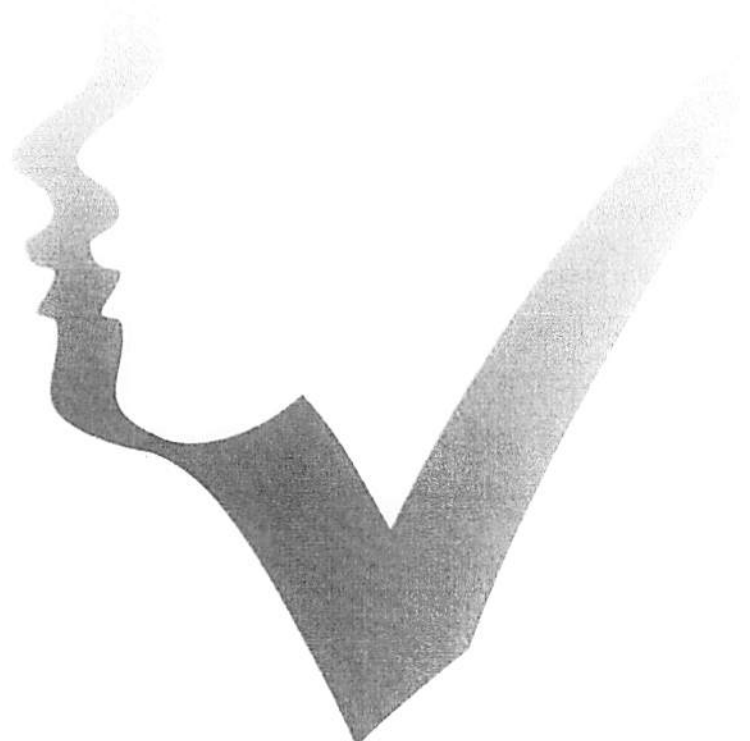


Book of Abstracts



**THIRD BALKAN CONGRESS
FOR MAXILLOFACIAL SURGERY**
**INTERNATIONAL CONGRESS FOR ORAL
AND MAXILLOFACIAL SURGERY**
SECOND NATIONAL CONGRESS OF MAMFS

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ORAL PRESENTATIONS

3D EVALUATION OF CEPHALOMETRIC CHANGES AFTER MONO AND BI MAXILLARY CLASS III ORTHOGNATHIC SURGERY

Authors: Nur Hatab, Vitomir Konstantinović

Objectives: To evaluate sagittal and vertical changes of position of lower and upper jaw according base of the skull after class III orthognathic surgery in patients underwent either mandibular setback surgery, or bimaxillary surgery using 3D cephalometric analyses.

Material and Methods: 3D cephalometric analyses were obtained preoperative and at least 3 months postoperative of 9 patients underwent mandibular setback- bilateral sagittal split osteotomy (BSSO), and 10 patients underwent bimaxillary surgery- maxillary advancement (Le Fort I osteotomy) and mandibular setback (BSSO). SNA, SNB, ANB, and GoGn-SN angles were measured on pre and postoperative CBTS scans of patients using *InVivo 5.0 Anatomage* software.

Results: Preoperative in both groups of patients mean SNA was 81,3°, SNB 84,7°, ANB -3,4°, and GoGn-SN 47,6°. Postoperatively SNA was 82,1°, SNB 80,7°, ANB 1,7°, and GoGn-SN 54,2°. As it was expected SNA was not changed in group of patients underwent mono maxillary surgery. Only statistically significant change ($p < 0,05$) between groups was in SNB angle.

Conclusion: 3D cephalometric analyses can be easily used by surgeon in basic evaluation of jaw position changes.

ANXIETY AND DEPRESSION AMONG MAXILLOFACIAL CANCER PATIENTS DURING PERIOPERATIVE PERIOD

Authors: Lence Miloseva, Tatjana
Vukosavljevic Gvozden, Vladimir Milosev

Aim of the study: The aim of this study was to examine changes in psychological distress, such as depression and anxiety, and quality of life (QOL) during the perioperative period in maxillofacial cancer patients undergoing surgery. We also investigated the relationship between patient's psychological distress and QOL. We hypothesized that perioperative psychological distress would affect QOL. Thus, maxillofacial cancer patients with lower psychological distress would experience better QOL compared with patients with higher psychological distress.

Methods: The data were obtained in Dept. of Maxillofacial surgery, Clinical Hospital, Stip. The sample consisted of forty patients diagnosed with cancer in maxillofacial region. The Hospital Anxiety and Depression Scale (HADS), Functional Assessment of Cancer Therapy General (FACT-G); and Head and Neck (FACT-H&N), as quality of life (QOL) surveys were administered preoperatively, after surgery, and 1 month after leaving the Clinical hospital in Stip, R. Macedonia.

Results: Anxiety was highest pre-operation and depression was highest post-operation, but improvements in both were seen post-discharge.

At the pre-operation time point, anxiety and depression low-score groups had significantly high scores on Emotional well-being and Functional well-being. At the post-operation time point, anxiety and depression low-score groups had significantly high scores on all QOL subscales.

Conclusion: Providing psychological support while considering anxiety might be particularly useful preoperatively whereas providing psychological support while considering depression might be particularly useful postoperatively.

Key words: maxillofacial cancer; perioperative period; psychological distress; quality of life.

BONE AUTOTRANSPLANTS IN CRANIO-MAXILLOFACIAL SURGERY

Authors: Sami Salihu, Fellanza Gjinolli,
Mergime Prekazi, Nijazi Heta, Enis Gllareva,
Kaltrina Kryeziu, Leminot Salihu

Introduction: The bone autotransplants is often used in different reconstruction defects after traumatic or oncological interventions

The aim: The aim of this paper is to show indications for the use of different bone autotransplants

Material and Methods: We retrospectively analyzed 41 patients who were treated with bone autotransplants in our clinic.

Results: We used mono and bicortical bone autotransplants. Autotransplants are mostly used for the reconstruction of mandible (12 patient), the orbit (11), zygomatic region (7) and nasofrontal region (5), rare in cranium (4) and maxilla (2). Fixation of transplants in the recipient place is done with plates and screws in 29 patients. In 3 patients we used titanium mesh to fixate the bone grafts and with wire we fixate the bone in 9 cases. Autotransplants most often taken from iliac crest (in 15 cases) from calvary (14 cases) from maxillae (in 5 cases), mandible (4 cases) and ribs (3 cases). For reconstruction of large defects is used mostly autotransplants from iliac crest. The best transplant with minimum resorption was from calvary, and