The choice of analgesics available to dentists to prescribe or recommend is vast but simple protocols based on best clinical evidence can provide straightforward guidance. Analgesic choice will depend largely on the pain intensity reported or anticipated but will also take into account the patient's general health. Paracetamol, NSAIDs and codeine are useful for ambulatory dental patients. The dosage and timing of drug administration are important but so too is the information made available to the patient. For example, an understanding of how a patient's preoperative anxiety may also exaggerate their postoperative pain emphasises the importance of preoperative management of anxiety by simple means as providing appropriate information.