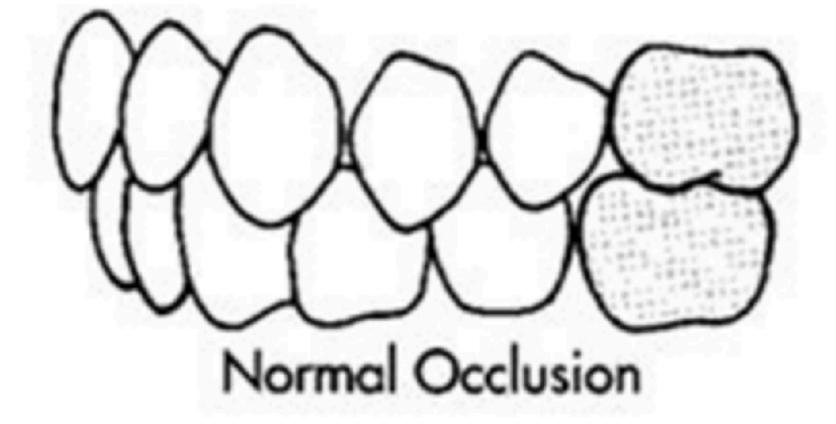
Fondamenti di Chirurgia Ortognatica

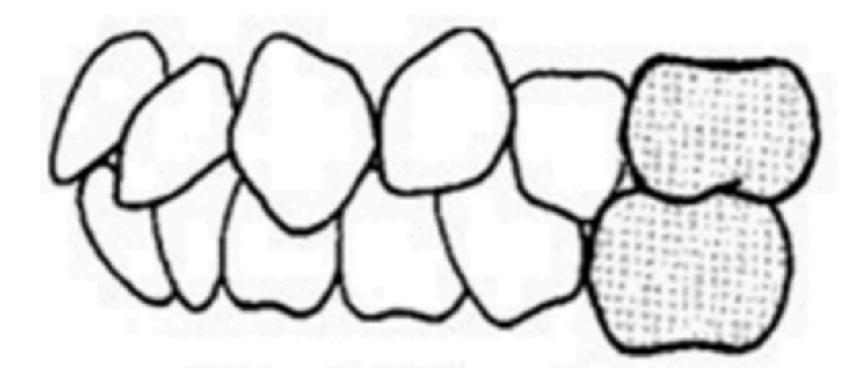
R.Rizzo CMF UNITS

- Corregge le deformità dello scheletro facciale, muovendo i segmenti ossei e gli elementi dentari con essi
- Su soggetti a fine crescita
- Indicazioni: prognatismo-retrognatismo-discrepanza scheletrica verticale con morso aperto o profondo
- Di per sé non sono situazione che mettono a rischio la vita ma rendono difficile la masticazione, la respirazione,

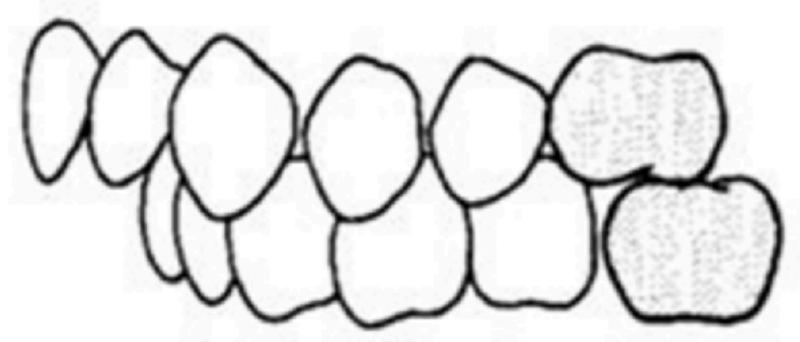
- Anomalie dento-facciali severe da richiedere il trattamento chirurgico 2,7% popolazione statunitense (1998).
- Disagio estetico
- Problemi funzionali: deglutizione, masticazione, fonazione, respirazione
- Ridotta qualità della vita, ridotta autostima, insicurezza, sindrome depressiva.
- Tra 41 e 90% dei pazienti le motivazioni sono di ordine estetico

- Alla base vi è una crescita non coordinata tra mascellare e mandibola
- Alla modifica di posizione delle basi ossee si accompagna sempre una modifica della morfologia del volto; ciò fa si che alla modifica di posizione dei mascellari segua rinoplastica e/o mentoplastica.
- Malocclusioni dentali —> Ortodonzia
- Malocclusioni scheletriche —> Chirurgia

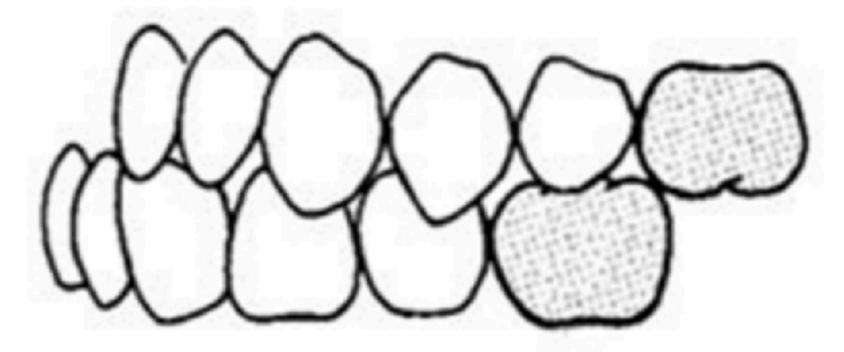




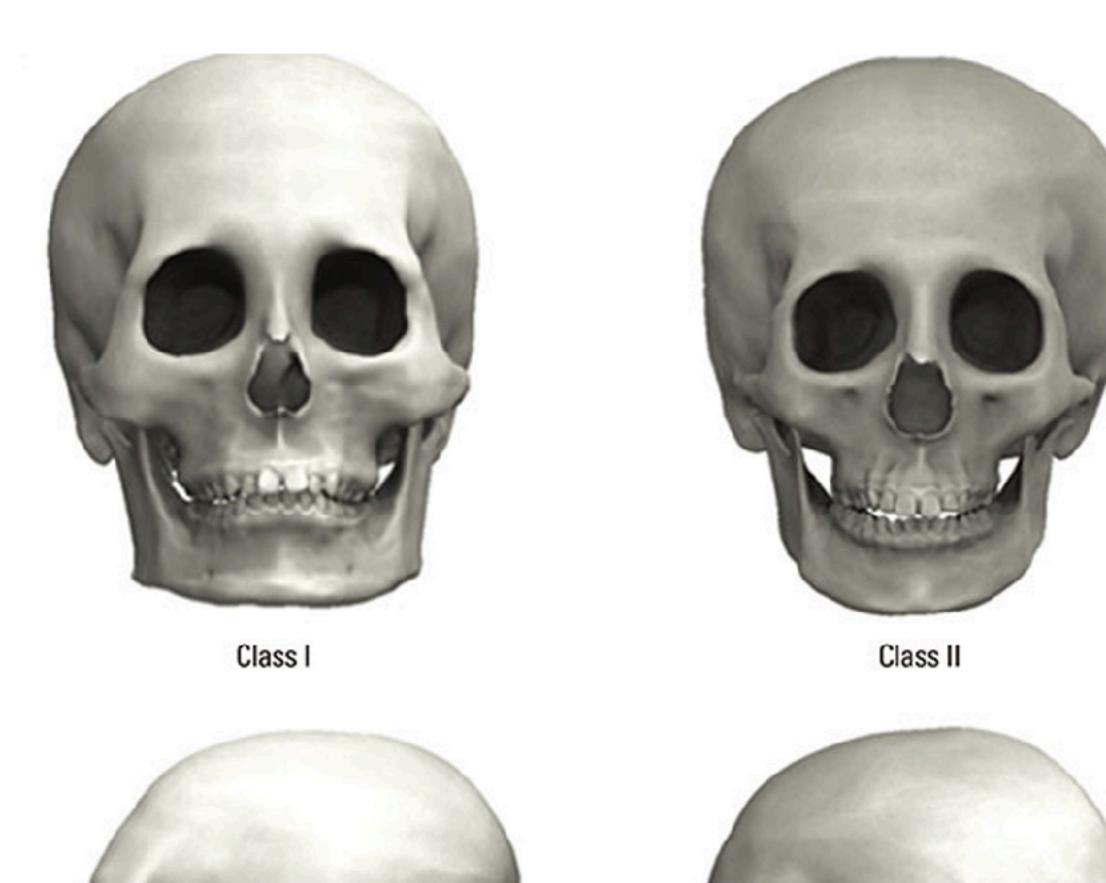
Class I Malocclusion



Class II Malocclusion



Class III Malocclusion







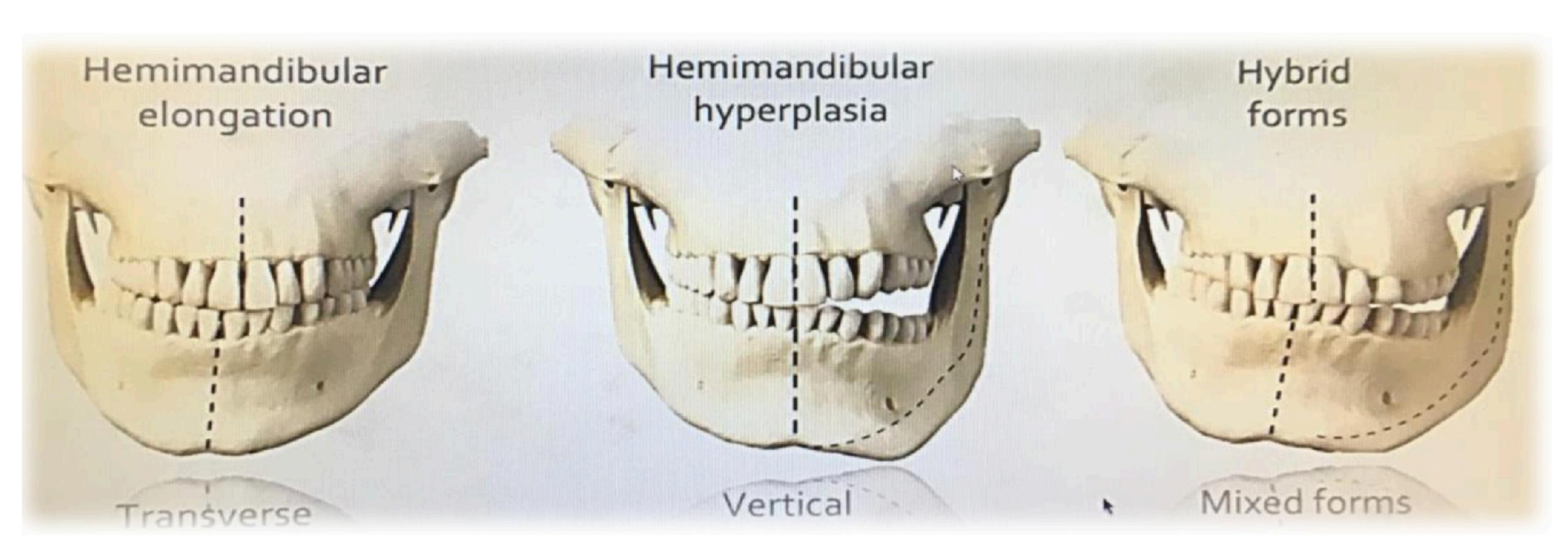




Class II Class III B

Malocclusioni

- Classe 1 rapporto di classe 1 con possibilità di protrusione e retrusione
- Classe 2 distoposizione mandibola per micrognatia o retrognatia o protrusione mascellare
- Classe 3 mesioposizione mandibola per prognatismo, macrognatia o ipoplasia mascellare
- Brachicefali e Dolicocefali
- Alterazioni trasversali per eccessiva o insufficiente crescita di una emimandibola: allungamento mandibolare e iperplasia mandibolare



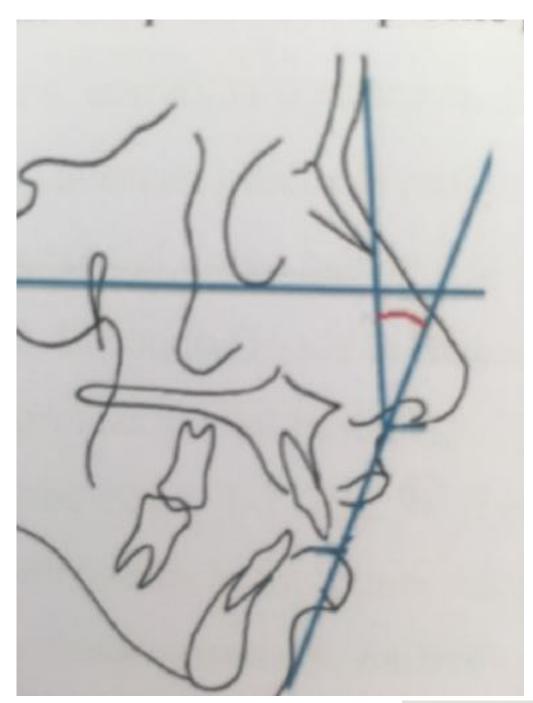
Chirurgia Ortognatica: obiettivi

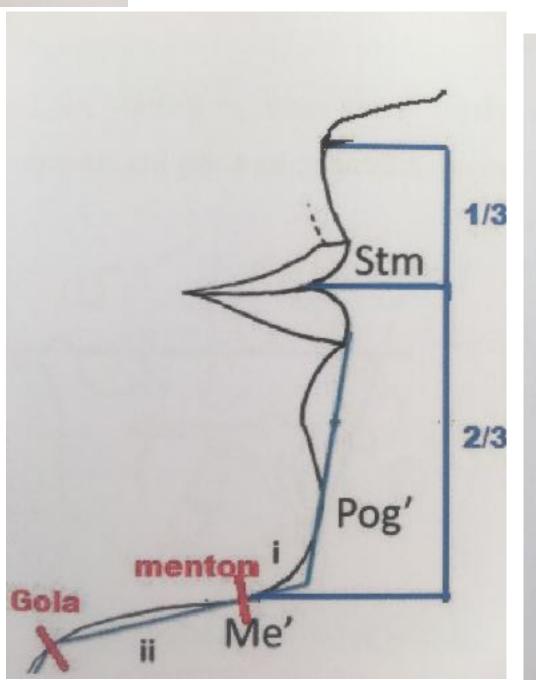
Basic therapeutic goals				
Functions	Normal mastication, speech, ocular function, respiratory function			
Aesthetics	Establishment of facial harmony and balance			
Stability	Prevention of short- and long-term relapse			
Minimising of treatment time	Provision of efficient and effective treatment			

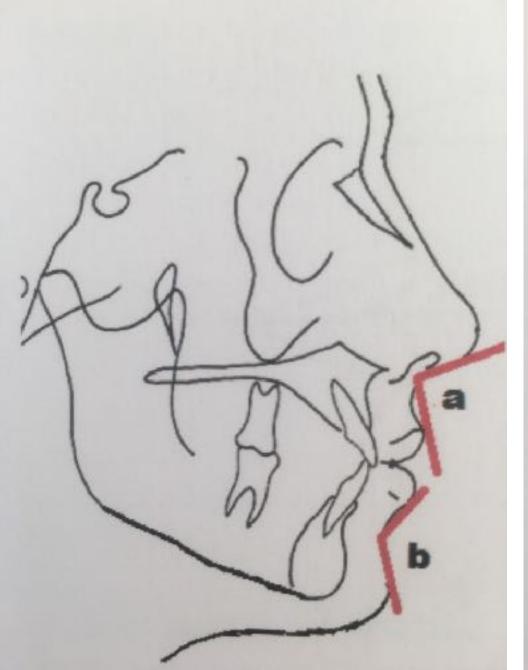
- TRADIZIONALE: trattamento ortodontico prechirurgico di decompensazione (18-24 mesi)+intervento+trattamento ortodontico postchirigico (5-11 mesi)
- SURGERY FIRST: intervento+trattamento ortodontico di decompensazione

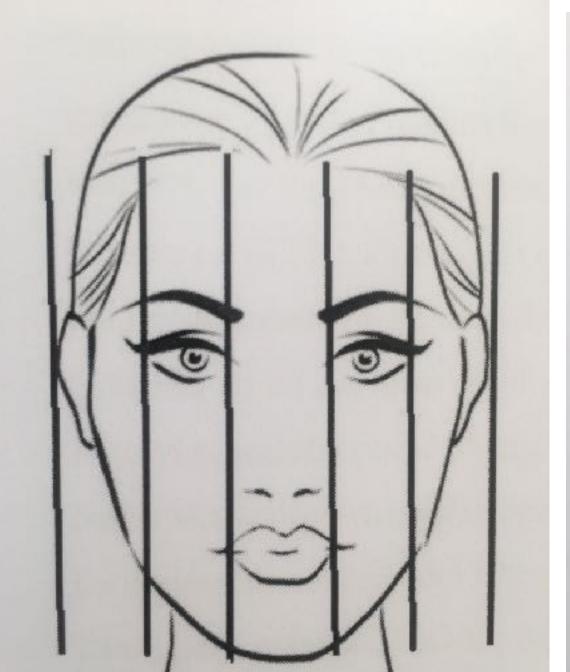
- esame obiettivo
- esame fotografico rigoroso
- esame radiografico
- esame cefalometrico
- esame dei modelli in gesso
- acquisizioni digitali
- pianificazione digitale

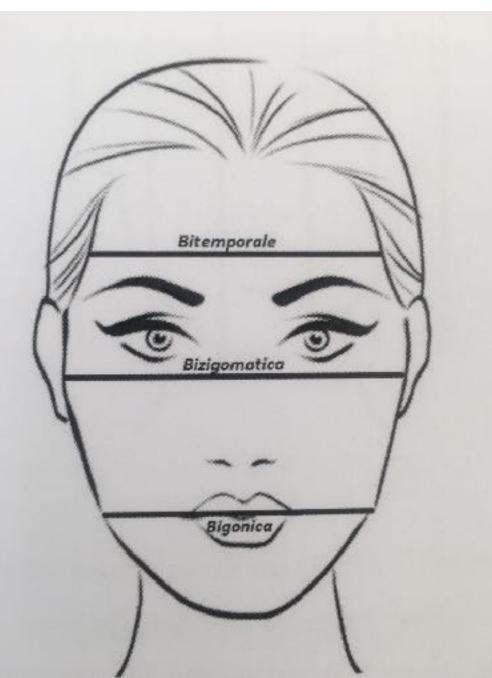
- 1898 St. Louis E. Angle e V. Blair osteotomia ramo orizzontale
- 1957 Vienna H. Obwegeser osteotomia ramo sagittale
- 1969 Vienna H. Obwegeser osteotomia Le Fort I
- 1973 necessità di decompensazione prechirurgica
- 1991 osservazione che muscoli e occlusione nella nuova posizione facilitano la correzione ortodontica postchirurgica—> surgery first

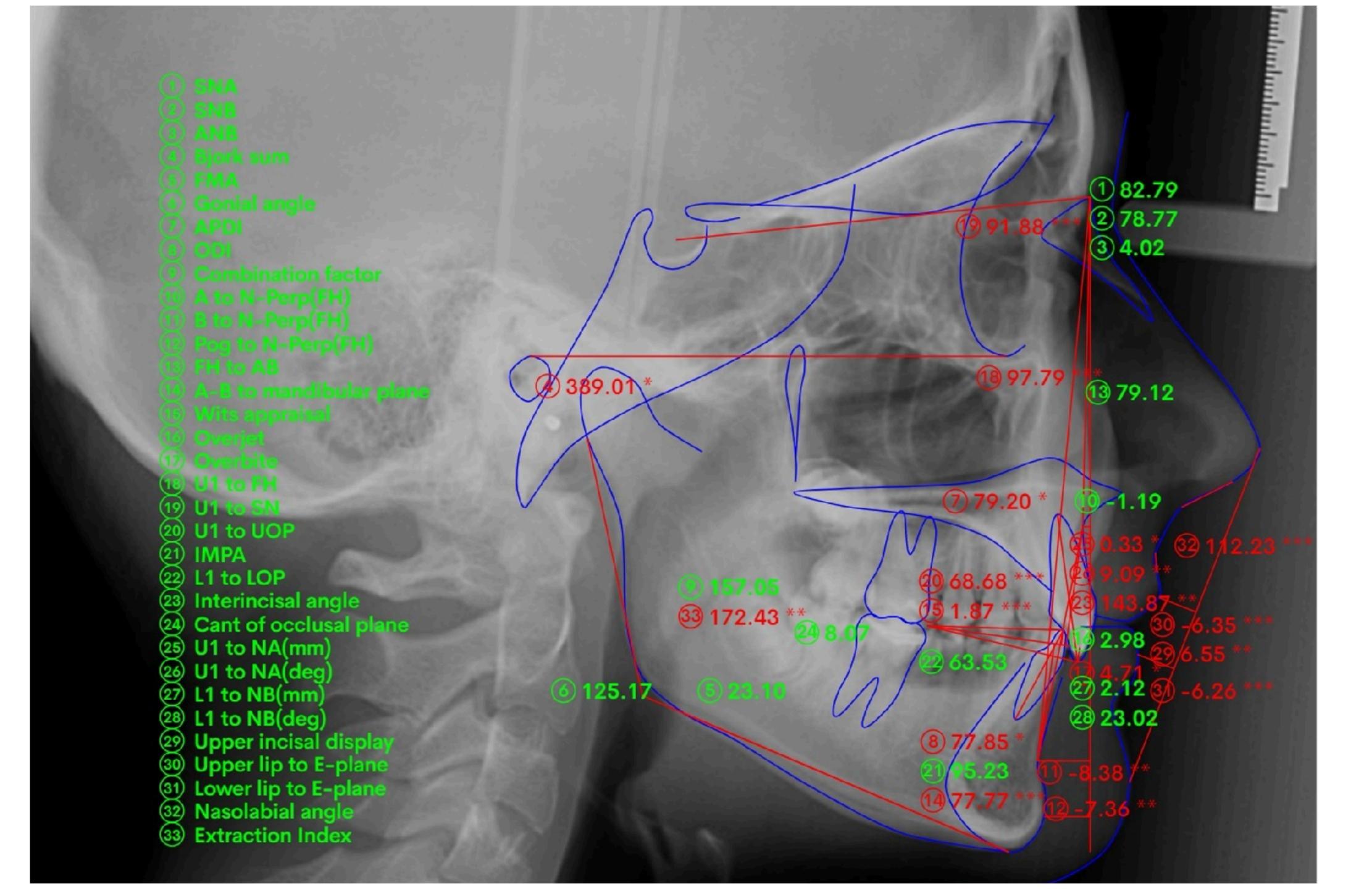


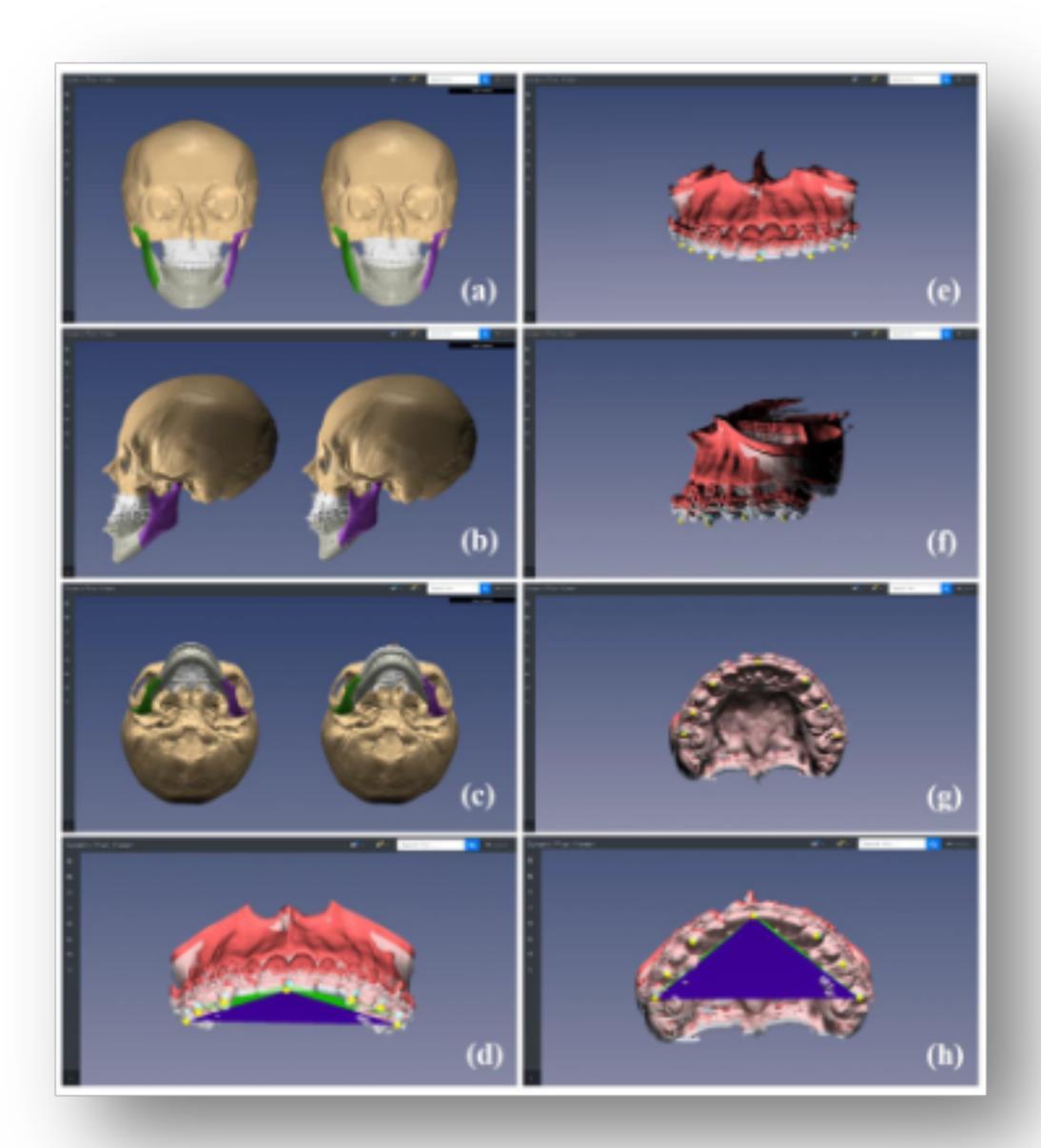


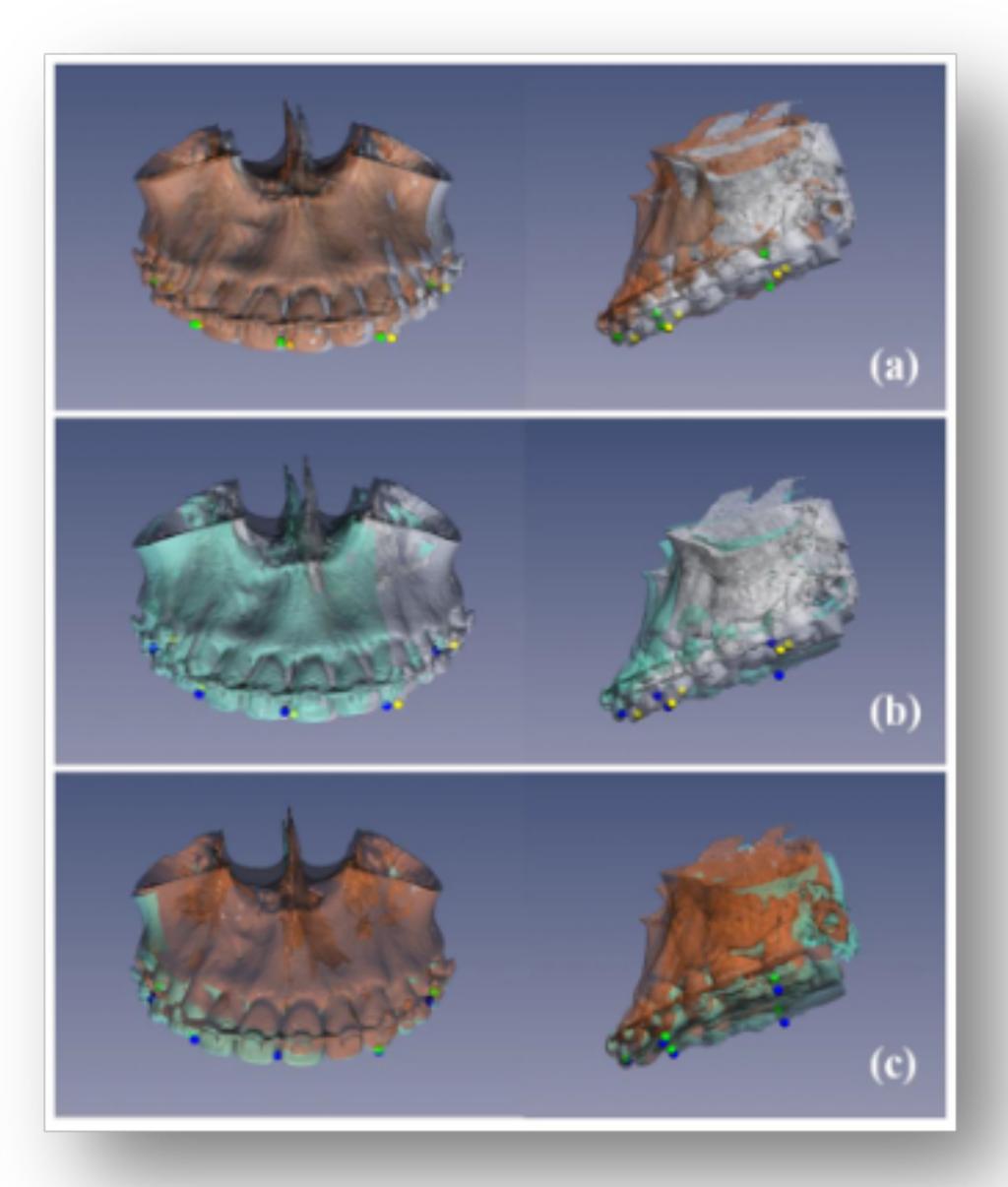


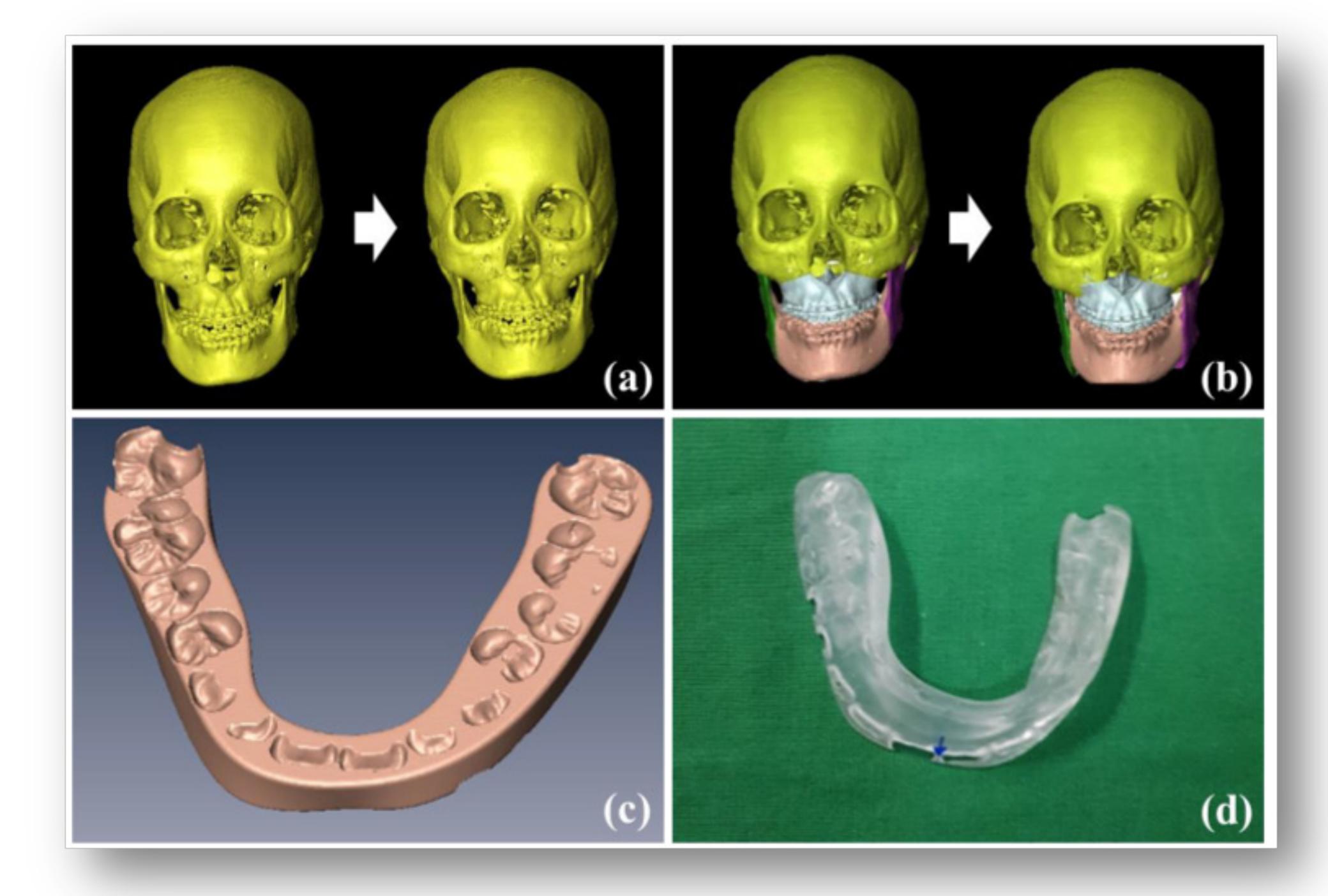




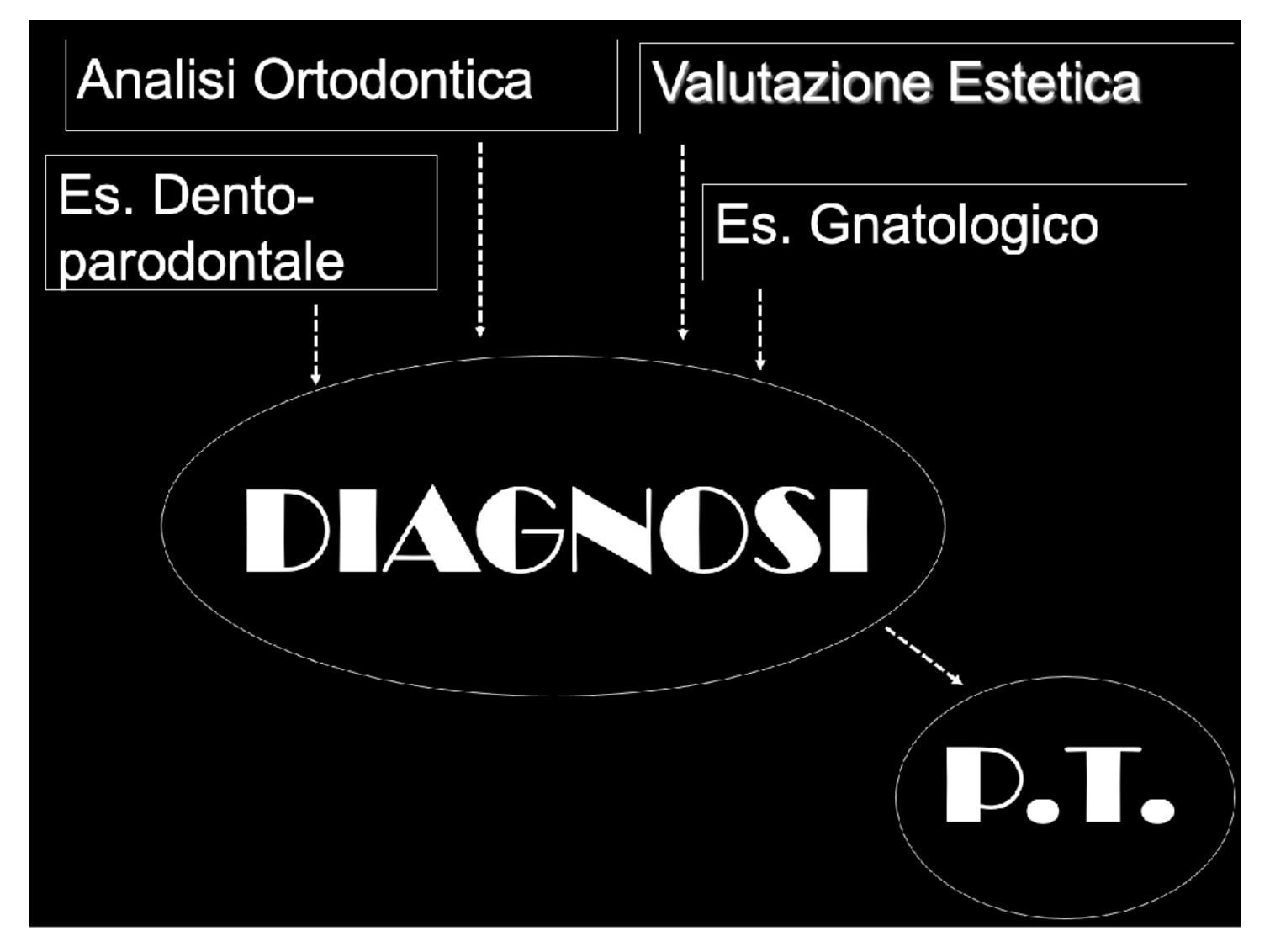






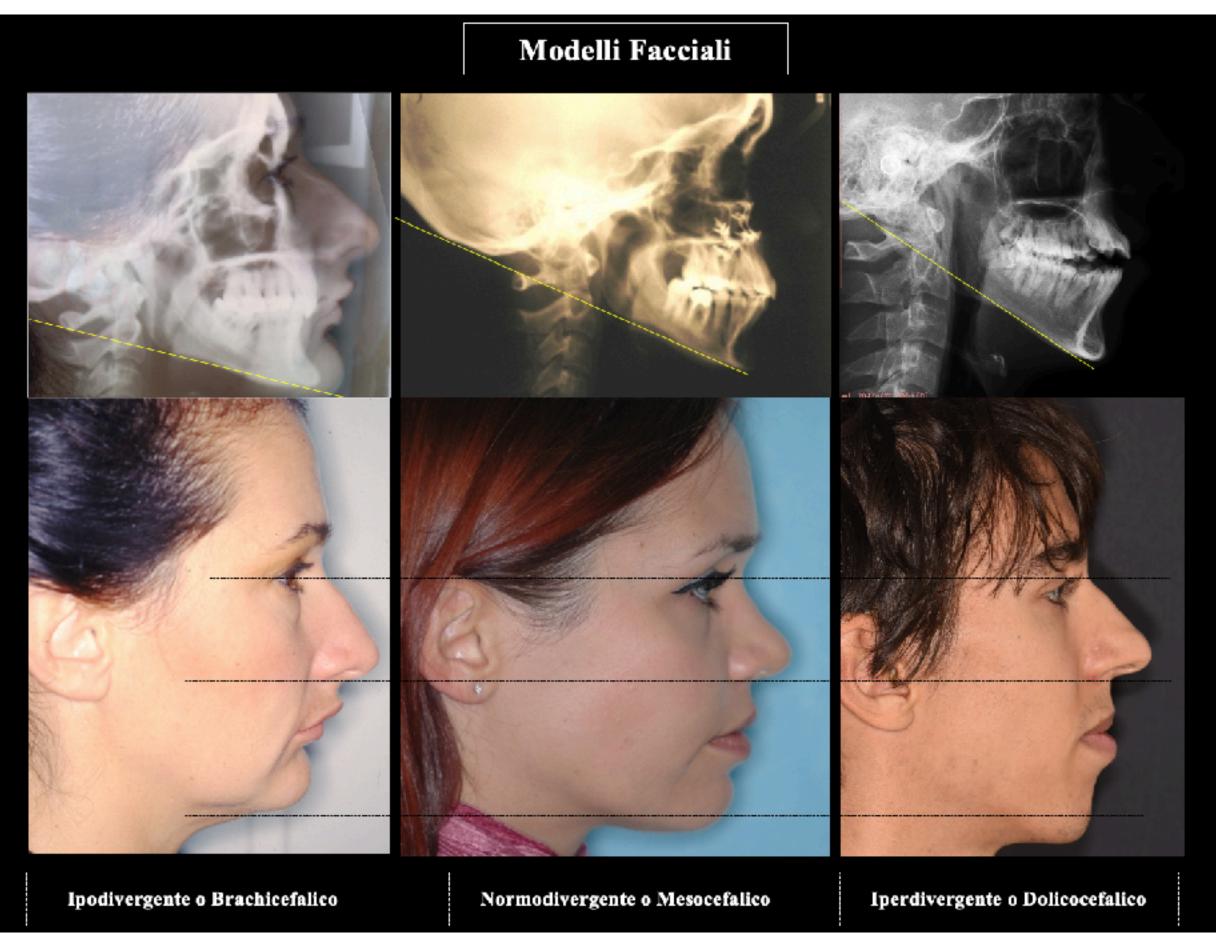


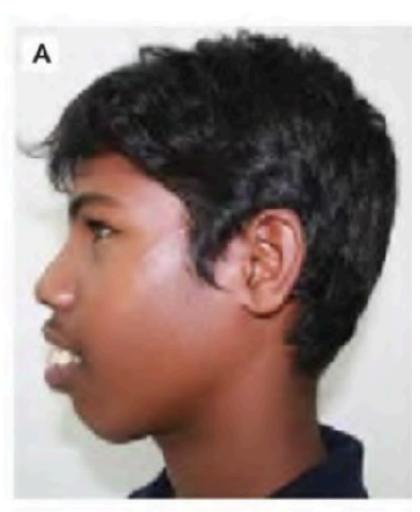
- VTO chirurgico analogico o digitale (Visual Treatment Objective)
- VTO ortodontico
- VSP Virtual Ortognatic Surgery Planning



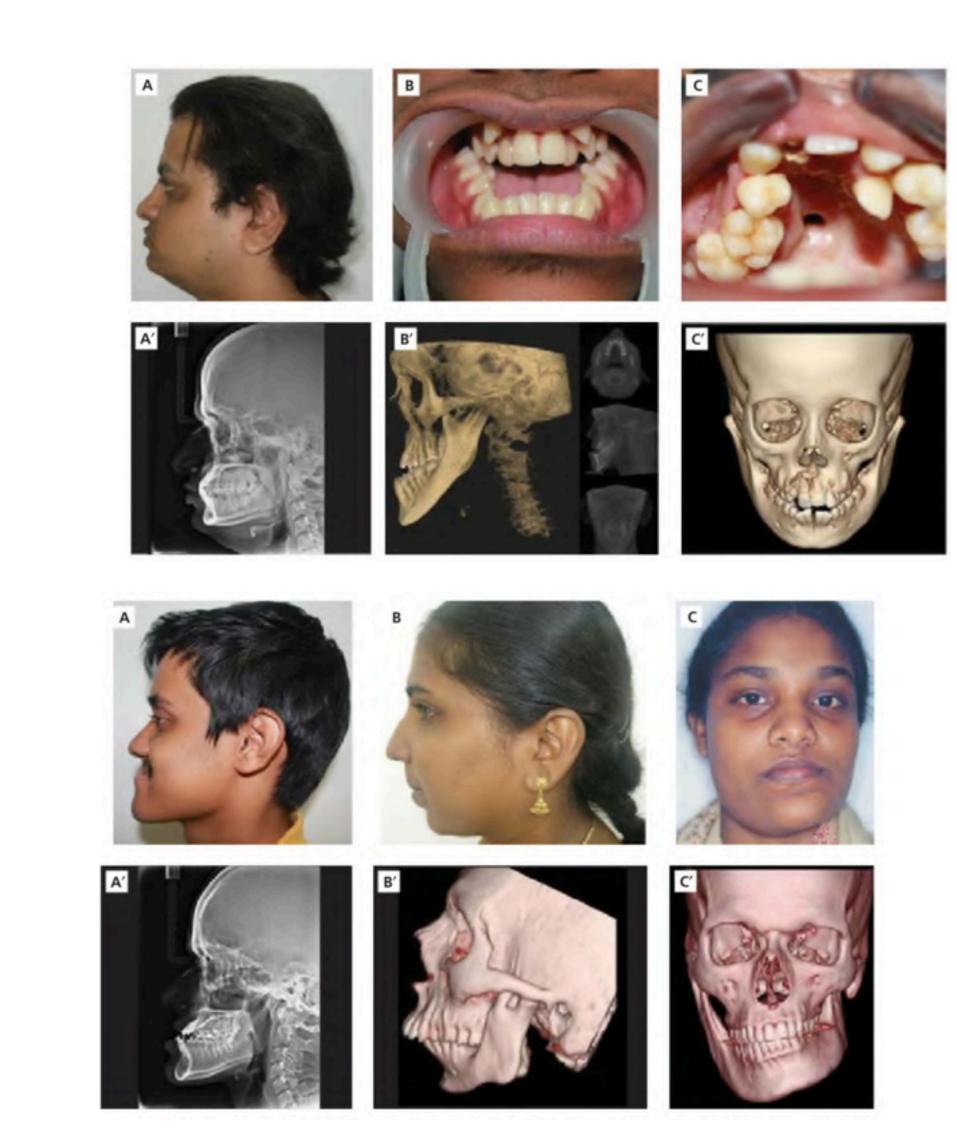
Problematiche Trasversali Ipodivergenti Problematiche Verticali Iperdivergenti SecondeCassi Problematiche Sagittali Terze Classi Individualizzazione del piano di trattamento in rapporto alle reali esigenze del paziente

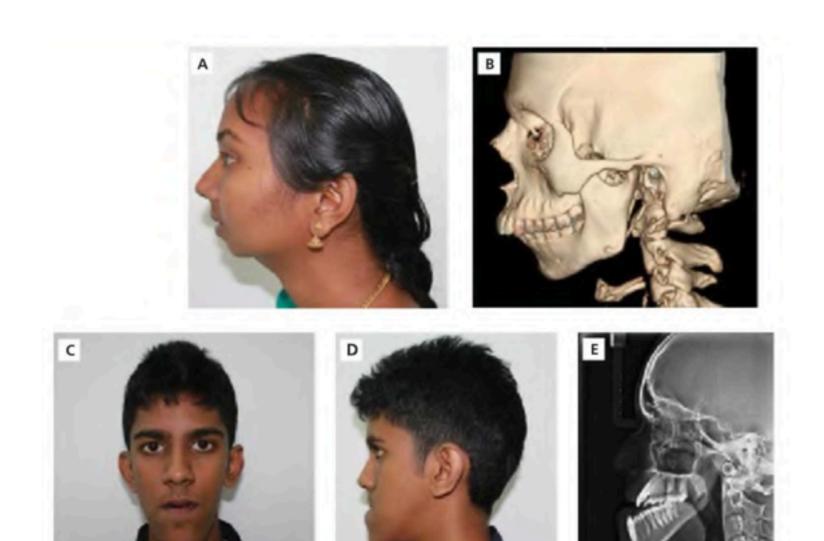


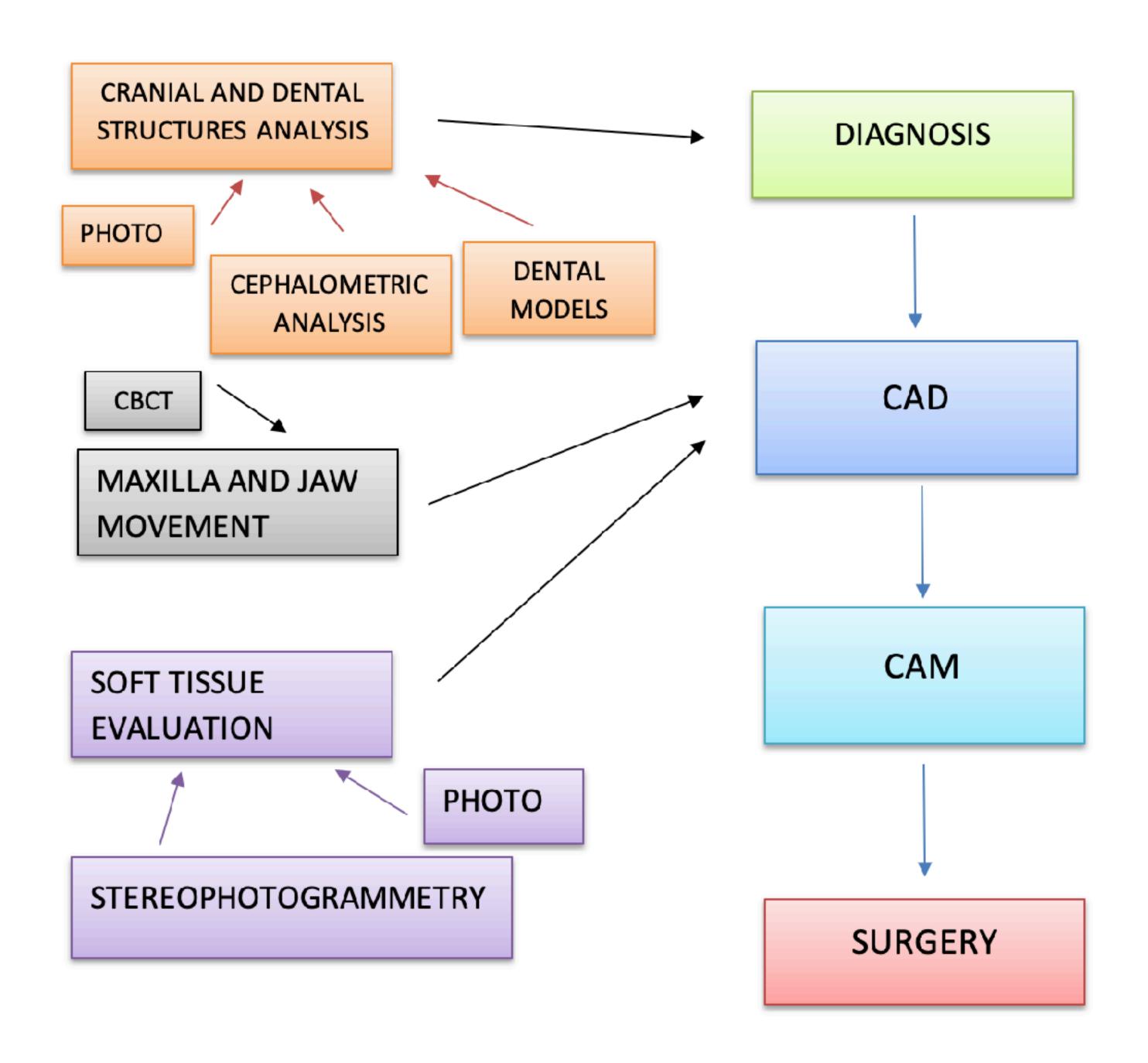








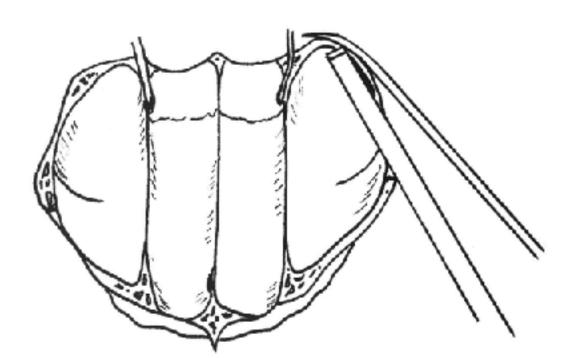




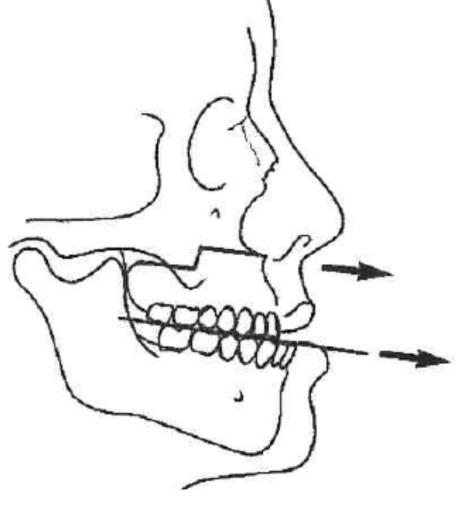
		Clinical features	Skeletal assessment	Dental assessment
Maxilla	Sagittal deficiency	 Concave facial profile Retrusive upper lip Acute nasolabial angle Alar base narrow Lack of dental display 	 SNA decreased SNB normal ANB decreased 	 SNA decreased SNB normal ANB decreased
	Sagittal excess	 Convex facial profile Obtuse nasolabial angle 	SNA increasedSNB normalANB increased	
	Vertical excess (long face syndrome)	 Convex profile Lower facial height increased Alar base constricted Nasolabial angle obtuse Excessive gingival show Excessive incisor show Lip incompetence Mentalis strain with lip closure Chin vertically long, retruded 	 Lower facial height increased SNA decreased SNB decreased ANB increased Mandibular plane angle steep Palatal occlusal plane increased 	 Class II, Class I Anterior open bite Maxillary arch constricted Curve of Spee, flat-accentuated Dental crowding
	Vertical deficiency (short face syndrome)	 Concave facial profile Lower facial height decreased Nasolabial angle acute Alar base widened Lack of incisor show Chin protruded 	 Lower facial height decreased SNB increased ANB negative Palatal occlusal plane decreased Edentulous appearance 	 Class II, Class I Deep bite Crowding Curve of Spee is reverse Mandibular plane angle—acute
Mandible	Deficiency	 Convex profile Retruded chin Lower lip everted Deep labiomental crease Mentalis strain with lip closure 	 SNA normal SNB decreased ANB increased Ar-Gn decreased 	 Class II Mandibular incisors proclined Maxillary incisor retroclined Curve of Spee accentuated
	Excess	 Concave profile Midface appears deficient Lower third broad Lower lip thin 	SNA normalSNB decreasedANB decreased	 Class II Maxillary incisor proclined Mandibular incisors retroclined

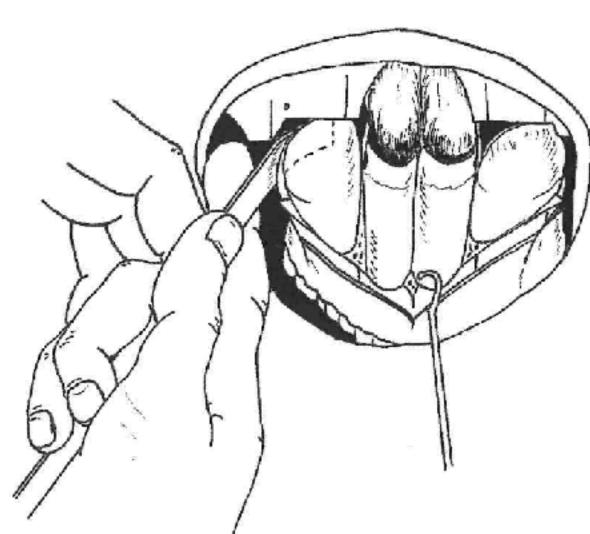
Osteotomie Mascellari

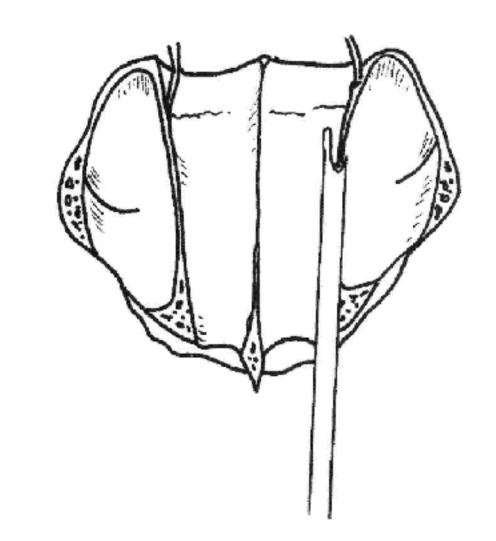
- Le Fort I: fino a 10-12mm in avanti e 6-8 verso l'alto/basso
- Le Fort I a più frammenti: mediana o in sede canina
- Ostetotomia mascellare segmentale anteriore: estrazione IVi e arretramento anteriore
- Osteotomia settoriale postero-laterale ad intrudere i settori posteriori.

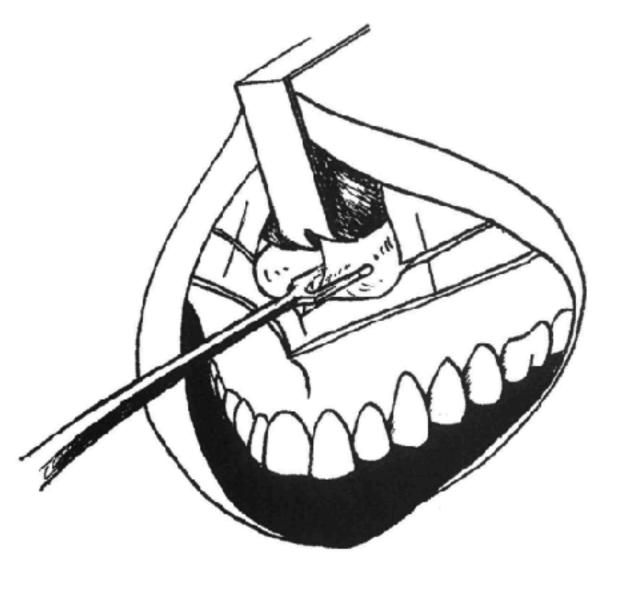


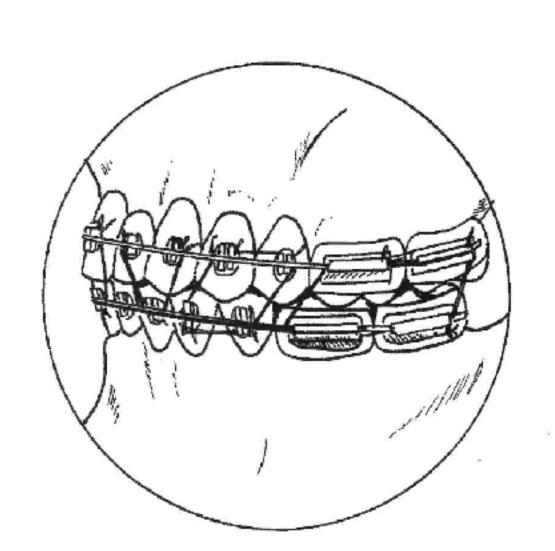
Le Fort I



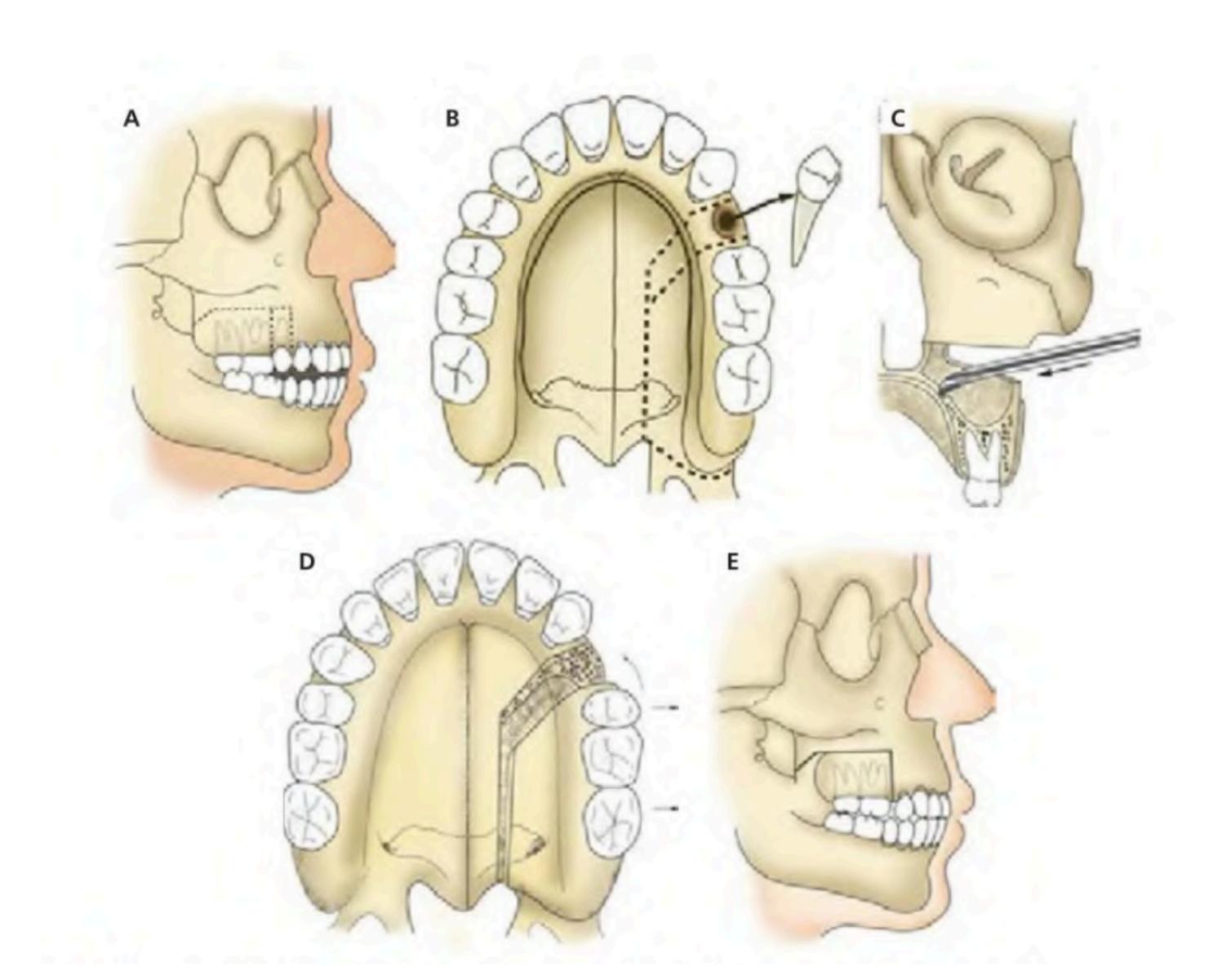








Osteotomia settoriale posteriore



Osteotomia segmentale anteriore

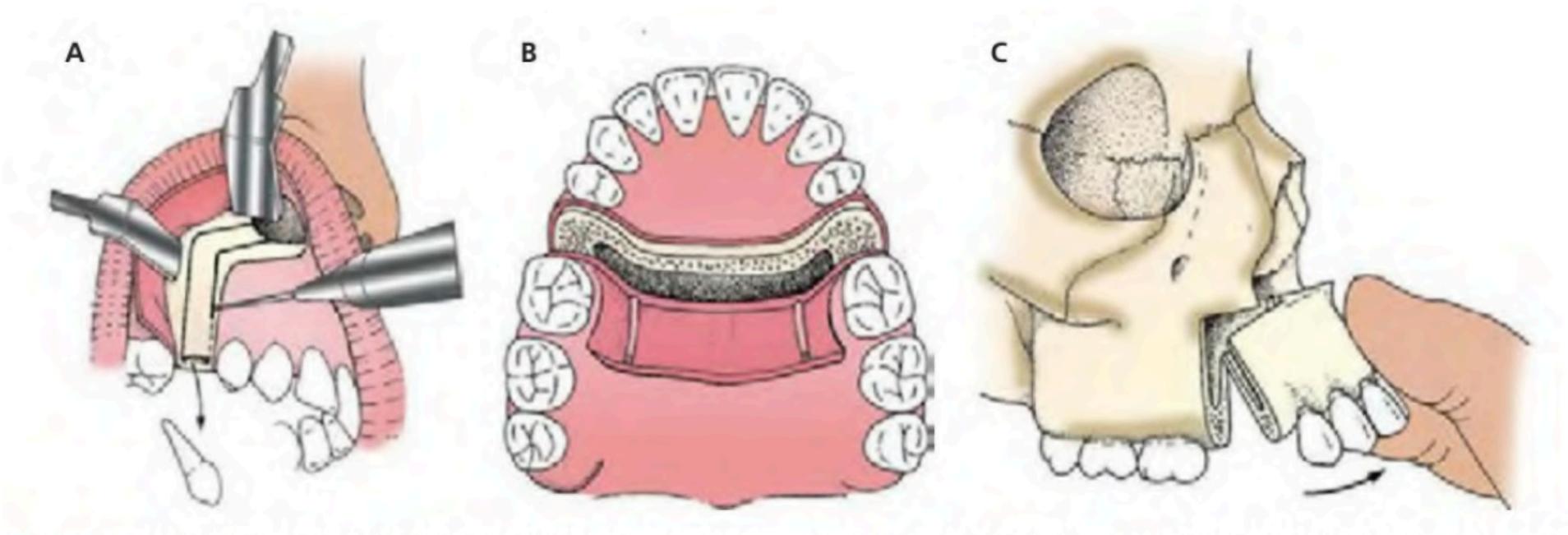
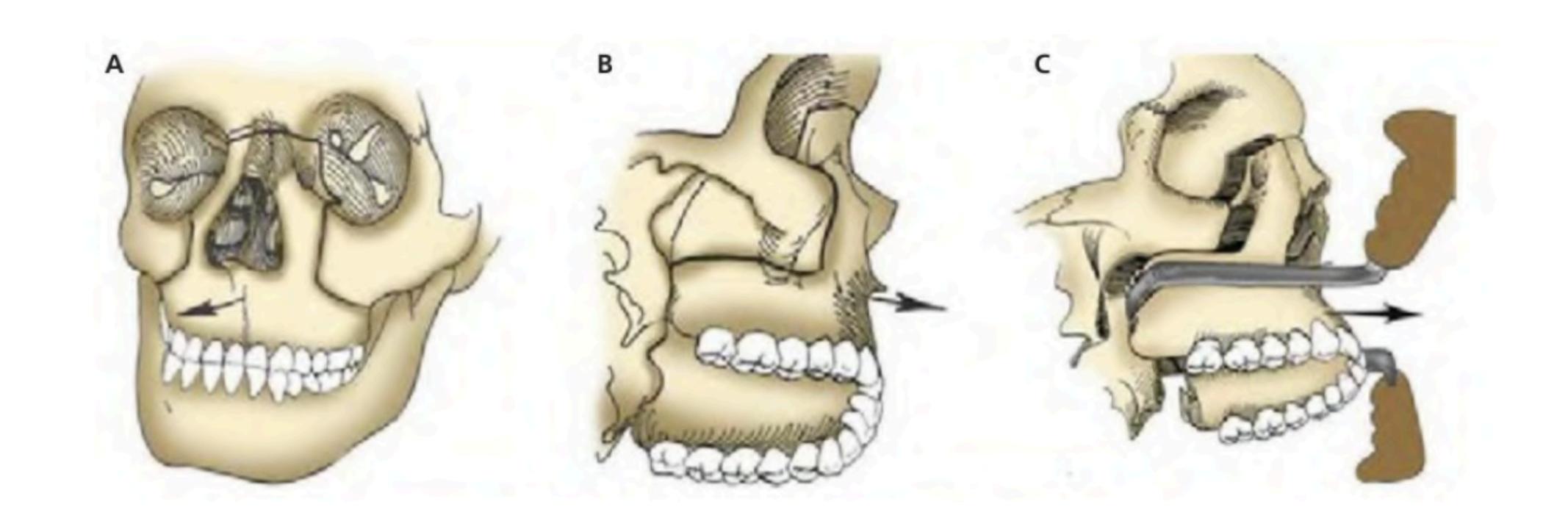
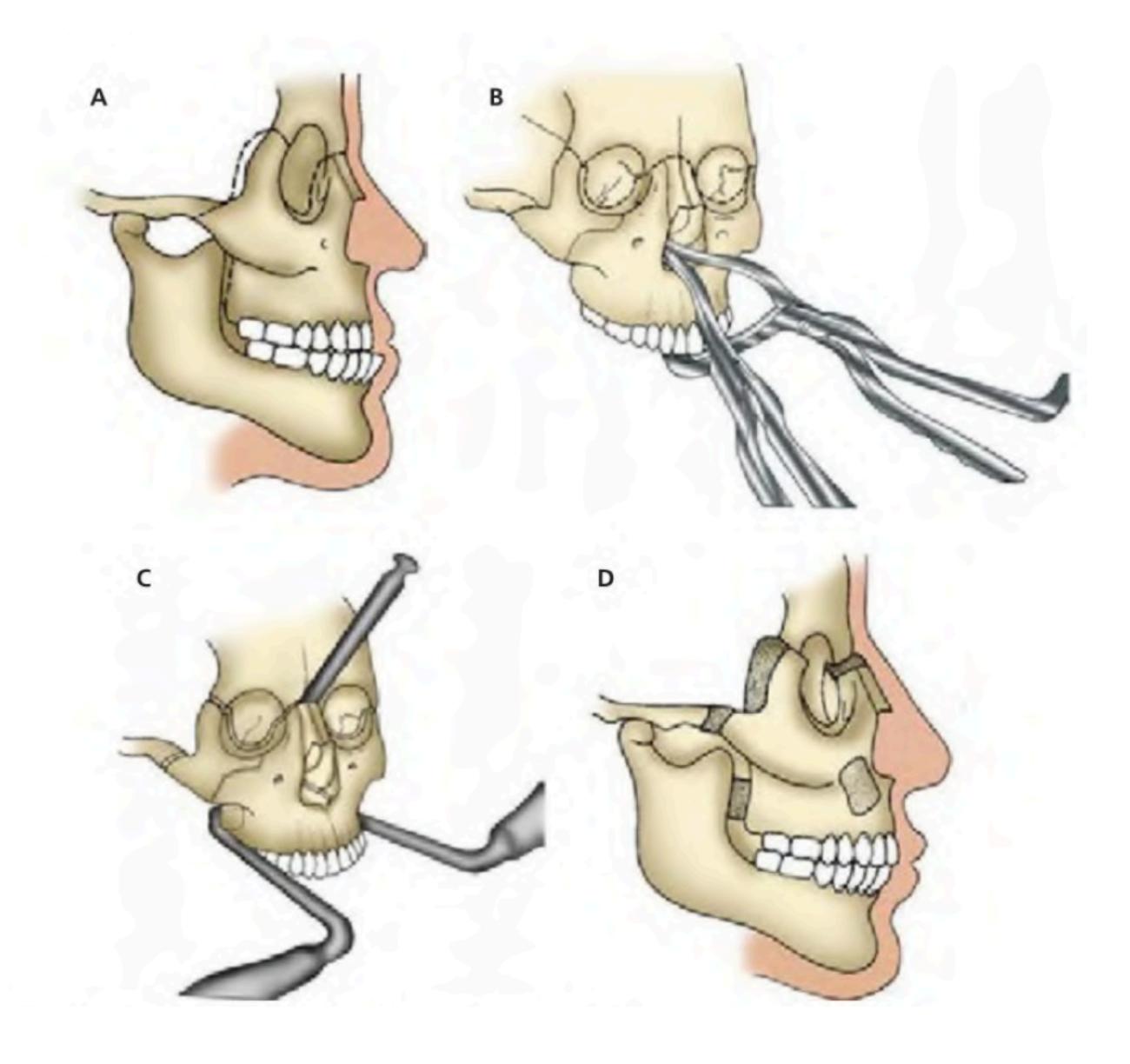


Fig. 35,19 Wunderer technique for repositioning anterior segment: A Buccal bone cut. B Transpalatal incision made; flap elevated and palatal cut made. C Maxillary segment separated.

Osteotomia Le Fort II

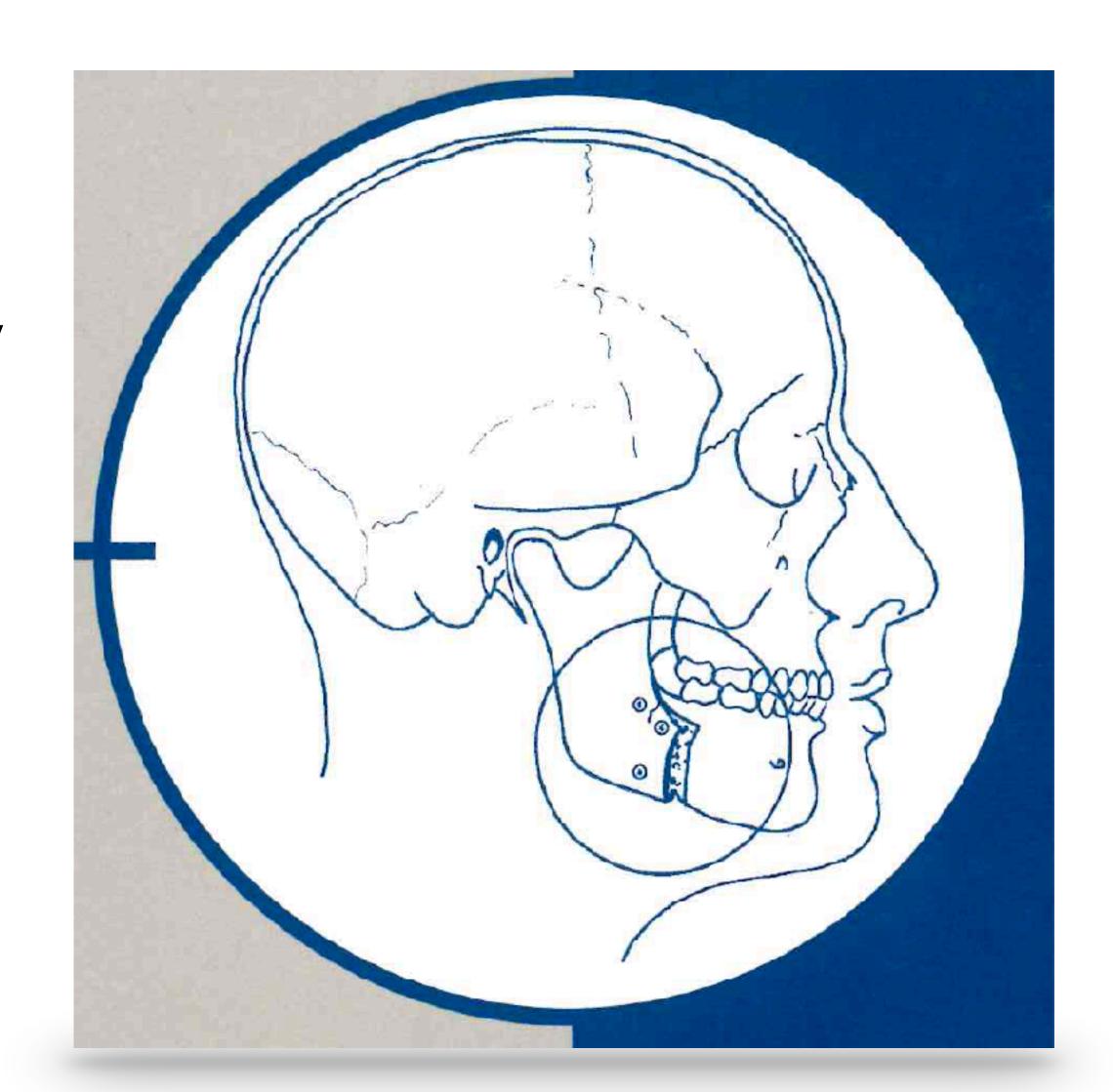


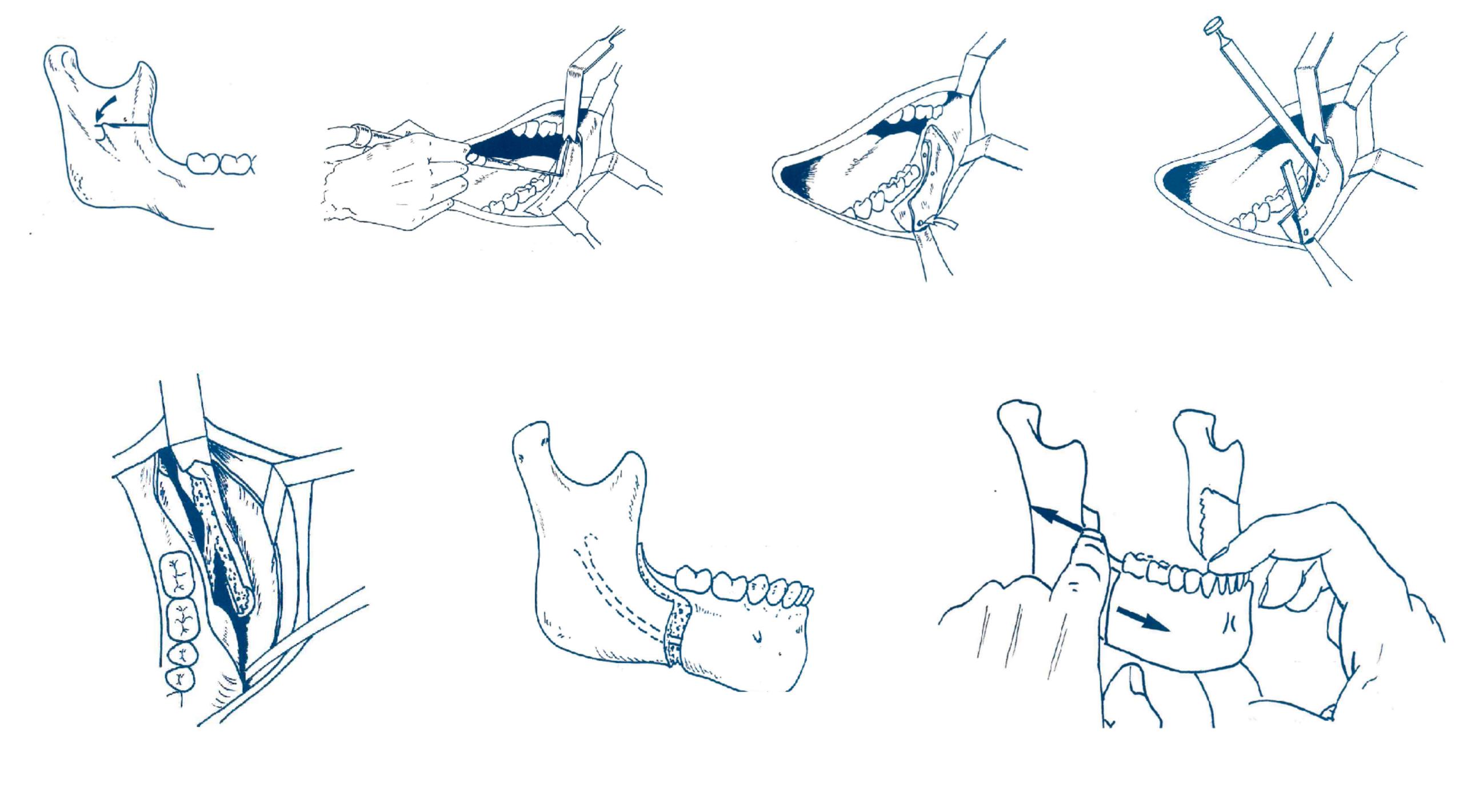
Osteotomia Le Fort III



Osteotomie di Mandibola

- BSSO: Bilateral Split Sagittal Osteotomy
- Osteotomie segmentarie intraforaminali
- Genioplastica





 All'intervento segue un periodo di contenzione e di tipo ortodontico per finalizzare il risultato.