

ABSTRACT BOOK



SEPTEMBER 11TH – 15TH 2012



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European Association for
Cranio-Maxillo-Facial
Surgery
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Dubrovnik, Croatia

A tribute to John Lowry

Under the Auspices of the
President of the Republic of
Croatia, Ivo Josipović

www.eacmfs2012.com

Foreword

Dear friends and colleagues,

It is a great honour for me to have been elected the President and given the chance to host the 21st Congress of the EACMFS in Dubrovnik, Croatia. We have done our best to offer a great scientific and clinical conference, but also to give you the chance to get to know Croatia.

The scientific programme has 24 masterclasses, 8 keynote lectures, 10 symposia of guest societies, 6 panels as well as over 400 free papers and 500 poster presentations.

The times have changed and it became more usual to have the abstracts in the digital form and to refrain from a classic printed edition. The abstracts are published as a pdf document and can be downloaded from the congress site as well as the EACMFS site www.eurofaces.com.

This book comprises abstracts of all the free papers to be presented during the Congress. This covers the individual oral presentations and the posters as well. The abstract book has been arranged in such a way that you should be able to follow individual sessions quite easily since the abstracts have been grouped accordingly. In addition to the abstracts, complete poster presentations can be viewed online. Just follow the link at www.eacmfs2012.com

I would like to thank the Scientific Committee for reviewing the abstracts in a very short time. Authors were notified that their abstract will be included as sent without language corrections. However with the help of Peter Ramsey-Baggs, some important corrections were made.

On behalf of the Organizing Committee we trust that you will leave Dubrovnik with fond memories of your stay in Croatia. At the same time we I hope that in addition to the academic pursuits, new friendships will have been formed and new liaisons created.

Welcome to Dubrovnik.

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Session 13. CLEFT SURGERY I.

O-1301

LONG TERM MANDIBULAR EFFECTS OF MAXILLARY DISTRACTION OSTEOGENESIS IN CLEFT LIP AND PALATE

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Objective: Maxillary distraction osteogenesis (DO) is a reliable treatment of severe maxillary deficiency in cleft lip and palate (CLP). The objective was to analyze its long-term effect on the mandible.

Methods: This is a retrospective study of 28 CLP operated for maxillary DO using the Polley and Figueroa technique, of which 24 were followed for more than 4 years. Preoperative (T0), 6-12 months postoperative (T1), and ≥ 4 years postoperative (T2) cephalometric radiographs were evaluated. The classical Steiner cephalometric analysis was used to assess the treatment stability, and a Procuste analysis was performed to assess local changes in the shape of the mandible.

Results: At T0, the mean age was of 15.4 \pm 4.1 years. The SNA increased at T1 and T2 (P

Conclusion: Maxillary DO in CLP has no significant effect on the shape and rotation of the mandible. The maxillary advancement remains stable after 1 year.

O-1302

LONG-TERM FOLLOW-UP OF PATIENTS WITH UCLP/BCLP REGARDING SKELETAL RELATIONSHIP

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Introduction: Severe growth disturbance of the maxilla in patients with clefts of lip, alveolus and palate can require orthognathic surgery in adulthood. The aim of this study was to explore the number of patients with clefts in our clinic who needed orthognathic correction and to compare these numbers with international data.

Patients and methods: 35 patients with complete UCLP/BCLP (syndromes were excluded) borne between 1983 and 1991 were reviewed after treatment at the Department of Oral and Maxillofacial Surgery in Salzburg, Austria according to the following uniform protocol: Presurgical passive orthopaedics ("Hotz"-plate), lip repair at six months, soft-palate repair at 18 months, hard-palate repair at 5-6 years and bone-grafting at 9-10 years followed by orthodontic treatment.

In this follow-up all patients underwent the following evaluations: cephalometric analysis and dental cast analysis /clinical assessment (Goslon Yardstick) at an age of

5,10,15 and 20 years.

Results: The results are demonstrated in detail. In 4 patients orthognathic surgery had to be performed, so the osteotomy-rate in this follow-up was only 11,4 percent. In literature frequency of maxillary advancement in patients with complete UCLP/BCLP is reported at an average of 20-25% (with a minimum of 6% and a maximum of 70%).

O-1303

MAXILLARY ADVANCEMENT BY TOOTH -BORNE DISTRACTOR IN CLEFT PALATE PATIENTS WHO SUFFERING FROM SEVERE NASAL SPEECH

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Purposes: Recently, distraction osteogenesis (DO) has opened a new perspectives for management of severe maxillofacial deformities . The main advantages of DO compared with traditional methods of craniofacial reconstruction are the ability to generate new bone and a reduced morbidity rate. Velopharyngeal insufficiency is a common finding in cleft palate patients which is challenging for maxillofacial surgeons to improve or eliminate. Most cleft patients will show speech side effect after Le Fort I surgery and it seems in patients with severe nasal speech this status might be worsened by Le Fort I, therefore we suggested maintaining the velopharyngeal area intact. The aim of this article is to report a clinical study on four cases by using hyrax application for maxillary advancement in cleft lip and palate patients.

Materials and methods: Four young cleft lip and palate boys with maxillary deficiency who suffered from severe nasal speech were selected. First a space created between first and second molar by orthodontist, then a modified Le Fort I osteotomy was done and a Hyrax application was mounted. After an interval period they were instructed to turn the screws twice per day. The device was activated regularly to achieve maximum advancement

Results: The preliminary results showed that there was an increase in SNA angle and patients hypernasality was comprehensively improved.

Conclusion : Within the limitation of this clinical study the results showed that it is helpful to maintain the velopharyngeal area intact in cases with severe hyper nasality problem, but further investigation is required.

O-1304

MAXILLARY DISTRACTION OSTEOGENESIS IN CLEFT LIP AND PALATE PATIENTS

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Maxillary retrognathia in cleft lip and palate patients (CLP) is a frequent finding and often requires surgical