

Findings: Quality of Life Questionnaire (OQLQ) questionnaires were applied in 166 patients. The scores in the domains between T0 and T1, indicating significant improvement in quality of life, with the exception of patients Angle Class I. OQLQ the preoperative ($T0 = 48.0 \pm 22.8$) to postoperative ($T1 = 11.9 \pm 7.8$), and a significant improvement in quality of life related to oral health after surgery.

Conclusion: Surgical moment is the major milestone in the improvement of quality of life, patients older than 35 years old do not improve social domain and patients with Angle Class I occlusion do not improve functional domain.

<https://doi.org/10.1016/j.ijom.2019.03.787>

Surgical treatment of condylar hyperplasia: an innovative protocol

M.E. Muñoz-Pereira*, L.Z. Reolon, A. Machado-Fernández, R. Guijarro-Martínez, I. Méndez-Manjón, A. Valls-Ontañón, F. Hernández-Alfaro, R.B. de Oliveira, O.L. Haas Junior

Pontifícia Universidade Católica do Rio Grande do Sul (PUCRS), Porto Alegre, Brazil

Background: Condylar hyperplasia (CH) of the mandible is a progressive overgrowth, resulting in severe facial asymmetry with functional and aesthetic impairment, worsening of a dentofacial deformity (DDF). It has been suggested that possible etiologies could comprehend trauma, infections, benign and malignant tumors, hormonal and hereditary or aberrant growth factors.

Objectives: The purpose of these case reports is to present a surgical protocol associating orthognathic surgery to proportional condylectomy with an intraoral approach.

Methods: Two patients with clinical and complementary exams (scintigraphy Tc-99 and Cone-Beam Computer Tomography) were diagnosed with CH. Both were submitted to proportional condylectomy via an intraoral approach plus orthognathic surgery. It was done proportional condyle measurements and virtual surgical planning of maxillary and mandibular osteotomies utilizing Dolphin® software, for proper correction of the DDF and accurate removal of the affected condyle. In one case, the alveolar inferior nerve (AIN) was trans-positioned in order to perform the mandibular basal osteotomy for symmetry correction.

Findings: Excellent functional and aesthetic results were obtained with good dental and skeletal stability. One of the affected condyle was histopathologically diagnosed as Osteochondroma.

Conclusion: Based on these results, the surgical protocol associating proportional condylectomy and orthognathic surgery may provide a predictable and stable method for correction of facial asymmetry caused by unilateral CH. Performing an intraoral approach minimizes the chances of motor nerve impairment during the traditional preauricular approach, whilst avoids extraoral scars. The great advantage of this protocol is to provide just one surgical moment with low financial cost.

<https://doi.org/10.1016/j.ijom.2019.03.788>

Computed tomography evaluation after sagittal split osteotomy

P.B.R.N. Souza*, J.C. Dos Santos, G. Cunha, F.S. Salmen, M.F.R. Gabrielli, M.D. Salmen, M.A.C. Gabrielli

Sao Paulo State University, School of Dentistry, Araraquara, Brazil

Background: Considering the possible influence of the bone thickness on the fracture pattern after bilateral sagittal split osteotomy (BSSO). Pre and immediate postoperative CT scans of 62 surgical sites submitted to BSSO were analyzed by Dolphin 3D software.

Objectives: This study evaluates the split pattern after sagittal split ramus osteotomy and its correlation with the bone thickness.

Methods: Preoperative analyses was done in a four thickness measurements: A- 1.5 millimeter (mm) above the lingula. B- 1 mm from the anterior border of the ramus. C- 5 mm distally to the last molar and 5 mm from the upper border of the mandible (retromolar region) D- Region between the first and second molars. Postoperative exams: classified the split pattern in I (True Hunsuck), II, III or IV (Bad Split). The data were analyzed by Kruskal-Wallis test and by the Dunn post-test.

Findings: 35 type I, 01 type II, 19 type III and 07 type IV. Type I presented the highest thickness average values for the four measurements, type IV, the lowest values. The variable bone thickness was statistically significant only for A, when the types I and IV were compared.

Conclusion: The thinner mandibular ramus are more prone to bad splits.

<https://doi.org/10.1016/j.ijom.2019.03.789>

Bimaxillary advancement, what is the long-term stability of the most constricted area? 5 years evaluation

N. Oliveira Azevedo*, S. Queiroz de Araújo, R. Franklin Gondim, R.T. Gonçalves Filho, R. de Matos Brito Lima Verde, R. Lima Verde Osterne, P. Maia Araújo, A. Cavalcante Gomes de Souza Carvalho, R. Barroso Cavalcante, R.L. Maia Nogueira

Federal University of Ceará

Background: The maxillo-mandibular advances obtained in orthognathic surgery promote an increase in airway, being one of the therapeutics options for patients with dento-skeletal deformities.

Objectives: It was to compare alterations in three specific regions of the airways in the most constricted area after the bimaxillary advancement, using a Conical Beam Computed Tomography (CBCT).

Methods: A retrospective study with a sample of 30 patients, both sexes, whose CBCT were evaluated in four periods: preoperative (T0), postoperative up to thirty days (T1), postoperative of 1 year (T2) and postoperative of 5 years (T3). Then, the quantification of greatest constricted area, in nasopharynx, oropharynx and hypopharynx, was performed and compared between the periods.

Findings: In the nasopharynx the results were from T0 to T1 of 1.85 cm² (308.10%), from T0 to T2 of 1.32 cm² (221.90%) and from T0 to T3 of 0.59 cm² (93.57%). In the oropharynx the gains were from T0 to T1 of 0.88 cm² (147.87%), from T0 to T2 of 0.48 cm² (83.80%), from T0 to T3 of 0.35 cm² (46.30%), and in the hypopharyngeal the gains were from T0 to T1 of 1.31cm² (178.27%), from T0 to T2 of 0.68 cm² (92.95%), from T0 to T3 of 0.36 cm² (50.63%). It was evaluated the most constricted area