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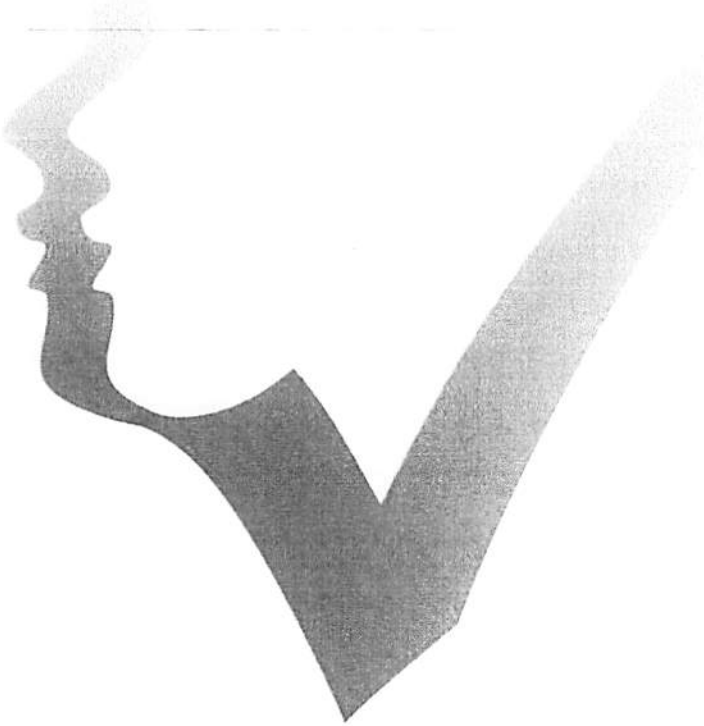

THIRD BALKAN CONGRESS FOR MAXILLOFACIAL SURGERY

INTERNATIONAL CONGRESS FOR ORAL AND MAXILLOFACIAL SURGERY

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Book of Abstracts

THIRD BALKAN CONGRESS
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transplant with greater rate of resorption was rib graft. We will present the functional and esthetic results immediately after surgery and long-term results.

Conclusion: Bone autotransplants are the best way to reconstruct bone defects. For successful reconstruction is vital that transplants are all covered with soft tissue, fixed good in the recipient place and to prevent infection.

CASE STUDY: MALIGNANT NEO PLASM OF SKIN IN THE MAXILLOFACIAL REGION

Authors: Vladimir Milosev, Lence Miloseva, Cena Dimova, Pavle Kocev

Introduction: According to the literature, there are three types of epidermal tumours: benign, premalignant lesions and cancers. Skin cancers are divided into two groups: (a) non-melanoma skin cancers (NMSC) and (b) melanoma. The group of non-melanoma skin cancer are basal cell carcinomas with prevalence of 75%. The most frequent occurring of this skin cancers are in the head and neck region. There are several types of basal cell carcinoma: superficial; nodular; ulcus rodens; ulcus terebrans; keratotic basal cell carcinoma. They were the subject of interest in this work.

Study design and methods: The paper will present case study of treatment of malignant skin lesions in the maxillofacial region. Excisional biopsy is the most frequently performed in order to provide histological confirmation of this type of cancer. Depending on the size changes of the skin, excision should be 2 to 10 mm at the edge of the health tissue. Most precisely, excision of melanoma should be between 3 to 5 cm in healthy tissue.

This paper will present the case of a 75 year old patient with squamous cell carcinoma of the skin, in the right preauricular region. After radical excision of the skin changes, the defect was closed with local transpositional flap. Regional lymphatic glands were not palpable. In this case we recommended a regular review of regional lymph glandula, because of the likelihood of metastases in them.

Conclusion: Timely diagnosis and appropriate treatment of cancer in the maxillofacial region is of great importance, because of their local destructive growth of causing severe cosmetic deformity, and the rapid metastasis in regional lymph nodes and distant organs.

Key words: malignant neoplasm, skin, the maxillofacial region.

CHALLENGES IN SECONDARY HEAD & NECK RECONSTRUCTION

Authors: Emil Dediol

Objective: Our aim was to evaluate secondary microvascular head & neck reconstruction.

Methods: Secondary microvascular reconstruction cases of the head & neck performed from 2007 till 2014 were reviewed. All patients were operated in Department of Maxillofacial Surgery, University Hospital Dubrava, Zagreb, Croatia. Age, gender, diagnosis, indication for reconstruction, anatomical unit for reconstruction, vessels for anastomosis and outcome were extracted from patient documentation.

Results: Twenty six patients were secondarily reconstructed with 29 free flaps. Three patients received two free flaps. There were 22 male and 4 female patients. Age ranged from 16 till 77 years. Indications for reconstruction were mostly postoncologic defects (17 cases), followed by posttraumatic defects (6 cases) and osteonecrosis related defects(3 cases). Only two free flaps failed completely because of arterial thrombosis. We used 10 fibulas, 9 forearm flaps, 5 latissimus dorsi flaps (some with scapula), 4 ALT and 1 DCIA. Mandibula was reconstructed in half of the cases, most frequently with fibula free flap. Midface was reconstructed in 6 cases with various flaps (fibula, ALT and latissimus dorsi). Scalp (n=4) and face (n=3) were reconstructed with various soft tissue free flaps (ALT, radial or latissimus dorsi). Arterial anastomosis was performed most frequently on facial or external carotid artery and venous anastomosis on side branch of internal jugular vein.

Conclusion: Outcome of secondary head & neck microvascular reconstruction is always challenging because of previous surgery, scarring, radiotherapy, vessel depleted neck. Despite this secondary microvascular reconstruction is reliable method of reconstruction after oncologic resections or extensive trauma but primary reconstruction should always be attempted when possible.

CLINICAL APPLICATIONS OF MINI-IMPLANTS IN TEMPORARY ORTHODONTIC ANCHORAGE

Authors: Kanurkova Lidija, Dorakovska Aleksandra, Sotirovska Ana, Zabokova Efka.

The goals of orthodontic treatment are esthetics facial profile, functional occlusion, dental stability, and healthy mouth tissue. Anchorage control is extremely important in orthodontic therapy. The commonly used anchorage could be divided into two categories, *intraoral and extra oral anchorage. Using* the headgear for extra oral anchorage could not expect maximum