

TREATMENT OF PATIENTS WITH SURROUND DEFECTS MANDIBLE

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Summary

The results of the clinical introduction of the idea of the earliest possible rehabilitation of functional activity of the dental system in patients with total and subtotal defects of the lower jaw, using different surgical resection of the mandible. The study found that the proposed intraoral access allows you to keep the maximum integrity of the neurovascular and muscular structures of the lower third of the face. At that time, as the resection of the mandible percutaneous access is characterized by severe dysfunction saved about jaw tissues. It is also found that the effectiveness of rehabilitative higher in those patients who underwent early functional load saved tissue formed in the defect of mandible. The proposed surgical technique contributes to positive results in the early postoperative period in 96.2% of patients. With traditional percutaneous accesses functional activity is partially restored to 6-8 months in only 42.5% of patients.

Keywords: resection, reconstruction, lower jaw, surgical approach

Resection of the lower jaw fragments for cancer, after a course of chemotherapy, as well as on the background of progressive inflammation with symptoms of chronic intoxication is characterized by a functional and aesthetic disorders in the maxillofacial region [1, 4, 5, 6, 7, 9]. Currently, for resection of the lower jaw widely used percutaneous surgical techniques with simultaneous elimination of complex defect patches at the pedicle, and in some cases with reconstructive plates. However, these methods in the postoperative period are characterized by aesthetic disorders, it is not justified voluminous spending on rehabilitation measures to restore the quality of low rates the effectiveness of life of patients [8.9].

Purpose of the study. To develop the oral surgical method of removing mandibular tumors while preserving the functional activity of dental system in patients with subtotal defects of the mandible.

Materials and methods. From 2010 to 2015. It operated on 18 patients developed technique. The average age of the patients - 54 years (range 18 to 76 years). Ameloblastoma 4 patients, 2 high-grade ameloblastoma the patient, fibrous dysplasia of the mandible 2 patients, 10 patients with bisphosphonate osteonecrosis complicated by pathological fractures of the mandible body. Preoperative study was carried out using a computer multi spiral tomograph Toshiba Aquilion 64. After the initial computer processing of digital data converted and created a virtual 3D reconstruction. The level of contrast to visualize bone structures separate from the soft tissue in the construction of three-dimensional model of the object picked up in each case individually. The data used for the planning of the operation stroke, which was carried out after the complete clinical and laboratory examination.

Removal of affected bone was conducted within the apparently healthy tissue, removal of damaged soft tissue around the jaw was performed using microscopic techniques. Stored bone fragments were installed in close anatomic position and fixed using Kirschner wires, reconstructive plates, bone autografts. Operating wound sutured in layers two to three "floors" in cases where there were signs of an inflammatory nature, the skin in the submental triangle deduced tubular, perforated drainage. Rounding out the surgery saved fragments fixation with intermaxillary rubber traction by means of titanium microscrews established on the eve of the oral cavity.

Results of the study.

Retrospective analysis of results of surgical treatment using conventional percutaneous access with total or subtotal resection of the mandible demonstrated high efficiency. However, long-term results and the quality of life of patients accompanied by a negative response of the patient and their relatives.

It was found that this group of studies, in terms of preoperative preparation in only 1.8% of patients conducted radiographic and radiological examination in full. According outpatients dispensary observation noted that follow-up studies in the postoperative period in patients of this group had not been carried out. The results of a retrospective analysis of aesthetic characterized by very low rates with a pronounced scar changes preserved soft tissues around the jaw, devoid of any functional activity. The majority of patients had significant weight loss unrelated to the progression of cancer, and caused a total resection of the lower jaw and severe stricture of the chewing muscles, a dislocation scar-altered tissue, as a consequence of functional disorders of the gastrointestinal tract, respiratory system.

In the course of surgical intervention on the proposed method opens a new opportunity, gentle detachment of the muscle fibers with their subsequent adaptation of the anatomically reasonable. Availability of this feature, in the postoperative period as accurately as possible to restore not only their topography, but also the functionality of the entire dental system, significantly reducing the time frame of the rehabilitation period, most of optimizing. In addition, the specified access allows you to keep the integrity of the inferior alveolar neurovascular bundle, minimizing surgical trauma of blood vessels and nerves, which also reduces the time of recovery of motor and sensory innervation of the local blood supply, which is confirmed by histological studies. In the postoperative period 2-3 months, in areas of the resected bone with preserved periosteum, marked by an active boxer like growth cartilage and bone of the young.

Conclusion. Using the developed intraoral access for the removal of the lower jaw tumors reduced the level of surgical aggression, optimally adapted bone, tendon, muscle and neurovascular structures, increase efficiency and reduce the time of rehabilitation of patients with subtotal defects of the mandible.

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