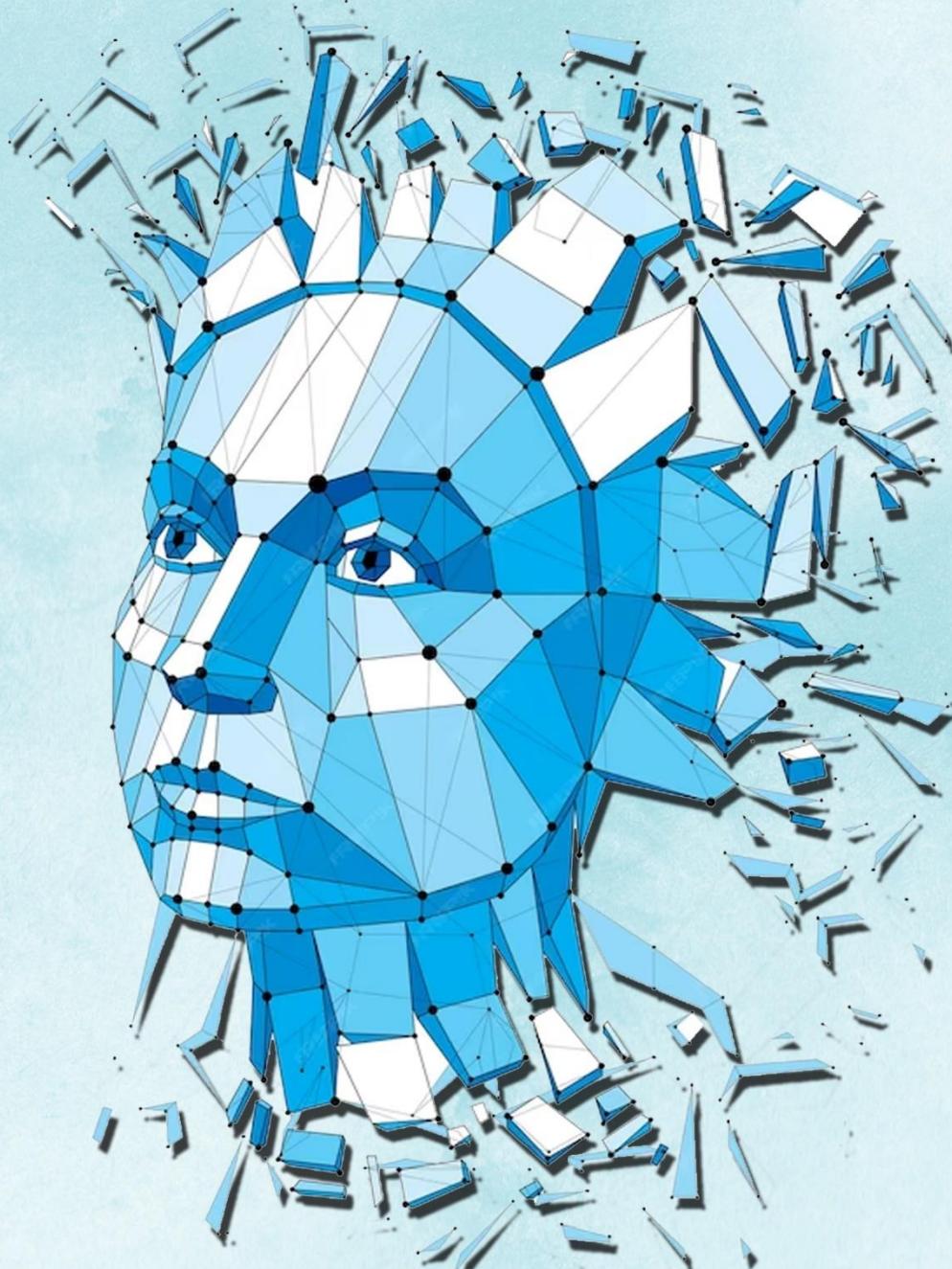




19th Annual Conference of AOMSI Kerala State Chapter - 2023

MAXFAX : It's Digital all the way

Host : AOMSI KANNUR



SOUVENIR

Date : 13th to 15th October 2023

Venue : Krishna Beach Resort, Kannur





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Chief Minister, Govt. of Kerala



Mr. Pinarayi Vijayan



No. 833/Press/CMO/23

05 October, 2023

MESSAGE

I am happy to know that the Association and Oral and Maxillofacial Surgery – Kerala Chapter is planning to publish a souvenir as part of the annual conference which is scheduled to be held at Kannur.

I extend my good wishes to the conference and to the souvenir which is being brought out to mark this occasion.

A handwritten signature in black ink, appearing to read "Pinarayi Vijayan".

Pinarayi Vijayan

The Secretary
AOMSI
E-mail: sreejithv27@gmail.com



MEMBER OF PARLIAMENT (LOKSABHA), THIRUVANANTHAPURAM



DR.SHASHI TAROOR



DR. SHASHI THAROOR
MEMBER OF PARLIAMENT (LOK SABHA), THIRUVANANTHAPURAM
CHAIRMAN, CHEMICALS & FERTILIZERS COMMITTEE OF PARLIAMENT

No. ST/763/2023/MSG

MESSAGE

I am pleased to learn that the Kerala chapter of the Association of Oral and Maxillofacial Surgery India (AOMSI) is organizing their 19th Annual Conference on the 13th, 14th, and 15th of October at Kannur.

The ongoing digital revolution has had an astounding impact in the medical field. It is remarkably impressive to witness the Oral and Maxillofacial surgeons of Kerala congregate to further discuss the importance of incorporating technology in their specialization. I am certain this event will produce fruitful and informative outcomes.

I would like to convey my appreciation to Dr. V Manoj Kumar and the committee for all their efforts in organizing this pivotal conference. I am confident that the conference will be a success and wish all the attending surgeons the best in their future endeavours.

Jai Hind

Dr. Shashi Tharoor





**DR.VIKAS DHUPAR
PRESIDENT, AOMSI**

Greetings from the head office of AOMSI
Dear Colleagues,

It is my pleasure to pen this message for the 19th AOMSI Annual conference of AOMSI, Kerala state chapter at Kannur. The organising committee led by Dr V Manoj Kumar, chairperson and Dr Sreejith V P, organising secretary have put in a lot of effort to present a conference par excellence.

Theme of the conference MAXFAX- the digital all the way, very apt for the present times. Dr Sony Jacob scientific chairperson along with his team has compiled a very comprehensive program. Dr Joseph Edward has been guiding the organising committee at every step as the conference secretary.

These conferences are possible with the active support of office bearers of the state chapter of Kerala. Kudos to Dr Arun Babu, President and Dr Akilesh Prathap honorary general secretary for the excellent leadership throughout the year.

After the scientific deliberations, social events will help establish a great camaraderie among the maxillofacial surgeons.

My best wishes for the success of the conference.

Jai hind

Vikas Dhupar

President, AOMSI





DR. GIRISH RAO
Hon. SECRETARY, AOMSI

At the outset, I would like to congratulate the President Dr Arun Babu, Hon Secretary Dr Akhilesh Pratap, Hon Treasurer Latha Rao, Conference Secretary Dr Joseph Edward, Organizing Chairman Dr Manoj Kumar, Organizing Secretary Dr Sreejith VP, Scientific Committee Chairman Dr Sony Jacob Mevada, Preconference Chairman Dr Jibin Jose Tom and Treasurer Dr Ushass P and the most enthusiastic and hard working office bearers and team of Kerala state chapter for organizing the 19th State Chapter of AOMSI in Kannur on 13th – 15th October 2023 themed MAXFAC : It's Digital all the Way.

The conference will host a number of keynote speakers, paper presentations and panel discussions in the scientific extravaganza. Dr BR Naik Oration will be delivered by Dr Sanjeev Nair.

I believe that this chapter is infused with zeal and energy to pursue the activities of our dear speciality. It has been heart warming to see the passion among all our surgeons in working towards spreading awareness about maxillofacial surgery in their own capacities. Let us celebrate our speciality by coming together, joining hands and taking our fraternity to greater heights and making Oral & Maxillofacial Surgery a household name.

Jai Hind!

Dr Girish Rao

Hon. General Secretary AOMSI





**DR. ARUN BABU
PRESIDENT, AOMSI KERALA CHAPTER**

DEAR FRIENDS AND COLLEAGUES,

THE 19TH AOMSI KERALA STATE ANNUAL CONFERENCE IN KANNUR IS A GREAT OCCASION FOR THE OMF SURGEONS IN KANNUR TO HOST SURGEONS AND ACADEMICIANS FROM KERALA AND OTHER STATES IN INDIA.

THIS ALSO GIVES AN OPPURTUNITY TO THE OMF SURGEONS TO EXCHANGE IDEAS AND OPINIONS AND REFRESH THEIR KNOWLEDGE IN MEANINGFUL INTERACTIONS WITH OTHERS ON FASTLY DEVELOPING SURGICAL AND MEDICAL SPECIALITIES.

KANNUR IS FAMOUS FOR ITS RELIGIOUS HARMONY AND INTIMACY. IT IS THE PLACE WHERE NATIONAL NAVAL ACADEMY IS SITUATED AND ALSO RENOWNED FOR THE FAMOUS PARASSINNIKKADAVU TEMPLE AND WIDELY ACCLAIMED RITUAL, THE THEYYAM.

KANNUR IS VERY NEAR TO THE CITY OF MANGALORE AND OTHER DISTRICTS IN SOUTH-WEST KARNATAKA. IT IS WITH GOOD ROADS, RAIL AND AIR CONNECTIVITY.

I SINCERELY HOPE ALL DELEGATES AND PGS HAVE A GREAT TIME AND CAN TAKE BACK PLEASANT MEMORIES OF THIS EVENT. I AM SURE THE CONFERENCE COMMITTEE IS DOING EVERYTHING POSSIBLE TO MAKE THIS A WONDERFUL AND COLORFUL EVENT.

I WISH ALL SUCCESS.

JAI AOMSI

DR.ARUN BABU

PRESIDENT, AOMSI KERALA CHAPTER





DR.AKHILESH PRATHAP
Hon. SECRETARY, AOMSI KERALA CHAPTER

Greetings from Aomsi Kerala State office

On behalf of Aomsi Kerala state branch I would like to welcome all the faculties, Delegates and Postgraduates to the nineteenth Annual state conference of Aomsi Kerala branch being held at Kannur. The organizing committee has left no stone unturned to ensure a memorable conference. The scientific programs have been fixed keeping in mind the changing trends in the practice of our Specialty. Focused Post Graduate training is one of the important goals of our association and we have included sessions specifically aimed for their benefit. Conferences, along with imbibing and sharing knowledge and skills, are also a great way of meeting new people and making friends.

Aomsi Kerala has steadily grown over the years both in terms of membership and academic activities. We have also started focusing and conducting awareness programs to ensure that our specialty becomes a household name and is easily recognized by the public in the coming years. We are also fortunate to have a lot of talented and committed youngsters amongst our members who will surely take our association and specialty to greater heights.

I wish the organizing committee all success, A special word of appreciation for Dr Anjali Sudhakar and Dr Sameena for all their hard work to make this excellent conference souvenir.

DR.AKHILESH PRATHAP
Hon. SECRETARY, AOMSI KERALA CHAPTER





DR.JOSEPH EDWARD
CONFERENCE SECRETARY

Dear Delegates,

It gives me immense pleasure to address & welcome each one of you to the 19th Annual State Conference of AOMSI –Kerala State Chapter held at Krishna Beach Resort, Kannur from 13th to 15th October 2023.

The field of Oral & Maxillofacial Surgery in particular is going through lots of challenges at present. It is essential for us to create a niche for ourselves especially in the fields where there is considerable overlap with other specialities. To put together an agenda organizing conferences, bringing everyone under one umbrella to gain knowledge and network with relevant people is always salient. Numerous colourful enlightening CDE's with various activities through my presidential year have been conducted and I am glad that the term is ending with a mega conference .This conference is tailored to provide postgraduates and delegates an exclusive opportunity to create a general rapport, share, improve their knowledge and get updated through eminent renowned Surgeons under one roof .Trade fairs including national and international traders to showcase and demonstrate

their new products and services are noteworthy.

I take this opportunity to wholeheartedly congratulate of Kannur members for the excellent organization. Top event organizers should specially be appreciated Dr. Manoj Kumar V; Organizing Chairman, Dr. Sreejith V P; Organizing Secretary and all team members and the full organization team for the utmost efforts to make this conference well-organized, well-balanced with a very topical agenda. In this occasion, I would also like to extend my gratitude and thanks to all the members for their constant support and inputs to sustain the growth of our association and also for their active participation with their generous support
and abiding friendship making my term fruitful and this conference a memorable one .

I congratulate my colleagues in choosing picturesque venue and outstanding faculty.

Looking forward to meet you all in Kannur.

Sincere Regards
Dr. Joseph Edward





**DR. JAYAKRISHNAN NAMBIAR
PRESIDENT, IMA, THALASSERY**

As President of IMA Thalassery I express my delight and joy in extending my warm greetings to all the esteemed delegates and members of the Association of Oral and Maxillofacial Surgeons of India Kerala Chapter. Kannur is undoubtedly the land of looms and lores with a rich colonial legacy and heritage running back to nearly two and a half centuries. The people of Kannur have much to showcase by way of Colonial Modernity with regard to cuisine, culinary arts, food cultures, etiquette and besides everything a rare blend of Cosmopolitanism in lifestyle and attitude towards all new innovative trends in medical and health sciences. Human identity is built through body, facial features and symmetry of bone structures. This is one crucial reality realised by all the people and I am sure that Oral and Maxillofacial surgeons are going to be the architects of human identity with their expertise in the sculpting of symmetry and facial aesthetics. We are at a juncture where digital technologies rule the roost and Artificial Intelligence is going to make a big sweep across all medical disciplines to bring progressive results for better life and enhanced sense of well being. In such a context the 19th Annual Conference of AOMSI Kerala Chapter is hosted at Kannur to light the flame of new innovative challenges. I wish all of you who are either directly or indirectly associated with this event a wonderful experience that would open up new vistas of opportunities and growth.

Sincere Regards

**DR. JAYAKRISHNAN NAMBIAR
PRESIDENT, IMA, THALASSERY**





**DR.MANOJ KUMAR V
ORGANIZING CHAIRMAN**

Dear all,

It is indeed my privilege and honor to welcome you to the 19th AOMSI Kerala state conference to be held at Kannur Beach Resort from October 13th to 15th 2023. This conference is held annually with the aim to import knowledge upgrade surgical skills and to be at par with the advancement in technology/artificial intelligence. The theme of the conference is "MAXFAX"-its digital all the way.

I would like to congratulate the organizing team and committee members of Kannur chapter –AOMSI for taking up the challenge of hosting this prestigious event. This will be an ideal platform for exchange of ideas in various aspects of our field of professionals, esteemed speakers and presenters with keynote address, scientific session's workshops, paper/poster presentations and trade fair.

I am pretty sure this conference will be stimulating and productive. Personally I hope you will enjoy our hospitality, the rich culture and cuisine of north Malabar.

Looking forward to...

Professor Dr.Manoj Kumar .V

Organizing Chairman





**DR. SREEJITH VP
ORGANIZING SECRETARY**

It is with great honour that I welcome everyone to the 19th state conference to be held at kannur. It is fairly obvious that a lot of efforts have been put in by everyone concerned to ensure the success of this conference.

The theme for the conference is - MAXFAX: "It is digital all the way". With the development of dental technology, traditional dental treatment methods are gradually replaced by digital dentistry. Its sure that you will be improving your knowledge and skills in various concepts with guidance of scholars in the field. Kannur is being famous for its beaches, natural treasures, folk art and loom industries. In addition you will have the opportunity to explore the greatest tourist spots and dishes in kannur.

Warm personal regards,

Dr Sreejith V P

Organizing Secretary.



DR.SONY JACOB MEVADA
SCIENTIFIC COMMITTEE CHAIRMAN

It is with great pleasure and a sense of profound responsibility that I welcome you all to the Scientific programme of the 19th annual conference of AOMSI Kerala state chapter at Kannur.

Our conference theme, "Maxfax : Its digital all the way" signifies that digital tools, techniques, and solutions are pervasive throughout the entire process of maxillofacial surgery. This includes digital imaging, computer-assisted planning, virtual simulations, 3D printing, robotic assistance, and other digital technologies that contribute to improved precision, efficiency, and outcomes in maxillofacial surgical procedures.

We are at the forefront of innovation and discovery, constantly pushing the boundaries of what is possible in patient care. It is our duty to embrace these new horizons and exploit their potential for the benefit of our patients.

The field of maxillofacial surgery has witnessed remarkable advancements in recent years, thanks to groundbreaking research and technological innovation. As we gather here today, let us not only celebrate these achievements but also challenge ourselves to further explore the uncharted territories of our specialty. This conference is not just a platform for the exchange of knowledge, but a demonstration of the collaborative spirit that defines our community. We share a common commitment to improving patient outcomes and advancing the science of maxillofacial surgery.

I request you all to engage actively in the presentations and discussions that await us in the coming days. It is through these interactions that we will gain new insights, forge valuable collaborations, and collectively elevate our field to new heights.

Together, we have the power to shape the future of our specialty and make a profound impact on the lives of countless patients. I wish you all a productive and inspiring conference, one that leaves us all with a renewed sense of purpose and a deeper appreciation for the art and science of maxillofacial surgery.

Dr. Sony Jacob Mevada

Scientific Chairman.



KERALA DENTAL COUNCIL



DR. SANTHOSH THOMAS

Dear Friends,

Greetings From Kerala Dental Council. I Am Happy to learn that the 19th Annual State conference of Aomsi Kerala State chapter is being held at Kannur from October 13th to October 15th 2023. I am delighted to pen down my message for the souvenir being released on this occasion.

As gathered from the Office Bearers, I was able to understand that Aomsi Kerala State chapter is one of the Pioneer state Chapters of the National Association and has been in the forefront in conducting scientific activities and conferences which provides a great opportunity for its members to show case their important work and for all to learn from their peers.

Kannur is the land of looms and lores and people of Kannur are well known for their Hospitality. I wish the organizing team under Dr Manoj Kumar, Dr Sreejith V P, Dr Ushas P, Dr Sony Mevada, Dr Jibin Jose Tom and others good luck in organizing a memorable event. Wishing all success to the new office bearers under Mohammad Yahiya and sincerely pray that they take the association to greater heights

Thanking you

Dr Santhosh Thomas

President

Kerala Dental Council



EDITORIAL BOARD



DR. SAMEENA SHAMSUDEEN
CONSULTANT
ORAL AND MAXILLOFACIAL SURGERY
SREECHAND SPECIALTY HOSPITAL
KANNUR



DR. ANJALI SUDHAKARAN
SENIOR LECTURER,
MAHE INSTITUTE OF DENTAL SCIENCE
CONSULTANT
COOPERATIVE HOSPITAL
THALASSERY

Dear Esteemed Participants,

We are thrilled to extend a warm welcome to all attendees of the 19th Annual State Conference held at Kannur. Your presence at this event is a testament to your dedication to advancing knowledge and driving innovation in our field.

Over the next 3 days, we have curated a program that encompasses a diverse range of topics, ensuring that there is something for everyone. From keynote presentations by industry leaders to interactive workshops and panel discussions, we aim to foster an environment of intellectual exchange and collaborative learning.

This conference serves as a platform for us to come together, share our insights, and forge connections that will shape the future of Oral and Maxillofacial surgery. We encourage you to actively engage in discussions, ask questions, and network with your peers. The exchange of ideas that occurs in these sessions often leads to breakthroughs and new perspectives that can have a profound impact on our work.

We would like to express our deepest gratitude to our sponsors, without whose support this event would not have been possible. Their commitment to our community and the advancement of knowledge is commendable.

Finally, we hope that you make the most of your time here, not only in terms of the knowledge gained but also in the relationships built. Together, we have the power to push boundaries and make a lasting impact on our field.

Thank you for being a part of this remarkable gathering.

Warm regards,

Dr. Sameena Shamsudeen
Dr. Anjali Sudhakaran



CHIEF GUEST



LT GEN VINOD NAYANAR, PVSM, AVSM

1. Lt Gen Vinod Nayanar, PVSM, AVSM was commissioned in the Regiment of Artillery on 14 Nov 1971. He is an alumnus of Rashtriya Military School, Bangalore and National Defence Academy, Khadakvasla. He has successfully qualified on several prestigious courses, including the Defence Services Staff Course, Long Defence Management Course and the National Security Course at the National Defence College. He has also completed his post graduation in M.Sc (Defence Studies) from Annamalai University and Masters in Management Science from Osmania University with Distinction.
2. In an eventful career spanning 40 years, he has held many coveted command and staff assignments. He was awarded the **Ati Vishisht Seva Medal** in 2008 and the **Param Vishisht Seva Medal** in 2012 by the President of India. The General officer retired as the Director General Artillery on 31 Mar 2012.
3. After retirement he involved himself with social work; setting up a school for children with special needs in his village. The school established ten years ago presently has 50 children. He also worked as the convenor of a committee under the National Trust Act which looks after the welfare of persons with mental disabilities in Kannur District.
4. Married in 1978 to C Shylaja. Two children; Navin a market research analyst and Purnima a NIFT graduate; and three grandchildren, Adira, Nishita and Ayush.

ORGANIZING COMMITTEE



Organizing Committee



DR. MANOJKUMAR. V
Organizing Chairman



DR. SREEJITH .V.P
Organizing Secretary



DR. USHASS P
Treasurer

SCIENTIFIC COMMITTEE



DR.SONY JACOB MEVADA
Chairman



DR.SHALINI KRISHNAN
Co Chairman



DR. TONY MATHEW



DR.ABHISHEK P T



DR.DINESH D.S

PRECONFERENCE COMMITTEE



DR.JIBIN JOSE TOM
CHAIRMAN



DR.AJOY VIJAYAN
CO-CHAIRMAN



DR. MADHURI SUNIL



DR.SINISHA K S



DR.SHERMIL SYED



DR. ARJUN SHENOY
SKILL DEVELOPMENT

REGISTRATION COMMITTEE



DR. VARUN NAMBIAR



DR. SARATH .K



DR. ANJALI SUDHAKARAN



DR. SAMEENASHAMSUDEEN

SOUVENIER COMMITTEE



HOSPITALITY



DR. ANJALI



DR. SINISHA

BANQUET



DR. AMRUTH A



DR. VARUN NAMBIAR



DR. AMRUTH A



DR .NITHUN JOSE

TRADE FAIR



DR.SUJESH VISWANATHAN

GIFTS



DR.CHYTHANYA

BROCHURE



DR GERIN PAUL





19TH ANNUAL CONFERENCE OF AOMSI, KERALA STATE CHAPTER

at Kannur on 13th, 14th & 15th October 2023

on 14th October 2023 at 5.00~5.45 pm

Dr. B.R. Naik Oration



Dr. Sanjiv Nair MDS, FFD RCS (Ireland)

President
International Association of
Oral and Maxillofacial Surgery

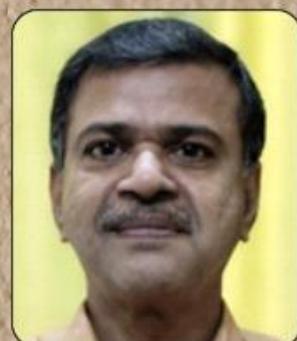
Prof & HOD
Dept OMFS,
Bangalore Institute of Dental Sciences

Senior Consultant, BM Jain Hospital, Bangalore

Chairpersons



Dr. Sujith Harshan MDS
Vice President AOMSI, Kerala State Chapter
Retired Chief Consultant,
General Hospital, Ernakulam

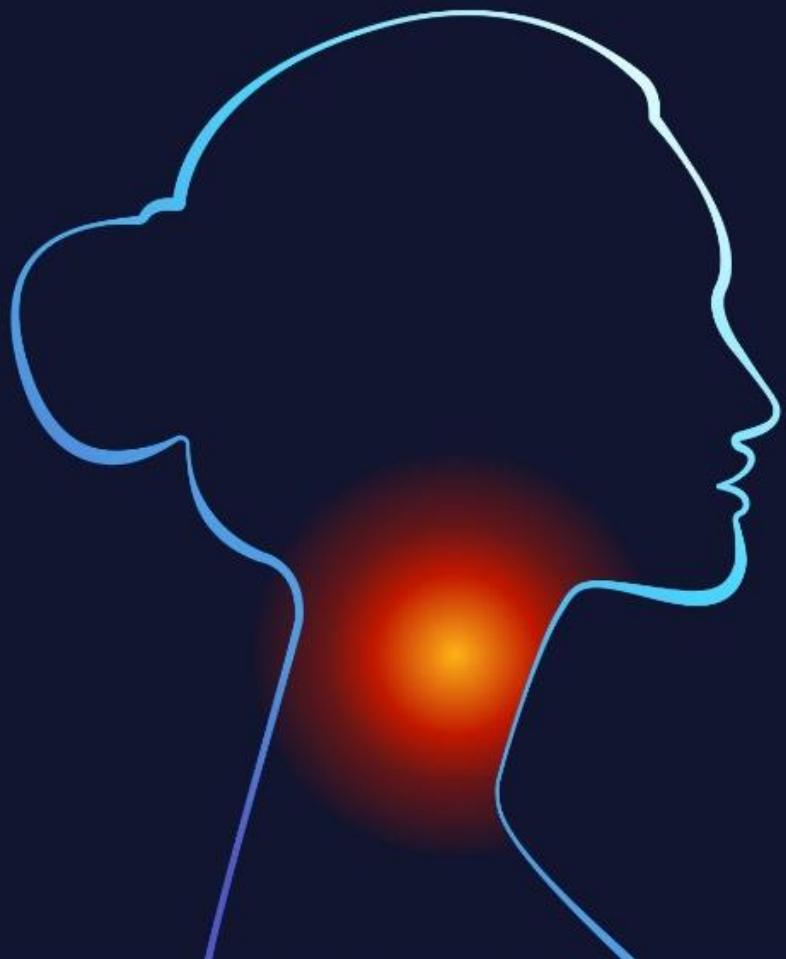


Dr. Raveendran Nair K.S. MDS
Professor & Head
Dept OMFS
Govt Dental College, Kozhikode

SCIENTIFIC SESSIONS



Endoscopic Neck Dissection



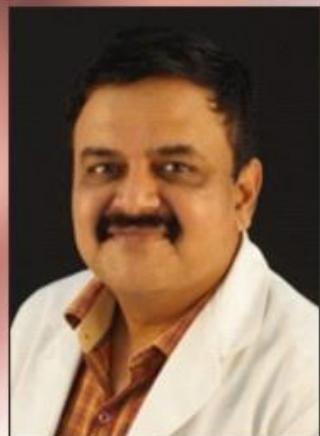
Keynote Lecture

Dr. Arjun Singh
MDS , MFDS RCPS (Glasgow)
Assistant Professor, Surgeon-Scientist,
Department of Head and Neck Oncology,
Tata Memorial Centre, Mumbai



Micro Vascular Reconstruction

Keynote Lecture



Prof. Dr. Senthil Murugan M., MDS
Professor Dept OMFS
Saveeta Dental College & Hospital, Chennai

Moderator

Dr. Ravi Veeraraghavan

HOD, Dept OMFS,
Amrita Institute of Dental Sciences



Panelists



Prof. Dr. Senthil Murugan M.
MDS
Professor
Dept OMFS
Saveeta Dental College &
Hospital, Chennai



Dr. Sajit Babu
MBBS, MS (ENT), DNB
Senior Consultant
Head & Neck Oncology,
Aster MIMS



Dr. Sudheesh Manoharan
MDS, MOMSRCS (Edin)
Consultant Head & Neck
Onco Surgery,
MVR Cancer Centre ,
Kozhikode



Dr. Vinod Krishna
MDS
Reader
Department of OMFS,
Saveeta Dental College &
Hospital, Chennai



Dr. Shailesh Kokal
MDS
Associate Professor,
Department of OMFS
Coorg Dental College,
Virajpet



Basal Implants

Keynote Lecture



Dr. Prasanth Pillai MDS

Director : Smile Centre India

Mentor & Clinical Master :

International Implant
Foundation, Germany

Visiting Faculty :

Jaipur Dental College, Jaipur



Dr. Syed Akifuddin

MDS, FICOI
OMFS, Oral Rehabilitation
Specialist Certified
Champion & Master In
Immediate Loading
Implantology

Chairpersons



Dr Ram Mohan Achattil MDS

Senior Consultant

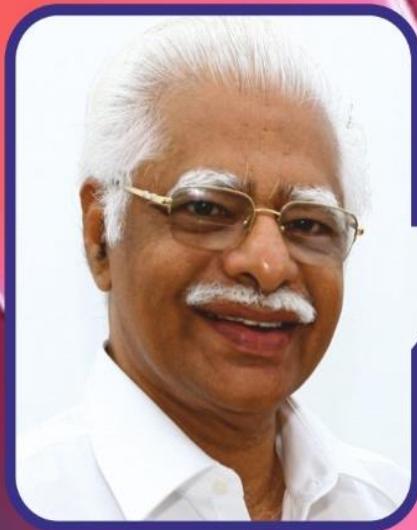
Lakshmi Group of Hospitals ,
Lourdes Hospital, Eranakulam



Dr. Sreekumar MDS

Consultant Maxillofacial
Surgeon- Eranakulam
Medical Centre

Undesirable Outcomes in Orthognathic Surgery



Keynote Lecture
Prof. Dr. Varghese Mani

PANEL DISCUSSION

Bad Outcomes & Complications in Orthognathic Surgery



Moderator

Dr. Mustafa Khader MDS

Head, Dept OMFS

Kanachur Medical College, Mangalore

Panelists



Dr. Varghese Mani
MDS
Dean, Professor
Mar Baselios
Dental College



Dr. George Varghese MDS
Consultant Pushpagiri
Medical College & Hospital,
Thiruvalla, Former Principal &
Professor, Govt. Dental
College, Kottayam



Dr. Kannan Balaraman
MDS
Head, Dept OMFS
Ganga Medical Centre
Hospitals Pvt. Ltd.
Coimbatore



Dr. Joyce Sequeira
MDS
Professor Dept, OMFS
Yenepoya Dental College,
Mangalore



Dr. Sankar Vinod
MDS
Professor & Head
Dept. OMFS
Mar Baselios Dental
College, Eranakulam



Dr. Saju N.S.
MDS
Consultant Dept, OMFS
District Hospital
Vadakara



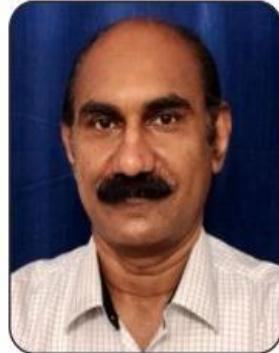
AESTHETIC FACIAL SURGERY

Keynote lecture



Dr. Manu Prasad S. MDS
Director Cleft Program
St. Joseph's
Hospital, Mysore

Chairpersons



Dr. Mathew Jose MDS
Prof & HOD, Sree Mookambika
Institute of Dental Sciences,
Kanyakumari



Dr. Sumesh Chandran MDS
Consultant
Santhwana Hospital,
Thiruvananthapuram

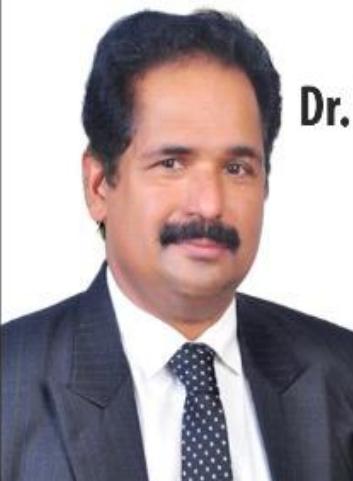
Complex Maxillofacial Infections



Keynote Lecture

Dr. Joseph Edward MDS

Prof.
St. Gregorius Dental College
Consultant,
Holy Cross Hospital &
Bishop Benziger Hospital



Chairpersons

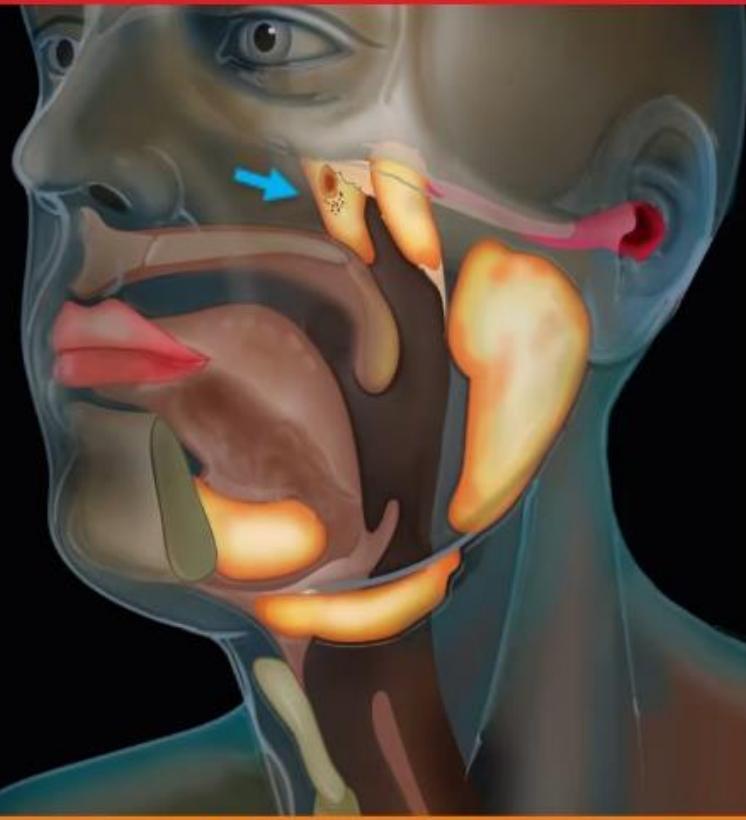


Dr. Sooraj S MDS
Prof. & HOD,
Sri Sankara Dental College, Varkala
Consultant, KIMS,
Ananthapuri Hospital, Tvm



Dr. Akhilesh Pratap MDS
Associate Professor
Pushpagiri College of Dental
Sciences, Thiruvalla

Surgical Management of Benign Salivary Gland Tumors

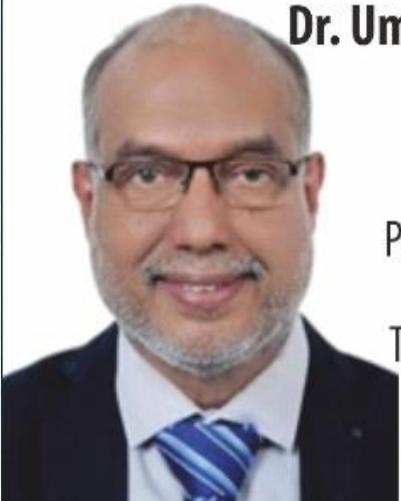


Keynote Lecture

Dr. Ummar Mangalath

MDS

Prof. Emeritus
Dept. of OMFS,
PMS Dental College &
Hospital
Thiruvananthapuram



Chairpersons



Dr. joji Thomas MDS
OMFS Consultant,
Cosmopolitan Hospital.
Area of Interest in Implantology,
Orhogathic Surgery



Dr. Nikhil Govindan MDS
Project Director
Smile Train
Starcare Hospital
Calicut

TMJ ARTHROSCOPY

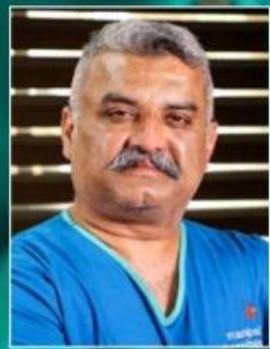


Keynote Lecture
Dr AISHWARYA NAIR MDS
Faculty, Dept OMFS
DY Patil School of Dentistry, Navi Mumbai



PANEL DISCUSSION

ARTHROSCOPY TO JOINT REPLACEMENT



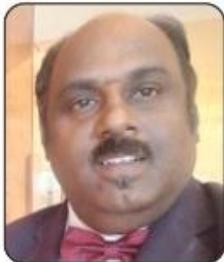
Moderator :

Dr Abhay Kamat MDS
Head Dept OMFS
Manipal Group of Hospitals
Mangalore

Panelists



Dr. Vikas Dhupar MDS
Prof & Head, Dept. of OMFS
Goa Govt. Dental College,
Goa



Dr. Annamali Thangavelu
MDS, DNB
Professor, Dept of OMFS,
Govt. Dental College &
Hospital, Chidambaram



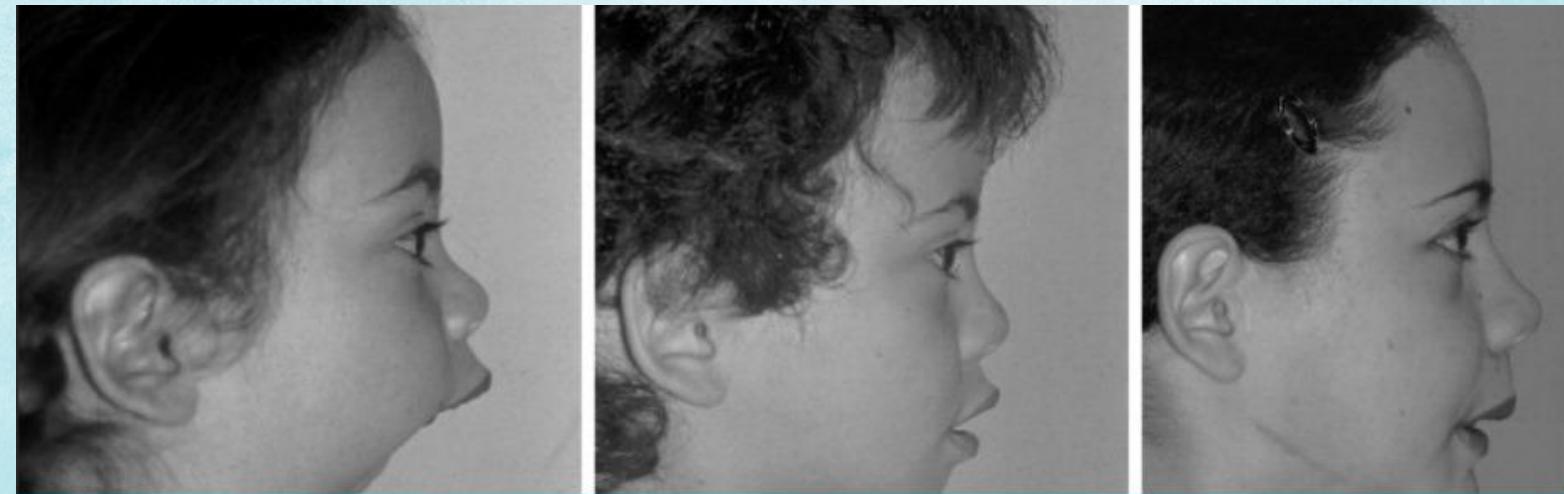
Dr. Bobby John MDS
Associate Professor
Dept. of OMFS
Govt. Dental College,
Kottayam



Dr. Padmaraj Hegde MDS
Head Dept. of OMFS
AB Shetty Memorial
Institute of Dental Sciences,
Mangalore

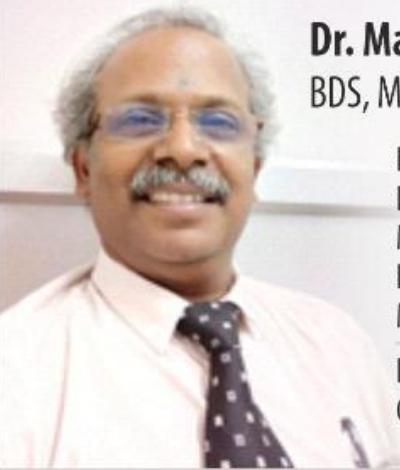


Dr. John Nesan MDS
Director CTARS



Cleft Maxillary Hypoplasia- Complete Management Algorithm

Keynote Lecture



Dr. Manikandhan R.
BDS, MDS, FDSRCS, FFDRCSI

Prof. & Head
Dept. of OMFS
Meenakshi Ammal
Dental College & Hospital,
Maduravoyal

Director
Cleft & Craniofacial Unit

Chairpersons



Dr. Tradib Jayapal
MDS
Prof. Dept of Orthodontics
Govt. Dental College
Kannur



Dr. Vasant Radhakrishnan MDS
Consultant Reconstructive Surgeon,
Charles Pinto Centre for Cleft Lip & Palate,
Jubilee Mission
Medical College & Hospital, Thrissur

RHINOPLASTY



at 3.00~3.30 pm
Keynote Lecture

Dr. David Tauro MDS

MDS (OMFS), FDS RCS (Ed, UK);
FDS RCPS (Glas, UK)

Consultant Surgeon:
The Taulins Clinic

Visiting Prof Dept. of OMFS,
KLE University Hospital, Bangalore.
SS Institute of Dental Sciences,
Hyderabad



Chairpersons



Dr. Pritham Shetty
MDS
Prof. Dept of OMFS
Bangalore Institute of
Dental Science.
Project Director,
Smile Train Cleft Leadership
BMJH, Bangalore



Dr. P.C. Mathew
MDS, FDS RCS(Eng),
FFDRCSI (Ire), FDSRCGP (Glas)
Director, New Face Centre for
Facial Cosmetic Surgery,
Chengannur, Kerala.
Reader, MES Dental College
Perinthalmanna, Kerala.



Dr. Sathish Vasishta
MDS
Consultant,
Dept. of
Craniomaxillofacial surgery
Aster Hospitals,
Bangalore



at 3.30~3.50 pm

VIDEO DEMONSTRATION OF RHINOPLASTY



Dr. Abdul Gafoor MDS
Consultant, Dept of OMFS
Moulana Hospital, Perinthalmanna

Panel Discussion

on 14th October 2023 at 11.05~11.45am

Management of Post Traumatic Deformities



Moderator

Dr. Oommen Aju Jacob
MDS, FDS RCS(Eng)
FFD RCS (Ire). DNB
Senior Consultant
KIMS Hospital
Thiruvananthapuram

Members



Dr. Benny Joseph
MDS
Professor,
Department of OMFS,
KMCT Dental College



Dr. George Skariah P.
MDS
Professor & Head
Department of OMFS,
PMS Dental College,
Thiruvananthapuram



Dr. Mohammed Yahia
MDS
Medical Superintendent
& Maxillofacial
Surgeon
KIIMS Al Shifa Hospital,
Perinthalmanna



Dr. Manoj Bhasker
MDS
Chief Consultant
Maxillofacial Surgeon
Elite Mission Hospital,
Thrissur



Dr. Manoj Joseph Michael
MDS
Additional Professor
Department of OMFS,
Govt Dental College
Thrissur

07/10 OCTOBER 2023 01.00 - 0.00 AM

3D Printing and Milling- a Surgeon's Perspective

Keynote Lecture

Dr John N. Nesan MDS

Director of CTARS
Centre for Technology
Assisted Reconstructive
Surgery



Chairpersons



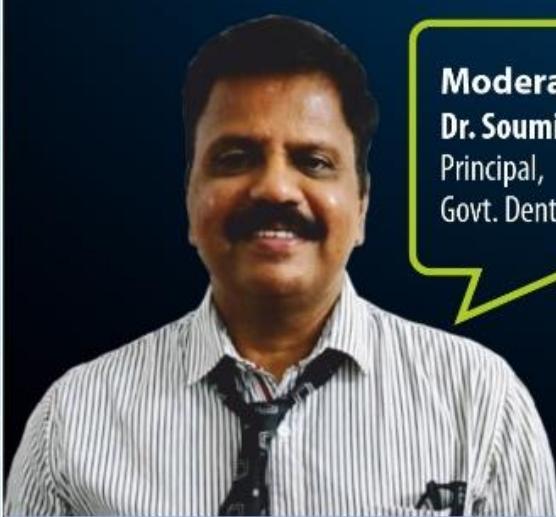
Dr. Prem Sasikumar MDS
Consultant Maxillofacial Surgeon
Senior Registrar, Head & Neck Oncology
St. Gregorius Medical Mission Hospital,
Parumala



Dr. Akhilesh AV MDS
Associate Professor
Dept OMFS
Govt. Dental College, Kozhikode



Panel Discussion



Moderator :

Dr. Soumithran Chandrasala MDS
Principal,
Govt. Dental College, Kozhikode

NASO ORBITO ETHMOID FRACTURES

Panelists



Dr. Ajay Kumar Haridas
MDS
Prof & HOD
Dept. of OMFS
Educare Dental Institute,
Malappuram



Dr. Binu Augustine
MDS, FIBOMS, FIBCSOMS
Senior Consultant & Head
Dept. of OMFS,
Rajagiri Hospital,
Aluva.



Dr. Shaju George Chammanam
MDS
Vice Principal &
HOD Dept. of OMFS,
Royal Dental College,
Thrissur



Dr. Suvy Manuel
MDS, DNB, MNAMS, MFDS
RCSEng, MOS RCSEd, FDS RCSEd
Consultant
Ananthapuri Hospitals &
KIMS Health, Trivandrum



Dr. Yeshaswini Thelekkat
MDS
Prof, PMS College of Dental
Science and Research.
Consultant,
Sree Gokulam
Medical Hospital



MANAGEMENT OF BENIGN TUMORS OF MANDIBLE

Keynote Lecture



Dr. Vivek Vardhan Reddy

MDS, FFDRCS (Ire)
FDSRCS(Eng), DNB
Dean, Professor
Dept OMFS,
SVS Institute of Dental
Sciences, Mahabubnagar,
Telangana

Chairpersons



Dr. Premalatha Shetty MDS
Prof & HOD
Dept OMFS
Manipal College of Dental Science,
Mangalore



Dr. Sachin Aslam MDS
Principal, Prof & HOD
Department OMFS,
MES Dental College



Patient Specific Implant in Maxillofacial Reconstruction



Keynote Lecture Dr. Arjun Krishnadas MDS

Associate Professor,
Department of Craniomaxillofacial Surgery,
Amrita Institute of Medical Sciences, Kochi

PANEL DISCUSSION

Judicious use of Patient Specific Implants (PSI) in Reconstruction

Moderator :

Dr. Pramod Subhash

MDS, DNB, MOMS RCS (Glasgow)

Prof. & Head Dept. of Craniomaxillofacial Surgery,
Amrita Institute of Medical Sciences, Kochi



Panelists



Dr. Manjunath Rai
MDS, MOSRCS (Edin)
Prof & HOD Dept. OMFS
AJ Institute of Dental Sciences,
Mangalore



Dr. Manoj Kumar K.P.
MDS
Principal, HOD Dept. OMFS
KMCT Dental College,
Kozhikode



Dr. Jayakrishnan V MDS
Director- JK's Multispeciality
Dental Clinic &
Maxillofacial Centre
Consultant
Malabar Hospital, Palakkad



Dr. George Philip
MDS, FDSRCS (Eng),
FFDRCS (Ire)
HOD Dept .OMFS,
Govt Dental College
Alappuzha



Dr. Arjun Krishnadas MDS
Associate Professor,
Dept. of Craniomaxillofacial
Surgery,
Amrita Institute of Medical
Sciences, Kochi

Artificial Intelligence in Maxillofacial Surgery

Keynote Lecture

Dr. Deepak Krishnan



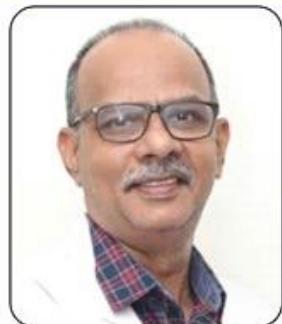
- ◆ Professor & Chief of Oral and Maxillofacial Surgery, Department of Surgery, Division of OMFS, University of Cincinnati, OHIO, USA
- ◆ Chief of OMFS at Cincinnati Children's Hospital and Medical Center.
- ◆ Residency Program Director of Advanced Training in OMFS at University of Cincinnati, Ohio.
- ◆ Director, American Board of Oral and Maxillofacial Surgery

Chairpersons



Dr. Aju Oommen

MDS, FDS RCS(Eng), FFD RCS (Ire),
DNB, Senior Consultant
KIMS Hospital, Thiruvananthapuram

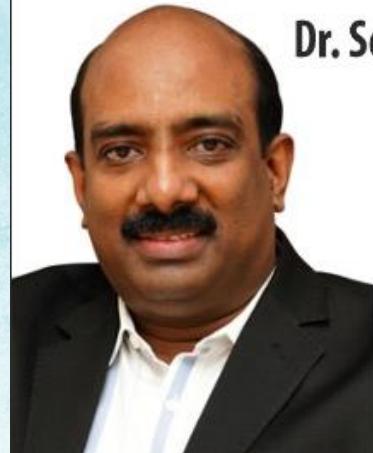


Dr. Paul V.J.

MDS, FDSRCS (Edin)
Senior Consultant Welcare Hospital
& PVS Hospital Eranakulam

DIGITAL IMPLANTOLOGY

Keynote Lecture



**Dr. Segin Chandran K.R.
MDS**

Director & Chief Surgeon,
Kamala Dental
Specialty Hospital,
Thiruvananthapuram

Chairpersons



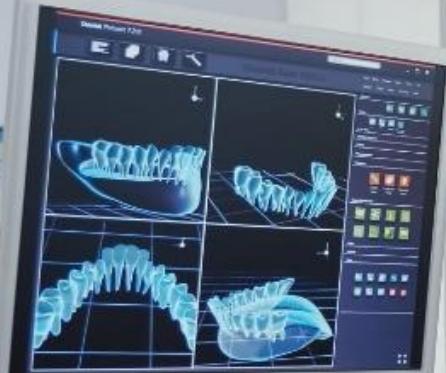
Dr Yoganandha
MDS, FDSRCS (Glasgow), MOMS RCPS
(Glasgow), MFD SRCPs (GLASGOW)
Prof. & HOD Craniofacial Surgery & Dentistry
Velammal Medical College & Hospital,
Madurai



Dr Lin Jacob MDS
Prof & HOD
Dept. OMFS
Sree Anjaneya Institute of
Dental Sciences, Kozhikode

PANEL DISCUSSION

Complete Digital Workflow in Orthognathic Surgery



Moderator :
Dr. Sherry Peter
MBBS, BDS, MDS (Orthodontics),
FDS RCS , FRCS
Lead Consultant,
Dept of Cranio Maxillofacial
Surgery & Orthodontics
Aster Medcity, Kochi

Panelists



Dr. Philip Mathew
MDS
HOD Dept. OMFS
Jubilee Mission Hospital,
Thrissur



Dr. Ummar Mangalath
MDS
Prof. Emiretus Dept. OMFS,
PMS Dental College &
Hospital
Thiruvananthapuram



Dr. Jagadish Chandra
MDS
Prof. & Head
Dept. of OMFS
Yenepoya Dental College,
Mangalore



Dr. Arun Babu MDS
Consultant
Sahrudaya Hospital, Alappuzha.
KM Cherian Institute of
Medical Sciences,
Chengannur

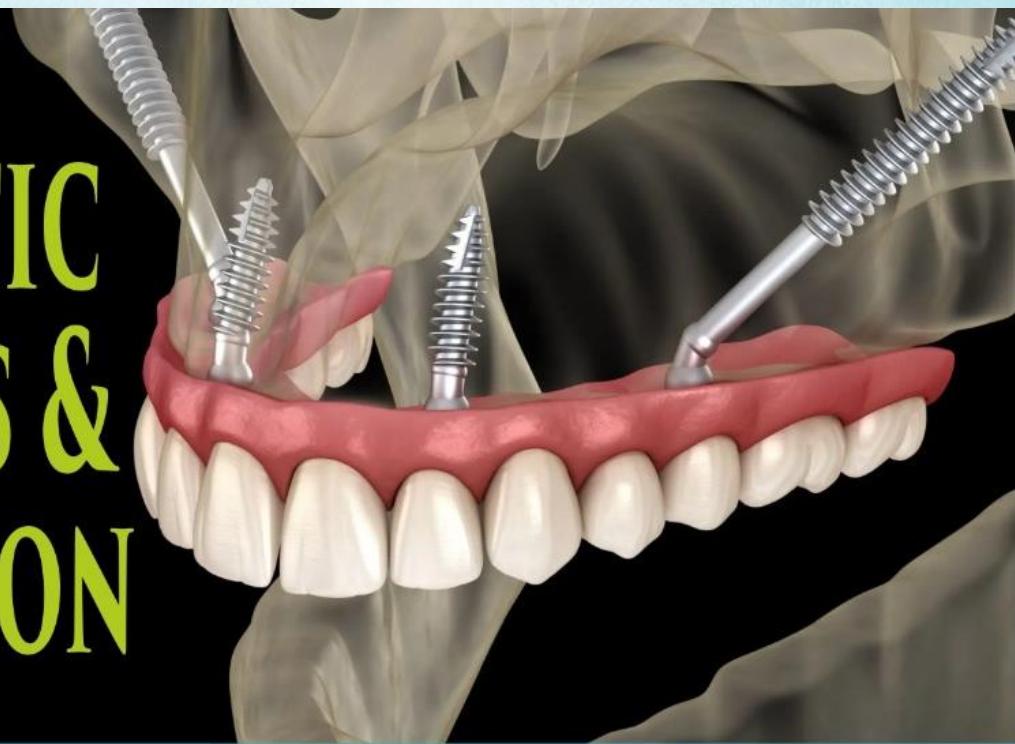


Dr. Manu Mohandas MDS
Consultant
Cranio Maxillofacial Surgery,
Renai Medicity
Multispeciality Hospital,
Kochi

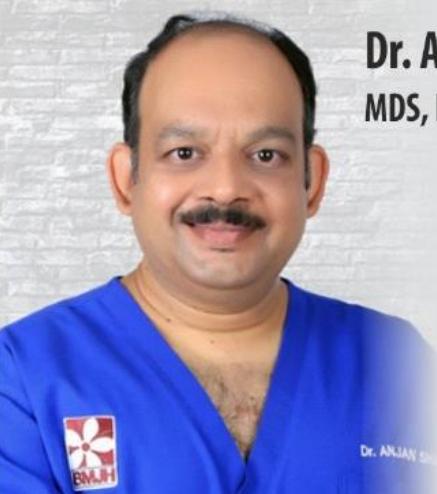


Dr. Latha Rao MDS,
MOMSRCS (Edin), MFDSRCPs
(Glasgow)
Consultant, Dept. of
Cranio Maxillofacial Surgery &
Orthodontics, Aster Medcity, Kochi

ZYGOMATIC IMPLANTS & NAVIGATION



Keynote Lecture



Dr. Anjan Shah
MDS, FDS RCS(Eng) FFD RCSI

Sr. Consultant
Dept. of OMFS
Aster Hospital,
BMJH Bangalore

Chairpersons



Dr. Justin Mathew
MDS
Consultant, Dept of OMFS
Apollo Adlux Hospital, Angamaly



Dr. Mohammed Aslif
MDS
Consultant
IMC Hospital, Tirur

Invisible Aligners for Surgical Orthodontics

Keynote Lecture

Dr. Dhiraj Shetty

MDS (Orthodontics)

Dr. Dhiraj's
Invisible Braces Clinic-
Mangalore

Director,
Dr. Dhiraj's
Health Tech Pvt Ltd



Chairpersons



Dr. Varun Menon
MDS, MFDRCSI (Ire) MOMSRCEd (Edin),
MFDSRCPs (Glas) MFDSRCSEd (Edin)
Consultant Reconstructive Surgeon
HS Adenwalla Institute of Cleft lip & Palate
Charlespinto Centre, Thrissur

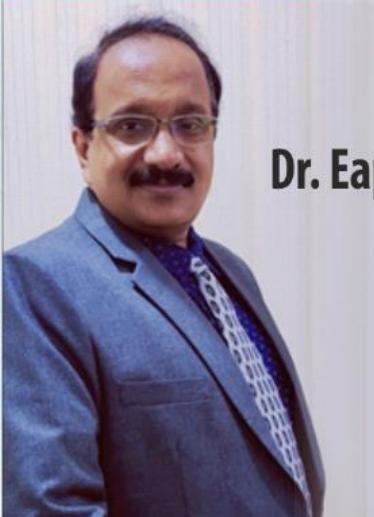


Dr. MS Balakrishna
MDS
Prof & HOD, Dept. of OMFS
Malabar Dental College &
Research Centre
Edappal, Malappuram



Medico Legal Perspectives: What a Surgeon Needs to Know

Keynote Lecture



Dr. Eapen Thomas MDS

Prof & Head
Dept of OMFS
Pushpagiri College of
Dental Sciences

Chairpersons



Dr. Adarsh Indra MDS
Consultant, Dept of OMFS
Leo Hospital, Kalpetta
Former HOD
CIDS Virajpet



ELDHO MARKOSE
Professor,
Indira Gandhi Institute of
Dental Sciences,
Kothamangalam

Panel Discussion

COMPLICATIONS IN MINOR ORAL SURGERY



Moderator :

Dr. Vivek Narayan
MDS, FDSRCS (Eng)
Dean, Professor &
Head, Dept OMFS
SRM Dental College,
Chennai

Panelists



Dr. Sooraj S. MDS
Associate Professor
Dept. OMFS
M.E.S Dental College,
Malappuram



Dr. Arun V. MDS
Associate Professor,
Dept of OMFS,
PSM College of Dental Science
and Research, Thrissur



Dr. Joji Peter MDS
Associate Professor
Annoor Dental College,
Muvattupuzha



Dr. Anand Sekhar MDS
Associate Professor ,OMFS
Sree Gokulam Medical
College &
Research Foundation



Dr. Vinaya Krishna Kolari
MDS
Additional Professor,
Yenapoya Dental College,
Mangalore

DELEGATE PAPER



1. MRONJ- A RISKY AFFAIR FOR A GOOD QUALITY OF LIFE

Dr. Siji Chiramel, MDS, MFDRCs(IRELAND)

PROF AND HEAD

Department of Oral and Maxillofacial surgery and Dentistry

Amala Institute of Medical Sciences, Thrissur.

Medication-related osteonecrosis of jaw (MRONJ) has become a well-known side effect of bisphosphonate therapy which predominantly occurs in patients suffering from malignant diseases who receive intravenous administrations of nitrogen-containing bisphosphonates. More recently, similar problems have been described after treatment with denosumab. The majority of ONJ cases under bisphosphonate treatment occurred in the mandible (around 2/3 of the cases) with a predilection for the molar and premolar regions in both jaws. Besides exposed necrotic bone, pain and swelling of the surrounding soft tissues as well as intra- or extra-oral sinus tracts are typical signs of MRONJ. Furthermore, complications like abscess formation, pathological fractures, sinusitis and impairment of inferior alveolar nerve function might occur. Staging of MRONJ is usually performed according to the recommendations of the American Association of Oral and Maxillofacial Surgeons. IN 2014, the American Association of Oral and Maxillofacial Surgeons (AAOMSs) suggested to change the nomenclature from bisphosphonate- related osteonecrosis of the jaw (BRONJ) to MRONJ to accommodate the growing number of osteonecrosis cases involving the maxilla and mandible associated with other antiresorptive (denosumab) and antiangiogenic therapies.. The most important goals of treatment for patients with established MRONJ are primarily the control of infection, bone necrosis progression, and pain. The aim of this paper is to represent the current knowledge about MRONJ, its preventive measures and management strategies.

2. l'avenir- An Insight into technological advances in Maxillofacial Surgery

Dr. Pravish V.

Reader, Sree Anjaneya Institute of Dental Sciences, Kozhikode

Abstract

Many new technologies, such as artificial intelligence (AI), Virtual Surgical planning, 3D/4D printing, virtual/augmented reality, and robotic surgery, are being introduced to the medical field. The paper is intended to showcase the latest technological advances in Maxillofacial surgery. An attempt to assess the advantages and a discussion into incorporating these advances into routine maxillofacial surgery. The study aims to Evaluate the use of these techniques, Critique evidences and predict future trends. The study summarizes review of literature in recent three years on uses of these technology and is specifically intends to predict future advance which can happen by integration of existing technologies.

3. Iodoform packing in different osteolytic lesions : case series of 8 patients

Dr Joji Peter MDS, FIBCSOMS

Reader, Annoor Dental college & Hospital, Muvattupuzha .

Consultant Maxillofacial surgeon

Dhanya mission Hospital ,Chalakudy

Abstract

Iodoform formulations are used as packing material following the surgical removal of jaw lesions. An iodoform impregnated gauze pack was changed once a week, most commonly, for a stipulated duration, until complete healing of the cavity. Iodoform was used, most commonly, in pathological cavities following surgical treatment of ameloblastoma and odontogenic keratocyst, glandular odontogenic cyst, dentigerous cyst. This clinical study presents a spontaneous bone regeneration after enucleation in mandible with small to large lesions irrespective of gender . age group was from 11years to 73 years. The progress of recovery is followed by clinical and radiographic examination and subjective data obtained from the patient. Bone regeneration and cystic cavity reduction was observed in the panoramic image after six months and some cases after one year. The physiological process of coagulation provides the basic process for the spontaneous bone formation even if an osseous defect is considerably large, provided that the defect is surrounded by adequate bony walls.



4. Ameloblasticfibrodentinoma in an eight year old boy:A case report

Dr.Abschish Krishnan C.

Senior Resident, Gov Dental College, Calicut

Abstract

Ameloblasticfibrodentinoma is a slow growing, asymptomatic lesion, generally occurring in the first two decades of life, with the posterior region of the mandible being the most common site of occurrence. It is a rare tumor that is classified as a subtype of the ameloblasticfibroma,a benign mixed odontogenic tumor.AFD is characterised by production of dysplastic dentin and enamel by the odontogenic epithelium, along with the formation of fibrous connective tissue matrix by the mesenchymal component. It is a variant of ameloblastic fibro odontoma. It belongs to the category of "Tumours with odontogenic epithelium with odontogenic ectomesenchyme". This case reports showcase a rare case of ameloblasticfibrodentinoma in an eight year boy treated successfully with surgical enucleation, and also the post operative outcomes along with the treatment challenges associated with it .

5.Pseudo tumour of haemophilia in oral cavity - An atypical Presentation

Dr. Shahina K.T.

Senior resident, Gov. Dental College ,Calicut

Abstract

Homophilic pseudotumor is a rare entity among neoplasms in the oral cavity, it proposes great diagnostic and treatment challenge for the surgeons. the tumour mimics clinically as innocent soft tissue fibroma, lipoma, traumatic fibroma or pyogenic granuloma which misleads surgeon to attain definitive diagnosis. we report a unique case of pseudotumor of haemophilia in 30-year-old patient, treated with surgical excision and associated treatment challenges with successful surgical outcome.

6. Transmassesteric antero-parotid approach to subcondylar fracture of mandible Transmassesteric antero-parotid approach to subcondylar fracture of mandible-A review and case report

Dr.Selvamalathi.A

Fellow, Rajagiri Hospital, Ernakulam

Abstract

Trauma to the mandible can cause stress to be transferred to the condyle, which may result in a fracture. The most frequent type of mandibular fracture occurs at the condylar region. It is of the utmost importance to keep postoperative function and a stable occlusion in mind while treating a condylar fracture. For displaced condylar fractures, open reduction and internal fixation are more effective than conservative treatment. There have been studies on the submandibular, preauricular, intraoral, retromandibular, and transmassesteric/transparotid methods for treating subcondylar fractures. Subcondylar fractures can be successfully treated with the TMAP approach. TMAP approach offers quick access to the condylar neck and an uncomplicated dissection of the mandibular ramus. It enables sufficient exposure for reduction and fixation while greatly lowering the risk to the facial nerve and eliminating problems that come with the trans parotid method. The objective of this paper was to review the effectiveness and safety of the TMAP approach to reduce and fix displaced condylar fractures with case report.



7. PROCALCITONIN – A NOVEL BIOMARKER FOR TREATMENT RESPONSE EVALUATION IN SPACE INFECTIONS

Dr. Arun V.

Assoc. professor, PSM college of Dental Sciences and Research, Thrissur

Abstract

Introduction and Background: Odontogenic maxillofacial space infections are potentially fatal infections that need urgent medical and surgical care. Similarly evaluation of treatment response has the effect of minimizing unnecessary antibiotic prescriptions. Conventional markers of infection fail to properly evaluate the treatment response and there lies the significance of Procalcitonin. This has high sensitivity and specificity for identifying bacterial infections and helps in treatment monitoring. **Aims and Objectives** To evaluate the effectiveness of Procalcitonin (PCT) as compared to C Reactive Protein (CRP) and Total Counts (TC) in determining the treatment response in cases of severe space infections. **Materials and Methods** 10 cases of Maxillofacial space infections with involvement of more than two spaces and requiring admission and incision & drainage were included in the study. Demographic data and vital signs were recorded. Total WBC counts, CRP levels and Procalcitonin levels were measured at admission, 48 hours and 96 hours and correlated with clinical response. The values were subjected to statistical analysis. **Results** Procalcitonin value decrease were found to be statistically significant compared to the Total count values and CRP values between admission/48 hr time period and 48 hr/96 hr time period thus showing the positive response of patients to antibiotic therapy at a period much earlier than conventional antibiotic regimens which was correlated by clinical improvement as well. **Discussion and Conclusion** Procalcitonin is a promising biomarker to determine the treatment response in maxillofacial space infections and it helps in deciding the treatment duration with antibiotics as well.

8. Tissue Adhesive or Suture for Wound Closure Following Surgical Removal of an Impacted Mandibular Third Molar: A Randomized Comparative Study

Dr. Harikal Ashwin Keshav

Senior Lecturer, Yenapoya Dental College

Mangaluru

Abstract

Aim: To compare the efficacy of isoamyl 2-cyanoacrylat and 3–0 silk suture for wound closure after surgical removal of impacted mandibular third molars. **Materials and methods:** Fourteen patients with Class II Position B Mesioangular impacted lower third molar, within 18–35 years of age were randomly assigned to the study or control groups. Following surgical extraction, the flaps were closed using isoamyl 2-cyanoacrylate (Mervilyte) tissue adhesive in the study group and 3–0 silk sutures in the control group. The time taken for suturing and adhesive application was recorded. Both groups were given similar medications and postoperative instructions. Patients were recalled on postoperative day 1, day 3, and day 7 for evaluating postoperative pain, bleeding, and wound healing. **Results:** In cyanoacrylate treated wounds, there was a considerable clinical and statistical improvement. The time taken for closure was shorter (2.13 ± 0.61) compared to the control group (6.34 ± 1.86). Early hemostasis was achieved with isoamyl 2-cyanoacrylate. Postoperative discomfort and hemorrhage were reduced when compared to the silk suture group. In the isoamyl 2-cyanoacrylate group, wound healing was also improved. **Conclusion:** Cyanoacrylate tissue adhesive is effective for the closure of mucoperiosteal flaps. It overcomes most of the complications associated with traditional silk sutures. It is easy to use, time effective, and safe. **Clinical significance:** Cyanoacrylate tissue adhesive is an alternative to intraoral wound closure with sutures because of its quick working time, ease of application, lower incidence of wound infection, and patient as well as surgeon comfort.



POST GRADUATE PRIZE PAPER



1. Potential for osseous regeneration of Platelet Rich Fibrin in Mandibular third molar impaction sockets

Dr. Smrithi S. Chandra

Postgraduate

PMS College of Dental Science and Research, Trivandrum

Abstract

INTRODUCTION : The study determined the potential for osseous regeneration of PRF in mandibular third molar impaction sockets along with its soft tissue healing potential. The results of the study may serve as a pilot model to find other applications of PRF in Oral and Maxillofacial Surgery. **MATERIALS AND METHODS :** 30 healthy subjects, both male and female (age 18-39 years) with bilaterally impacted mandibular third molars were enrolled in this prospective in vivo study. Post extraction, after randomization on one side, the socket was sutured primarily (control site) & on the other side, autologous PRF gel was placed and sutured. Grid periapical radiographs were obtained postoperatively at periodic intervals and digitalized. Grey level values were measured at 3 different regions of socket (RNFB – Regions of newly formed bone), compared with Natural bone area (NBA); using HL Image++ software, and percentage bone fill calculation made. Clinically, soft tissue healing was evaluated using Laundry Turnbull & Howley index at specific intervals.

RESULTS : There was significantly greater bone formation at all three specific regions of the socket and greater average Percentage Bone fill in PRF category ($P<0.05$) and significantly better soft tissue healing at the PRF site ($P<0.05$)

DISCUSSION : There was evidence for better osseous regeneration and soft tissue healing occurring in response to PRF at sites where it was used. The study concluded that PRF, an autologous graft material can augment both bone and soft tissue healing and regeneration.

2.A STUDY OF EARLY DETECTION OF CYSTIC CHANGES IN IMPACTED LOWER THIRD MOLARS

Dr. Vidhya M S.

Postgraduate

MES Dental College, Perinthalmanna

Abstract

INTRODUCTION: The follicular tissue around impacted third molars has the potential to develop pathosis. Cystic changes may be encountered in the histopathologic examination of the asymptomatic impacted molar follicles. **AIM:** To evaluate the cystic changes in the radiographically normal dental follicle associated with impacted mandibular third molar.

METHODS: A cross-sectional study was done on 80 patients. Samples were selected using a convenient sampling technique from the patients who had impacted mandibular third molars in Pell and Gregory's positions B and C, with pericoronal radiolucency less than 2.5 mm in diameter. Radiographic measurements were taken using a digital ruler. After surgical removal, the dental follicle was collected in 10% formalin and sent for histopathologic evaluation.

RESULT: Cystic changes were found in 19% of cases out of 80 follicular tissue sent for histopathologic evaluation. Odontogenic keratocystic and dentigerous cystic changes were found in 7% of cases. A statistically significant cystic alteration was found in female patients and distoangular impacted teeth. **CONCLUSION:** This study shows a significant cystic alteration in the radiologically normal dental follicles. Early intervention of impacted teeth will help to reduce morbidity due to the development of pathology. **REFERENCE:** Masdoose SMH, Nasser AT, El-Zine MA, Al-Akwa AAY, Al-Shamahy HA, Al-labani MA. Histologic and radiographic study of pathologic change in complete impacted third molars dental follicles. Universal Journal of Pharmaceutical Research 2021; 6(1):43-48



3. Comparative Analysis of Suture Materials in Oral and Maxillofacial Surgery: A Prospective Study on Microbial Adherence Reduction

Dr. Thushara K. P.

Postgraduate

MES Dental College, Perinthalmanna

Abstract

Introduction: Surgical site infections (SSIs) remain a prevalent concern in the field of oral and maxillofacial (OMFS) surgery, necessitating a meticulous exploration of strategies to minimize microbial colonization and enhance wound healing. **Aims/objectives:** In this study, the research aimed to assess microbial adherence to different suture materials used in oral and maxillofacial surgery. **Materials/methods:** The investigation included three groups: black braided silk sutures (control group), triclosan-coated polyglactin 910 sutures (experimental group), and antiseptic-coated silk sutures (experimental group). Assessment was conducted on both the 3rd and 7th post-operative days to determine if there were statistically significant differences in microbial colonization. **Results:** The results demonstrated a noteworthy disparity in microbial adherence. The control group, which used black braided silk sutures, exhibited significantly higher microbial colonization levels compared to the experimental groups (triclosan-coated polyglactin 910 sutures and antiseptic-coated silk sutures) on both the 3rd and 7th post-operative days ($p<0.05$). Interestingly, when comparing the two experimental groups, there was no substantial difference in microbial adherence on either the 3rd or 7th post-operative day, and this difference was statistically non-significant ($p>0.05$). **Discussion:** Pomade-coated silk sutures, consisting of iodoform and calendula oil, were found to be equally effective as triclosan-coated vicryl plus polyglactin 910 sutures in reducing bacterial colonization following intraoral surgical procedures. These findings have implications for the application of antiseptic-coated silk sutures as a viable option for infection control and wound healing promotion in OMFS.

4. Location of descending palatine artery in relation to lefort 1 osteotomy-a computerised tomographic study

Dr.Ajimsha S. B.

Postgraduate

PMS College of Dental Science and Research, Trivandrum

Abstract

Introduction Le Fort I osteotomy is an orthognathic surgical procedure for correction of maxillary deformities. Iatrogenic injury to the descending palatine artery leading to haemorrhage is a major complication. Inaccessible location of the vessel, makes it difficult to achieve haemostasis. The position of the artery in relation to the osteotomy cuts of lateral wall of nose is determined in this study. **Methodology** PNS CT scans of randomly selected 100 patients based on inclusion and exclusion criteria constituted the study population. Siemens was the CT scanner used. Using syngo.via software, the distance between the anterior wall of greater palatine canal at the level 3 mm above the nasal floor and the anteriomost bony point of lateral wall of nose was measured. **Results** CT scans of 51 males and 49 females were included in the study. There was no significant difference between right and left sides. But, the values were slightly higher in males than in females and the difference was statistically significant. **Discussion** The mean distance of the descending palatine artery from the piriform rim was determined in this study. It was understood that this distance was not the same for both sexes. In males, we can extend the osteotomy cut to a little more distance when compared to females. If we follow the values in limiting the osteotomy of lateral nasal wall, Le Fort I orthognathic surgery can be completed successfully, without the incidence of injury to the descending palatine vessel and subsequent hemorrhage.



5. EFFECT OF ORAL BROMELAIN VERSUS ORAL DICLOFENAC FOR THE CONTROL OF POST OPERATIVE SEQUELAE - A SPLIT MOUTH STUDY

Dr. Fathima Shifa P. P.

Postgraduate

PMS College of Dental Science and Research, Trivandrum

Abstract

INTRODUCTION The common postoperative complications patients complain of after the surgical removal of impacted teeth are pain, swelling, and trismus. Medications are given accordingly by the surgeon postoperatively to reduce such complications. This study is being done to compare the effect of bromelain with oral diclofenac sodium, in reduction of such postoperative complications after mandibular posterior extraction.

METHODOLOGY This study was conducted in 21 patients. Healthy patients with moderately difficult mandibular posterior teeth were taken and patients who were willing to participate in the study were included. Standard armamentarium used for extraction of mandibular posterior teeth, Bromelain 500mg capsules, Diclofenac sodium 50mg capsules was used. Preoperative baseline facial measurements and mouth opening measurement are made immediately before taking bromelain. Pain is evaluated and recorded using VAS scale on post-operative days 1, 3 and 6. Facial swelling measurements are made using craniometric point described by SAUZA and CONSONE. Trismus is measured as difference in mouth opening between preoperative and post-operative days.

RESULTS Total 21 patients participated in the study. There was statistically significant mean reduction in pain scores at postop days 1, 3 and 6. The maximum increase in mean mouth opening score was seen in the study group. On 1st, 3rd, post-operative day the mean swelling score was comparatively less in group I. Therefore there was statistically significant effect of Bromelain when compared with Diclofenac sodium in reducing the postoperative complications after mandibular posterior extractions.

DISCUSSION It can be concluded from study that in extraction of mandibular posterior teeth bromelain was effective in pain control, reduced in incidence of trismus and improved postoperative condition of the patients.

6. EVALUATION OF POST-OPERATIVE SEQUELAE OF TWIN MIX VERSUS INTRAVENOUS DEXAMETHASONE AFTER THE REMOVAL OF IMPACTED MANDIBULAR THIRD MOLAR- A SPLIT MOUTH STUDY

Dr. Anitha Kurup N.

Postgraduate

PMS College of Dental Science and Research, Trivandrum

Abstract

INTRODUCTION: Intra-space injection of Twin-mix in pterygomandibular space is a novel method to administer steroids as well as to achieve anaesthesia by a single injection technique.

AIM: To compare the post-operative sequelae of TWIN MIX (lignocaine with adrenaline and dexamethasone combination) with intravenous dexamethasone administration.

MATERIALS AND METHODS: The study was conducted as a prospective randomized double-blind clinical trial on 40 patients with bilateral impaction of mandibular third molars. A total of 80 interventions were included for the study, 40 with 2% lignocaine with 1: 200,000 epinephrine (Group-C, control) and 40 with the twin-mix (Group-T, intervention). Pain, Swelling and mouth opening were noted immediate post-operative, 2 and 7th post-operative days. Onset and duration of anesthesia were recorded.

Results: There were statistically significant differences between the control and experimental groups on the 2nd postoperative period. Intervention group had a shorter onset of anesthesia when compared to control group which was statistically significant.

Conclusion: Clinical anaesthetic efficacy of twin mix is comparable to 1.8ml 2% lignocaine with 1: 200,000 epinephrine when administered in the pterygomandibular space with the additional advantage of single prick co-administration of dexamethasone with local anaesthetic.

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7. Anaesthetic efficacy of 0.5% Ropivacaine to 2% Lignocaine hydrochloride with 1:200000 adrenaline in mandibular molar extraction.

Dr. Gopika Sasidharan

Postgraduate

PMS College of Dental Science and Research, Trivandrum

Abstract

INTRODUCTION Ropivacaine is an amide type long acting local anesthetic. Due to its potential merit of self- vasoconstriction property in low concentration it shows good activity against bleeding.

AIM To compare the anesthetic efficacy of 0.5% Ropivacaine to 2% Lignocaine hydrochloride with 1:200000 adrenaline. OBJECTIVES To compare perioperative pain, onset and duration of action of 0.5% Ropivacaine in Contrast to 2% Lignocaine hydrochloride with 1: 200000 adrenaline. MATERIAL AND METHODS: Study was performed in 42 patients who required extraction of bilateral mandibular molars. Using lottery technique ,a side was chosen for administration of 0.5 % ropivacaine. The tooth were extracted in the conventional manner after anesthesia . Closure was done using BBS. Antibiotics (Mox 500mg TD for 5 days) and anti-inflammatory drugs (diclofenac 50mg TD for 3 days) were prescribed. RESULT The result showed a statistically significant difference in the onset of action (p value 0.0001*) and duration of anesthesia (p value 0.0001*). The pain threshold is found to the same for both agents.

CONCLUSION: Ropivacaine shows superior properties in terms of duration of action and postoperative pain control. The increased safety margin and make it a better agent in people with cardiovascular problems. When treating those people with dysrhythmias and hyperthyroidism it seems to be prudent to limit or avoid exposure to adrenaline or drugs with beta receptor stimulation. REFERENCE El-Sharrawy E, Yagiela JA (2006) anesthetic efficacy of different ropivacaine concentrations for inferior alveolar nerve block. Anesth Prog 53:3-7

8. Comparison of Intralesional Placentrex Versus Hyaluronidase and Dexamethasone Injection in the Symptomatic Management of Stage II Oral Submucous Fibrosis - a Prospective Study

Dr. Keerthi Vishwanathan

Postgraduate, Gov. Dental College, Kottayam

Abstract

This study aimed to compare the effectiveness of intralesional placentrex versus hyaluronidase+dexamethasone injection in the symptomatic management of stage II OSMF.was a non-randomized prospective study conducted over a period of 14 months at a tertiary referral center. Patients with clinical stage II OSMF were randomly grouped into A(n=18) and B(n=17). These patients were treated with weekly intralesional injection of placentrex and hyaluronidase+dexamethasone respectively, over a period of six weeks. Variables such as mouth opening, burning sensation and colour of mucosa were evaluated at baseline(T0), second week(T1), fourth week(T3), sixth week(T4) of follow up. The Conclusion was Both intralesional placentrex and hyaluronidase+dexamethasone injection are effective in alleviating the symptoms of stage II OSMF. However, hyaluronidase+dexamethasone injection showed slightly better improvement in mouth opening and burning sensation after six weeks.



9. COMPARISON OF POST OPERATIVE SEQUELAE FOLLOWING SURGICAL REMOVAL OF PARTIALLY IMPACTED THIRD MOLARS USING BUR AND Er:YAG LASER

Dr. Deepu Chandran

Postgraduate, PMS College of Dental Science and Research, Trivandrum

Abstract

INTRODUCTION: Surgical removal of impacted third molar involves the manipulation of hard tissues as well as soft tissues which leads to pain, trismus and swelling in the post operative period and these starts off from inflammatory process due to surgical trauma. Er: YAG lasers have shown successful ablation of hard tissues as well as soft tissues. **AIM:** To compare the post operative sequelae following surgical removal of partially impacted third molar with surgical bur and Er: YAG laser. **MATERIALS AND METHODS:** 20 subjects including both sexes were selected based on inclusion and exclusion criteria and alternatively arranged into laser group and surgical bur group. Osteotomy was done with surgical bur and Er: YAG laser for each group. **RESULT:** Statistical analysis shows a significant reduction in pain and swelling while using laser than surgical bur technique. We were unable to notice any significant difference in trismus, but laser group showed a comparative increase in mouth opening **DISCUSSION:** Erbium laser surgery provides excellent field visibility, hemostasis, precision and enhanced infection control **CONCLUSION:** Based on the observations, pain and swelling associated with mandibular third molar impaction was significantly lesser when bone removal was done with Er: YAG laser than that with surgical bur. The difference observed in trismus was statistically insignificant **REFERENCE:** Archer W.H Impacted teeth:Oral and Maxillofacial Surgery:Philadelphia:W B Saunders1975



ARTICLES



TM Joint Replacement – A case Report



- **Dr. Sony Jacob Mevada**

INTRODUCTION

The Temporomandibular joint (TMJ) helps in movement of the jaw and achieving functions like mastication, airway support, deglutition, speech and is under constant cyclical loading and unloading.¹ TMJ ankylosis, pathologies, osteoporosis and TMJ resorption may indicate the need of TMJ replacement. Here we are discussing an interesting case of a patient diagnosed with ameloblastoma of right mandible including condyle who underwent total TMJ replacement (TJR) surgery and reconstruction of the resected mandibular segment with patient specific implant (PSI).

Case presentation

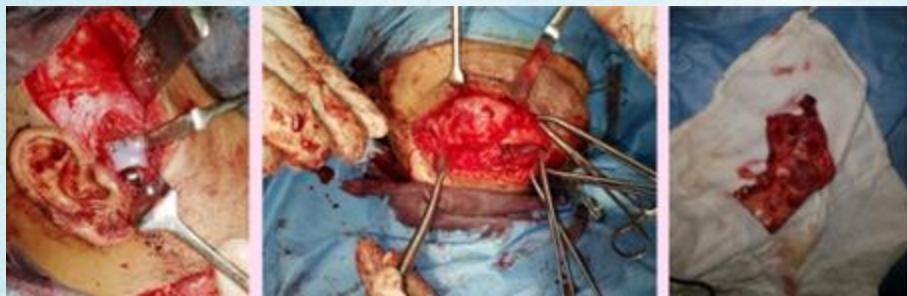
In the year 2019, a 25 year old male patient was diagnosed with ameloblastoma right side of mandible extending from symphysis of mandible to entire condyle of mandible.

CT scan showed ameloblastoma involving right condyle, ramus, body and parasymphysis region of mandible. CT scan with 0.6 mm slices made for 3D analysis of the defect and reconstruction of the 3D model of affected jaw using CAD CAM.



Resection of mandibular lesion along with condyle done using saw and reconstruction done with 3D printed titanium patient specific implant (PSI). Post operative evaluations showed adequate mouth opening , similar occlusion and achieved translational and protrusion movements of the jaw. Patient satisfaction level was graded excellent.

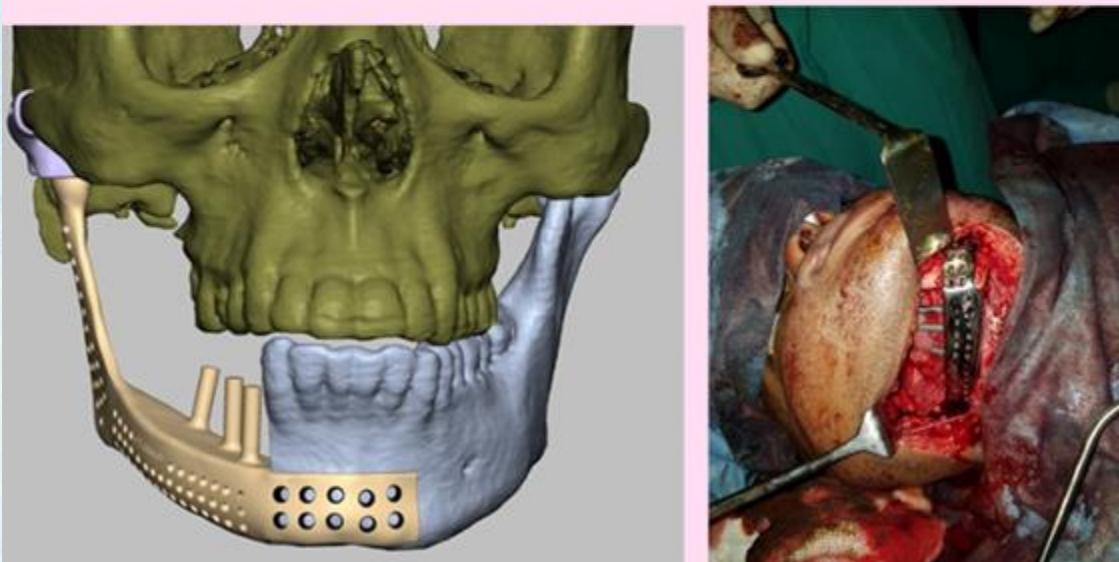
Discussion



Maxillofacial defects are difficult to treat due to their complex anatomy, function and need of reproducing the aesthetics. Pre made implants usually leads to a lot of adjustment during intraoperative time period and usually gives suboptimal results. 2

The scope for the reconstruction in oral and maxillofacial surgical procedures varies from aesthetics, neoplasia, blast injuries, post traumatic deformities and congenital anomalies and pathologies involving TMJ. TMJ is also known as ginglymoarthrodial joint as it has both protrusive and translational movements. So reconstruction of a TMJ and achieving most desirable anatomical and functional similarity after the reconstruction is considered as tough task by many surgeons. 2

The thought about the need for new reconstruction options with available materials which allows single-stage procedures and eliminates donor site morbidity lead to constant research and thus to the evolution of patient-specific implants.(4)



At present PSI are mostly used in scenarios like total joint replacement in TMJ reconstruction,(3,4) and reconstruction of post resection defects of maxillofacial skeleton.(5) The production of 3 D printed patient-specific implants (PSI) in craniomaxillofacial surgery has rapidly progressed in last few years. Especially three-dimensional (3D) structures such as temporomandibular joint and maxillary sections have been successfully treated with titanium PSI.

As TMJ has vital role in mouth opening, mastication,speech and deglutition any implant that aims to replace TMJ should replicate the most close anatomy for maintaining the above functions and aesthetics post operatively. Earlier prefabricated TMJ implants which was not patient specific were most commonly used but the limited variations in size becomes most faced challenge . Because of the same reason translational movement and protrusion movements were not been completely reproduced even after alloplastic custom made reconstruction.3The recent advances including 3D imaging, CAD-CAM and 3D printing contributed greatly in the management of TMJ defects. 2

3D printed PSI started offering enhanced stability and better adaptation with functional reproduction with better aesthetic outcomes. PSI prostheses usually made of materials such as polyetheretherketone (PEEK), , titanium polymethylmethacrylate (PMMA), PEEK-Optima and porous polyethylene. (5)



The post operative outcomes of mandibular condylar replacement using CAD-CAM temporomandibular joint prostheses with customized reconstructive plates to support free fibula flaps in oncological and TMJ pathology patients also shown very good results.(6,7)

According to the literatures infection rates during post operative follow up time in PSI patients were as less in a range of nill to 7.7%.(8,9)



Conclusion

PSI is the answer of digital technology to the dilemma which was existing in the reconstruction of craniofacial defects. The main advantage is with the help of PSI optimum reconstruction is achieved without disturbing a donor site. Clinically more stable results can be achieved in temporomandibular reconstruction by reproducing most similar anatomy which helps in generating best possible function. Introduction of PSI has helped the surgeons to achieve accurate and stable reconstruction at minimum operative time by minimizing the need of intraoperative implant modifications.

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BEAUTY OF THIRD MOLARS



Dr. Sara Paul

‘Beauty lies in the eyes of the beholder’, as the dictum proclaims every omfs surgeon would have seen the beauty of third molars. The sleeping beauties of oral cavity always excitesus. The hidden plethora of positions that every new case offers gives a sense of pain and pleasure. Pleasure of thrilling experience and pain of pounding heartbeats (both for the surgeon and patient). Oral and maxillofacial surgeons although they begin with the dream of head and neck surgeries and craniomaxillofacial moulding end up in impactions of third molars as their bread and butter. Unless and until passion takes in and priorities focus on the vivid and endless possibilities that branch over in maxillofacial surgery, ‘beginners luck’ would probably be in and around third molars. It is really a matter of fact that, of all the third molar impactions we encounter on a day to day basis, third molars do have a certain attractiveness including the monetary benefits (just joking). Wait.. that too matters for surgeons who struggle to make their ends meet. We grew up academically lit up with inspirational maxillofacial figures but the journey is too far we know. We most often oversee the third molar beauty that we forget or else to be more precise deliberately forget our dreams of ‘The ‘ maxillofacial surgeon.

NB: Hope that this write up have not assassinated the budding minds. If so then dear genZ, take home that you yourself is responsible for who and what you become !



Random Thoughts



Dr. K. George Varghese

Consultant OMF Surgeon, Pushpagiri Medical College Hospital, Thiruvalla

The other day we were performing an ORIF for fracture symphysis mandible under GA; a case with mild displacement done intra orally. It was a straight forward case, in a young girl who reported for treatment following fall from a bicycle two days back. Once the surgery was over, I was sipping coffee in the lounge in the OT for the senior surgeons. Thinking how fast we could finish the case that day, my mind went back to my student days as a PG student in Oral & Maxillofacial Surgery in Govt. Dental College Thiruvananthapuram(GDCT) in the 1981-83 period and also the initial days of my career in Medical College, Kottayam.

I felt it will be worthwhile to share these random thoughts with all of you especially the young surgeons and also the PG students who are fortunate to be exposed to all the modern investigations and gadgets for the treatment of fractures of facial skeleton. During that period, GDCT was the only centre in that part of the state both in government and private sector (starting from Central Kerala to Kanyakumari) for the management of faciomaxillary injuries. So naturally, we used to have 3 or 4 cases of facial fractures daily. The only tool available to diagnose fractures was plain x-rays. There was no CT scan or MRI, not even an OPG. The commonest treatment given at that time was intermaxillary wire (maxillary - mandibular) fixation. It is the duty of PG's to do the wiring procedures, sometimes lasting from morning till evening. Very often it is done without administering local anaesthetic(LA). Generally, most of the patients tolerated the pain. LA was reserved for those who complained of pain. There was no availability of even gloves at that time. Gloves were used only in operation theatres. It is very common to get our fingers injured during wiring. Once two of us in the department contacted Hepatitis B from a patient and had to go on medical leave for 2 months. Those cases in which there is an absolute indication for ORIF like displaced angle fractures or body fractures, alone were taken to the operation theatre for surgery under GA. Unlike the present days the only armamentarium available for ORIF was hanging motor and 26-gauge stainless steel wire. Bone plates were not available. In most of the cases extra oral approach was employed for ORIF of mandible fracture, since for trans-osseous (interosseous)wiring both the buccal and lingual sides of mandible have to be exposed.



The procedure was named 'wire osteosynthesis'. We read about plates and screws only in journals. The 'latest book' available for our study was 'Fractures of Facial Skeleton' a very old edition (circa 1960) written by Rowe. It was considered 'the best book' on the subject. There was no reference in this book regarding use of bone plates for fractures of facial skeleton. Bone plates and screws have not become ubiquitous as in the present days. Only compression plates were available in the market, which were imported and unaffordable in the government sector. I first saw titanium mini plates during my studies in Vienna in 1991 period. In India even at that time titanium mini plates were not available. However, during early 1990's" AK Instruments " from Mumbai introduced the first miniplates from India made of stainless steel.

Let me come back to that period in 1980's. Generally, angle fractures and body fractures with displacement alone were treated by ORIF. Even severely displaced sub condylar fractures were treated by closed reduction. The present micromotor and handpiece are a beauty compared to the cumbersome hanging motor we used at that time with a speed of only 10,000 rpm and very unwieldy cord. These were the only type of motor available for performing all surgical procedures like impacted tooth removal, open reduction of facial bone fractures and for orthognathic surgery done once in a blue moon.

After my PG studies I joined as Tutor in Dentistry in Medical College, Kottayam in March 1983. The head of the department at that time was Dr. V. K. Kuriakose(father of Dr. Sajeesh Kuriakose). Kuriakose Sirhad completed his M.S. in Oral Surgery from the University of New York in the early 1970's. Unfortunately, during those days the funds allotted to dental department was so meagre, we could not afford to purchase even a hanging motor. The only tool available in the dental department for making a drill hole in the mandible for ORIF for passing a 24-gauge wire was a hand drill that was being used by the orthopaedic surgeons for long bones. Its use was so cumbersome that we have to use all our strength to make drill holes in mandible for passage of wire. Very often the excessive force caused further displacement of the fracture. Also, one can imagine how careful one has to be while performing wire osteosynthesis for fractures of infraorbital region for avoiding injury to eye ball. On theatre days when a case of fracture mandible requiring ORIF is posted my first duty as the junior most faculty after reaching the hospital was to sharpen the long drill bits on a broken Arkansas stone. Next step is to transport the hand drill, the chuck for tightening, drill bits and 24-gauge

wire to the operationtheatre for 'sterilizing' in the hot water sterilizer. In the present concept it is no better than disinfection. If during the surgery Kuriakose Sir feels that the drill bit is not sufficiently sharp I am likely to get reprimanded for 'dereliction of duty'. It is not uncommon for the wire to break during the last twist of tightening. In the postoperative period most of our patients who have been treated with wire osteosynthesis were given maxillary mandibular fixation for 2 weeks or more, since we cannot take the risk of non-union or malunion.

Due to continuous use during the course of 5 years the length of the drill bit reduced in size day by day and the Arkansas stone got completely worn out until finally we could procure a hanging motor. It was a happy day of great rejoicing. Since then, I was spared from the duty of sharpening the drill bits.

In present days, with the advent of titanium mini plates and high speed micromotors, ORIF facial bone fracture has become an easier, safer and predictable procedure. The introduction of resorbable plates, though costly at present has further revolutionised the management of facial bone fractures. I find it difficult to predict what is in store for us (or surprise?) after 25 years from now.



Temporalis Myofacial Flap for Palatomaxillary Reconstruction

A Technical Note



Dr. Sudheesh

Dr Padma E, Fellow in Oral Oncology, Department of Head and Neck Oncology, MVR Cancer centre and Research Institute

Dr Ameen Sumais AP, Fellow in Head and Neck Oncology ,MVR Cancer centre and Research Institute

Dr Barathi K, Fellow in Oral Oncology, Department of Head and Neck Oncology, MVR Cancer centre and Research Institute

Dr Sudheesh Manoharan Senior Consultant, Department of Head and Neck Oncology, MVR Cancer centre and Research Institute

Introduction:

Palatomaxillary defects are reconstructed with a wide range of ranging from Maxillofacial prosthesis to microvascular free flap reconstruction. In 1948, Campbell utilized Temporalis muscle flap to repair post maxillectomy defects. In 1963, Bakamjian described the procedure using Temporalis myofascial flap in reconstruction of palatomaxillary defects following tumor resection. Techniques for temporalis myofascial flap have since evolved. It is thought to be reliable, versatile, regional flap with axial blood supply, with adequate bulk and flexibility for many craniofacial defects, in particular palatomaxillary defects.

In this paper, we are discussing the surgical steps involved in harvesting the Temporalis Myofascial flap. This technique has been routinely practised in our department, with successful outcomes

Relevant Anatomy:

Fan-shaped muscle that arises from the superior temporal line. It fills the temporal fossa and is covered laterally by the deep temporalis fascia. It passes medial to the zygomatic arch to insert onto the coronoid process and the anterior border of the ascending ramus of the mandible (Fig:1)



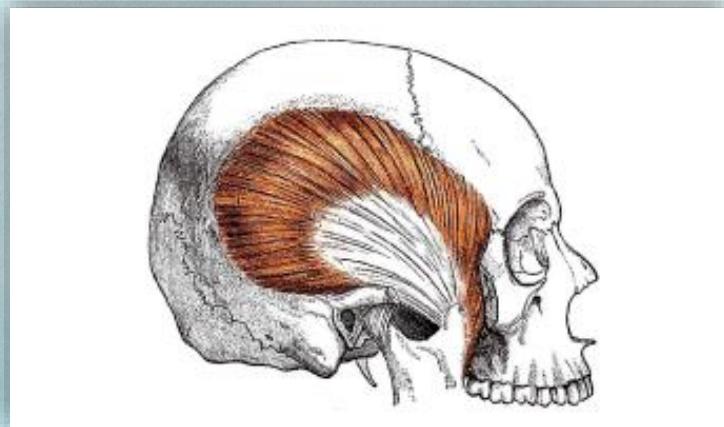


Fig 1 : Anatomy of Temporalis muscle

The temporalis myofascial flap is a pedicled regional flap, Mathes and Nahai Type - The muscle has segmental blood supply, with 2 dominant pedicles from the anterior and posterior deep temporal arteries which are branches of the internal maxillary artery. The arteries are situated on the medial (deep) aspect of the muscle and are medial to the coronoid process. The third branch , Middle temporal artery which is a branch of the superficial temporal artery anastomoses with the other two segmental branches. (Fig;2).

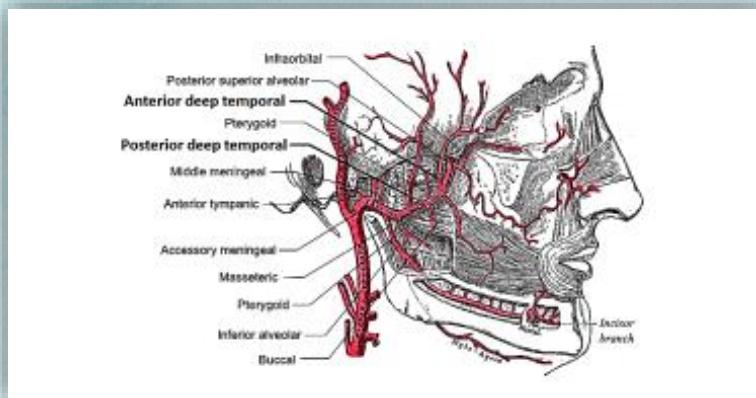


Figure 2

About 1.5 – 2 cm superior to the zygomatic arch the deep temporalis fascia splits into superficial layer which inserts on the lateral surface of zygomatic arch and the deep layer which inserts into the medial surface of the zygomatic arch. Between these two layers is the the superficial temporal fat pad (Figure 3). The frontal branch of facial nevre cross the zygomatic arch and run across the temporal fat pad

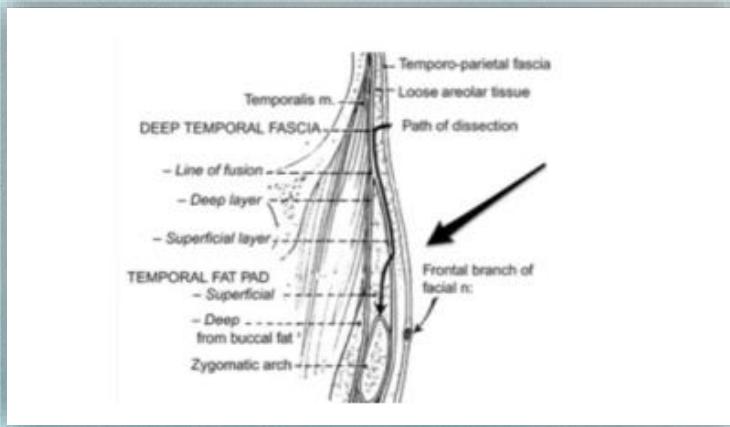


Figure 3

TECHNIQUE;

Patient is positioned supine with neck extended and Head turned to the opposite side. Painted and Draped exposing the the Lateral cantus of eye, superiorly just above the region of the superficial temporal line and posterioly mastoid process. Zygomatic arch is marked as landmark. The surgical technique begins with a Hemicoronal incision commencing vertically downwards along the pre-auricular skin crease, jus below the level of zygomatic arch (Figure 4). Dissection is carried out through the skin, subcutaneous tissue and Temporoparietal fascia until deep temporalis fascia is identified. The skin flap is elevated in the plane superficial to the temporalis fascia. Flap elevation is proceeded laterally upto the root of zygoma and lateral orbital rim on either sides. Anteriorly, elevation in this plane is stopped when the superficial temporal fat pad is encountered. Temporalis muscle is exposed in the temporal fossa (Figure 5).

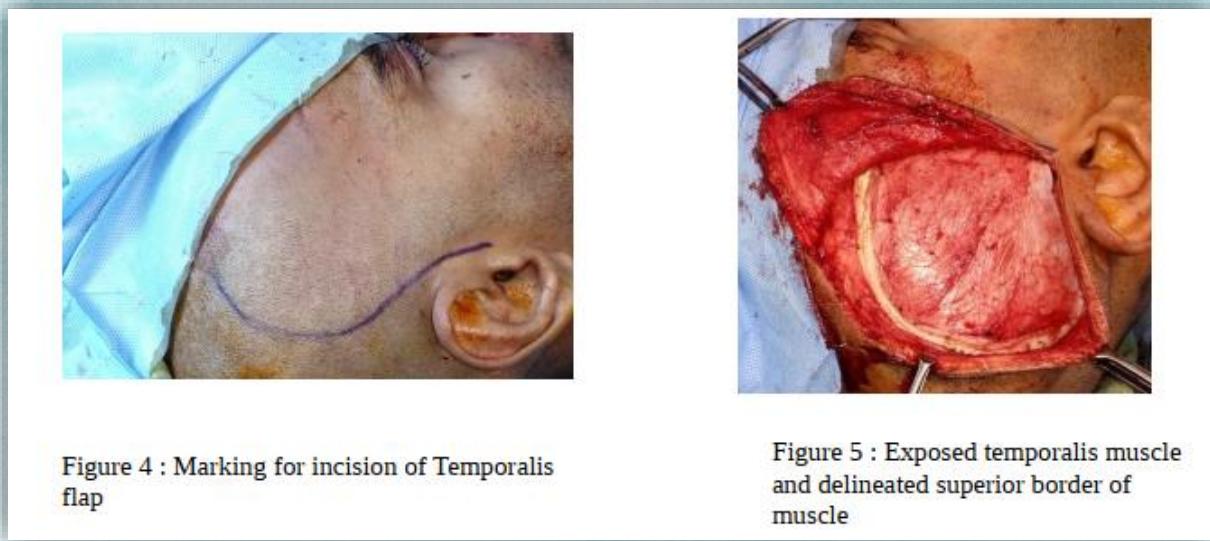


Figure 4 : Marking for incision of Temporalis flap

Figure 5 : Exposed temporalis muscle and delineated superior border of muscle

Superior end of the msucle is identified by incising the muscle and the pericranium (Figure 5). The muscle is sharply elevated off the bone with a periosteal elevator. Monopolar cautery can be used.

Care must be taken to remain in a subperiosteal plane in order to prevent injury to the artery which runs in the deep aspect of the muscle (Figure 6). Anteriorly the superficial layer of deep cervical fascia is incised 1.5 cm

above the zygomatic arch and further dissection is continued medial to the zygomatic arch. This is a critical step to prevent injury to the frontal branch of facial nerve (Figure:6)

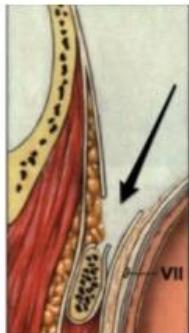


Figure 6



Figure 7: Completely mobilised temporalis muscle

The tissues are elevated from the zygomatic arch in a subperiosteal plane , protecting the temporalis fat pad and the muscle (Figure 6). The temporalis muscle is now completely mobilised (Figure 7). The flap is transferred to the oral cavity via a tunnel medial to the zygomatic arch. Care should be taken not to rotate the flap and strangulate the blood supply. Flap insetting is done by suturing it to the adjacent tissues of the oral cavity covering the entire defect (Figure 8). Drain placed and the donor site wound was closed primarily



Figure 8: Immediate post inset image showing complete coverage of the palatal defect t

No intraoperative / postoperative complications. The patient was discharged on fifth post operative day. He was started on oral feeds 10 days post surgery. Flap was mucosalised in 2 – 3 weeks. On follow up, there was no trismus. There was temporal hollowing.

Conclusion:

Temporalis muscle flap is a versatile reliable option for reconstruction of palatomaxillary defects. It can be used as a first option or as an alternative to microvascular free flap reconstruction, when contraindicated. The major advantages include ease of harvest, decreased operating time, reliable vascular supply and minimal donor site morbidity. The most common morbidities associated with this flap includes Temporal hollowing and Trismus. Facial nerve injury is a rare complication.

THE SURGEONS WE ARE.



Dr. Pramod Subash

If I were to borrow an adage from Bible – “Genesis 1:27: “So God created man in his own image”, it would imply that men and women were created equal, well, at least in his eyes. What about us?

A few questions that would like to pose to every maxillofacial surgeon – gender-neutral.

- Do you think a female trainee can perform as well as a male trainee?
- Will you train a female trainee just like you would train a male?

A general perception is that the number of women choosing maxillofacial surgery is on the rise in line with the significant reduction in number of men choosing dentistry as a career choice. AOMSI statistics show that, prior to 2017, there were more women maxillofacial surgeons as its members (2059) compared to males (2029). And since 2017 till date there is a marginal trend of male aspirants on the rise (2059 males vs 1927 females).

The current practice landscape of oral and maxillofacial surgery has more male surgeons in institutional leadership positions. And more so in hospital-based practice, or entrepreneurs starting maxillofacial surgery centers / hospitals. If the number of women and men passing out as maxillofacial surgeons are almost similar, then where does the lacuna lie?

Do men get better training opportunities than women or do more men peruse training opportunities than women?

In the past decade, clinical fellowships offered by various organizations, hospitals and individuals has made it possible for fresh surgeons to pursue their specific areas of interest within the field of maxillofacial surgery and beyond. It is also heartening to see that the spectrum is expanding, and options are opening for a career in cancer surgery, TMJ surgery and facial aesthetics which the women maxfac are perusing more than before. To answer the first two questions, as a fellowship director at a designated AOMSI fellowship center, I have seen similar commitment and excellence by both male and female trainees and I am more than willing to train without any gender bias.

AOMSI data shows that 58 males have gone through AOMSI fellowship programs compared to the 40 females. It would be safe to assume that the trend would be similar in other fellowships as well. This disparity could be due to women taking a break from training to start and raise a family while men continue to pursue training and establish practice.

Once trained placement opportunities to consolidate on the training received must be similar for men and women. This brings us to few more questions.

- Are we more receptive to female colleagues? (The question goes out to both men and women)
- Do we appreciate their ability to perform any task that a male maxillofacial surgeon could?

Bias is experienced by every human being which can be perceived or real. Bias at workplace is a more focused issue that could be personal or social. The role of bias is usually raised in the context of an institutional or hospital-based practice. For a person who is well trained and willing to take the responsibilities, opportunities are plenty. But there does exist a social bias that considers male surgeons better. For the society to accept a woman surgeon at par or better than a male counterpart is a change that needs to happen at a cultural level. When will collective human conscience in this regard change? In our lifetime, or maybe after few generations?

Where would maxillofacial surgery be 50 years from now? With the lightning speed at which technology is helping us to expand the horizons, I cannot even pretend to predict the future of maxillofacial surgery. But about one thing I can be certain, it will be managed well by those who're really motivated to see the specialty grow, irrespective of any gender. We do not need to worry about the patients, they are very aware well about the options available to them, and they would choose the best out of the basket that contains options for a particular spectrum.

I measure the progress of a community by the degree of progress which women have achieved- B R Ambedkar.

Personally, I believe that you are limited only by what you can dream – Gender-neutral. And I also hope everyone who is campaigning for a gender-neutral world would stand up when the third gender will demand their due in our community who might be silent at this time point.

It is what we do that defines us, winners don't make excuses, period. To reiterate, change is the only constant in this world, and it will change, even after us.



Surgical excellence in Public Sector; In conversation

with Dr. Saju N. S



Dr. Saju N. S

Dr. Saju N. S, one of our own, has been recently awarded the Kerala State Govt Best Doctor Award in Dental category 2023. Chatting with him on the unique experiences and hurdles of practicing major Maxillofacial Surgeries in the government setup.

Q. Eighteen years of Maxillofacial surgery in Government Health Service, how did it start ?

A. I joined Kerala Health Service after completion of my post graduation in Oral & Maxillofacial Surgery, in 2006. I was posted in District Hospital Kannur as Assistant Dental Surgeon. At that time we were provided only with basic hand instruments for dental extractions, restorations, scaling and prosthodontic work. I started minor surgical procedures like surgical removal of impacted teeth, intermaxillary fixation, biopsies, cyst enucleation etc with my own instruments.

I started with Orthognathic surgery, when one of my friends from my native place Thrissur referred a young man with maxillary excess indicated for Lefort I osteotomy and Anterior Maxillary osteotomy. He couldn't afford the surgical fee and hospital expenses in a private hospital. I studied the case, discussed it with my seniors and orthodontists and planned for surgery with our Anesthesiologists. I borrowed a few surgical instruments (which I didn't have at that time) from my friends and did the first Orthognathic Surgery in Kerala Health Service. The result was good and the patient was happy. It attracted media attention (including visual media) and was well reported in malayalam dailies and regional TV news. This boosted my confidence and marked the start of a new trail in my career.

Q. What were the major challenges you faced while beginning to do surgery in a Government set up ?

A. The major challenge I faced is the task to make understand other staff in wards, operation theatre and ICU, about our surgical procedures. For each case I had to discuss in detail with the Anesthesiologists, nursing staff and theatre staff about the procedure and its sequel.

Q. You have completed 176 orthognathic surgeries in Health service. What made you foray into the field of orthognathic surgery ?

A] Every individual wishes to have a pleasing face and a good smile. This significantly contributes to one's self confidence. Size and shape of the jaw bones and alignment of teeth are the important factors in developing a good smile. Options are less for an individual from lower socio economic status to correct their facial deformity. Don't they deserve a bright smile like others ? Everyone is entitled to smile a "beautiful smile". This notion got me into performing orthognathic surgeries in Government hospitals.

Q. How did the other specialists in the medical fraternity accept these Maxillaofacial surgeries in your experience ?

A. I have worked in FOUR hospitals in Health service, District Hospital Kannur, General Hospital Thalassery, District Hospital Vadakara and General Hospital Kozhikode. And I have performed major maxillofacial surgical procedures in all these FOUR hospitals. I am really thankful to the medical fraternity for the support they rendered towards me right from allotting the theatre day for us in each hospital to reporting our surgical cases in DMO level and State level.

Q. Who were your guiding figures ? How important is the team approach Orthognathic Surgery ?

A. Being trained under the able guidance of great teachers like Dr Varghese Mani and Dr Thomas Joseph instilled a driving force in me to do more surgeries for common people. I am also grateful to my dear teachers Dr Ravindran Nair, Dr Soumithran C S and Dr Manoj Michael for their moral support and help. Orthognathic surgery is a team work with Orthodontist, Maxillofacial surgeon and Anesthesiologist. All the cases were being discussed with the concerned orthodontist before deciding the treatment plan. And I am happy to have eminent Orthodontists like Dr Ranjith Ravindran, Dr Ashil A M, Dr Nandakumar, Dr Shukkur Shareef, Dr Praveen, Dr Binu Purushothaman, Dr Hashim Ali ,Dr Sasi Maroli, Dr Ranjith Ramakrishnan, Dr Suresh Babu, Dr Alex Vadakkan, Dr Supriya, Dr Jitesh, Dr Jagdeesh Kaleshan, Dr Navya Ashok, Dr Manoj Thomas, Dr Joseph Kurien etc to associate with while doing Orthognathic cases.

Q. Tell us an example of a specific memorable work you did ?

A. Management of a fractured mandible of a Covid positive patient was a really challenging and memorable one with regard to the risk I faced during the lockdown period.

Q. Is there any advice you would give to our budding maxillofacial surgeons ?

A. I always believe in optimism. "Optimism is believing that obstacles are opportunities". Be sincere to the profession. Be true to the patients. There are no shortcuts for success. Always try to have a signature of your own in whatever you do.

Q. What are your achievements?

A. I consider successful completion of each surgical case as an achievement. The happiness I see on the patient's face is the best reward for me.



Q. Sir, your orthognathic surgeries are well known to us. What other major surgeries have you been able to do in Health Service ?

A. Apart from orthognathic surgeries I have done TMJ surgeries like Gap arthroplasty for TMJ ankylosis, condylectomy, segmental resection and reconstruction of mandible, ORIF of facial bone fractures, removal of cysts and tumours from maxilla and mandible, etc.

Q. What are your interests other than maxillofacial surgery?

A. I am very much interested in photography. Travelling, stage events and visual media are also my favourites.



AOMSI KERALA STATE CHAPTER

ACTIVITY REPORT (2022-2023)



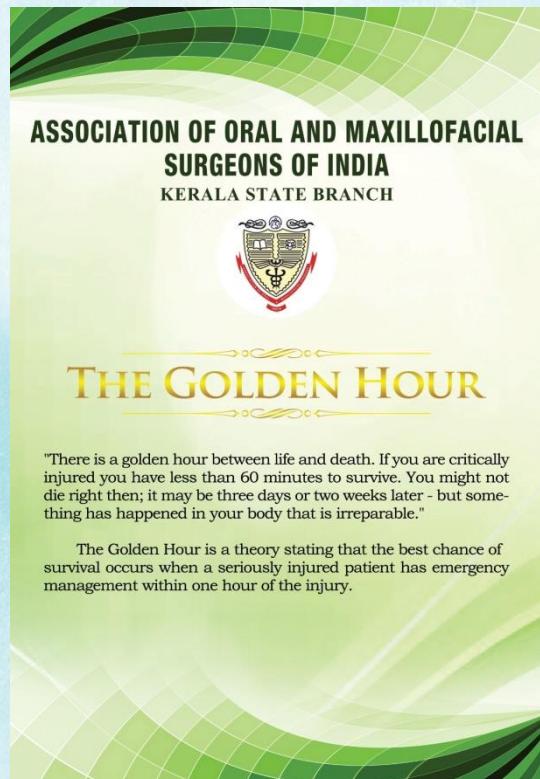
INSTALLATION OF DR ARUN BABU, PRESIDENT, AOMSI KERALA



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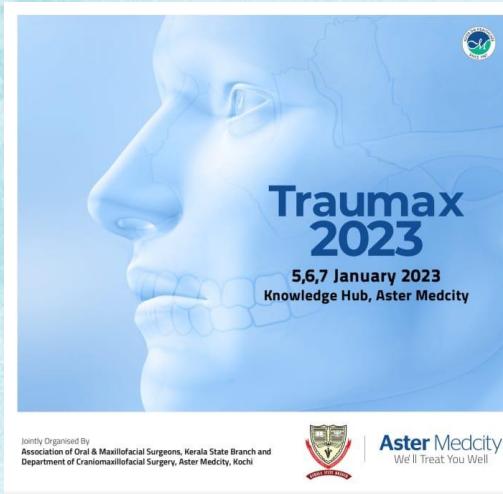


OMFS DAY CELEBRATION





TRAUMAX WORKSHOP ON MAX FAC TRAUMA





Aomsi Kerala @ Indore 2022

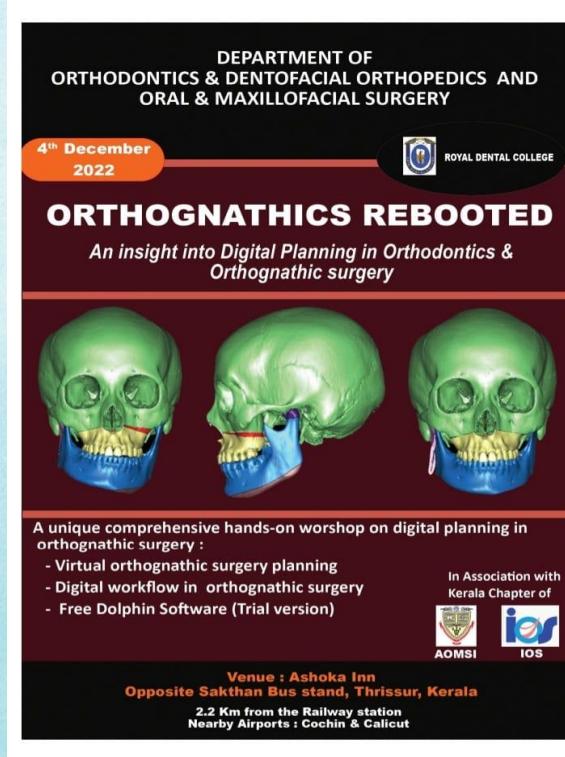


OMFS DAY CELEBRATIONS AT TVPM FEB 19TH -2023



orthognathics rebooted at thrichur





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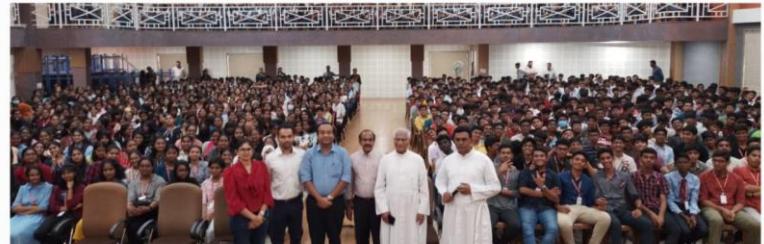
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PG Student Non - AOMSI Member	4000	4500	5000
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- കാർഡിയാക്സ് സയൻസ് (കാർഡിയാനാർ, കാർഡിയാനാർ-ബോർഡ്, കാർഡിയാനാർ)
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- ബോർഡ് ആൻഡ് ഓറോറ്റ് കെയർ
- എംബിജൻസി & ട്രാം കെയർ
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