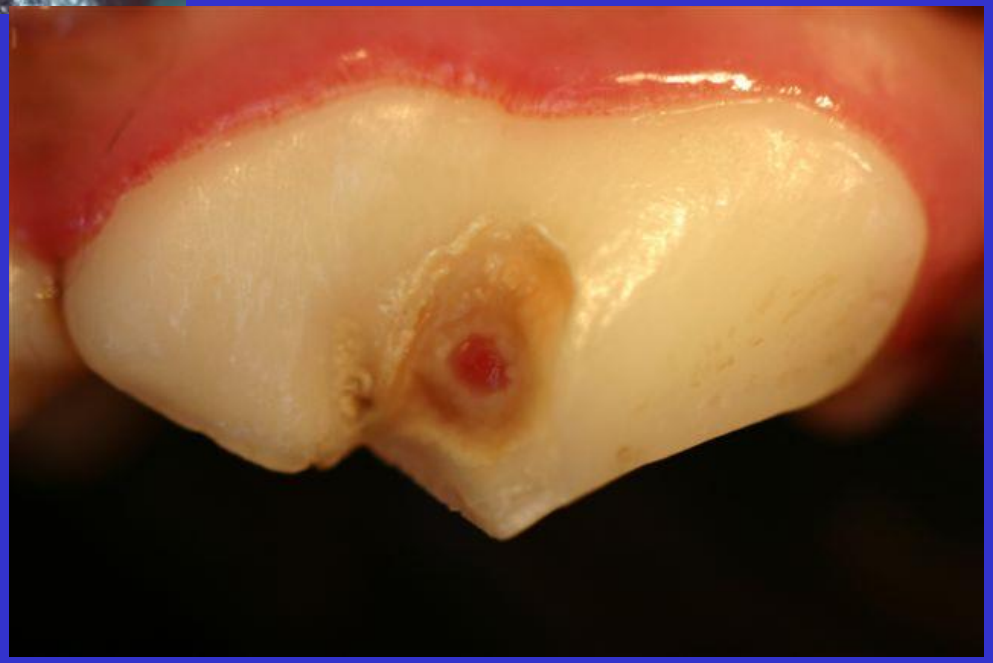
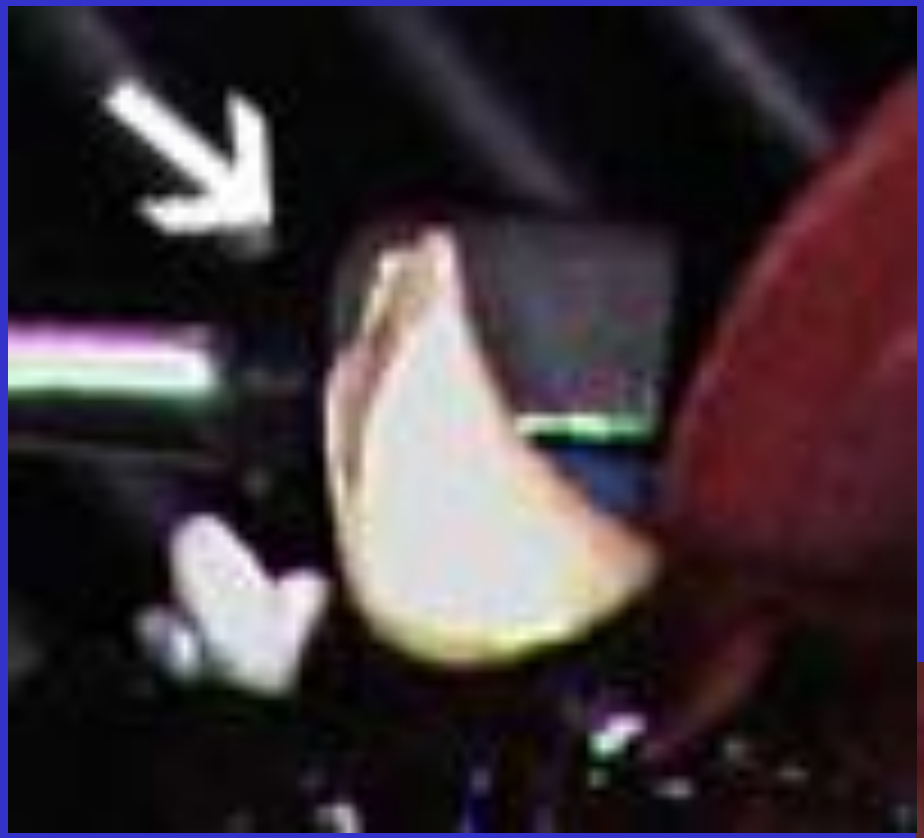
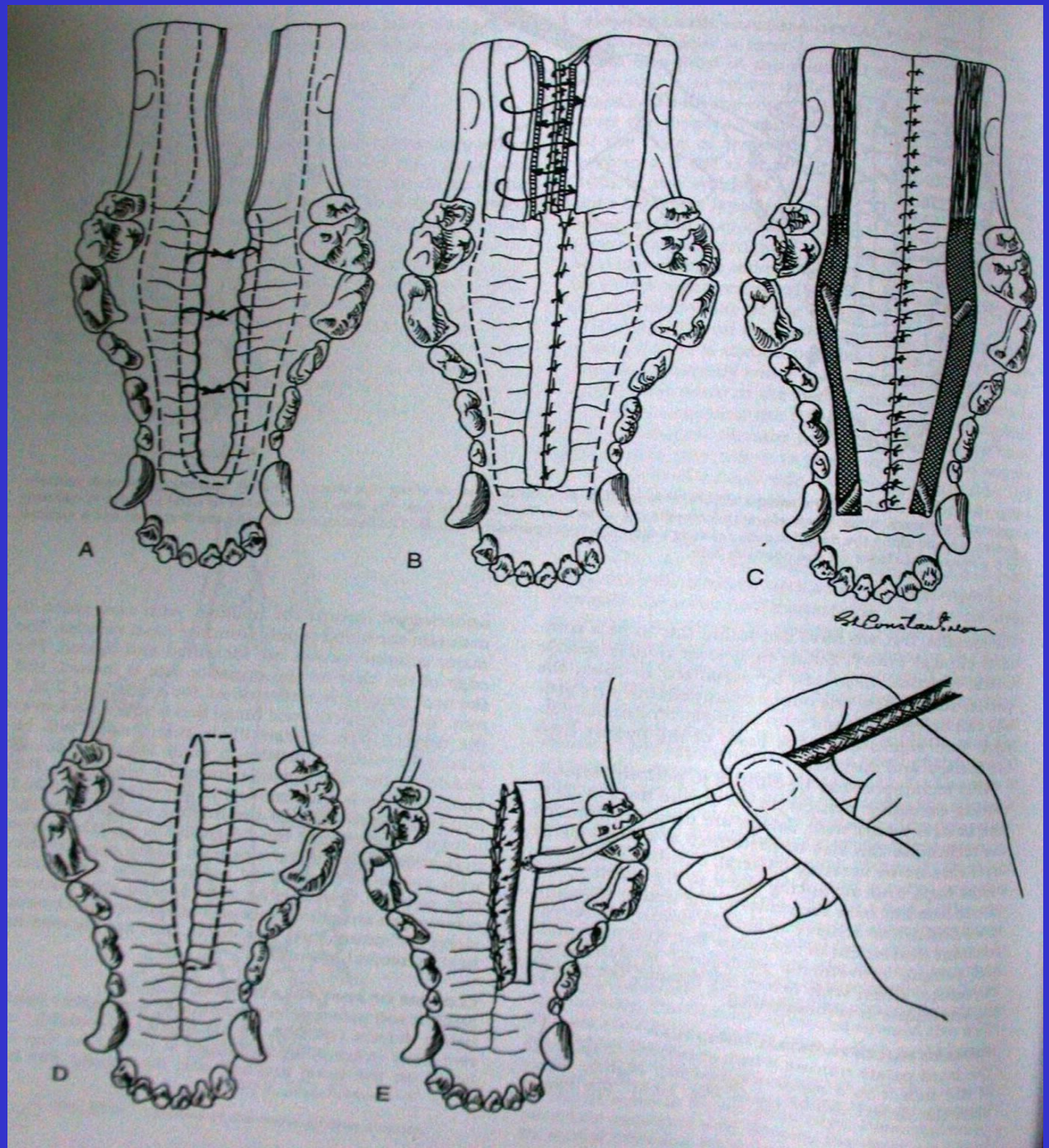
DİŞ KIRIKLARI

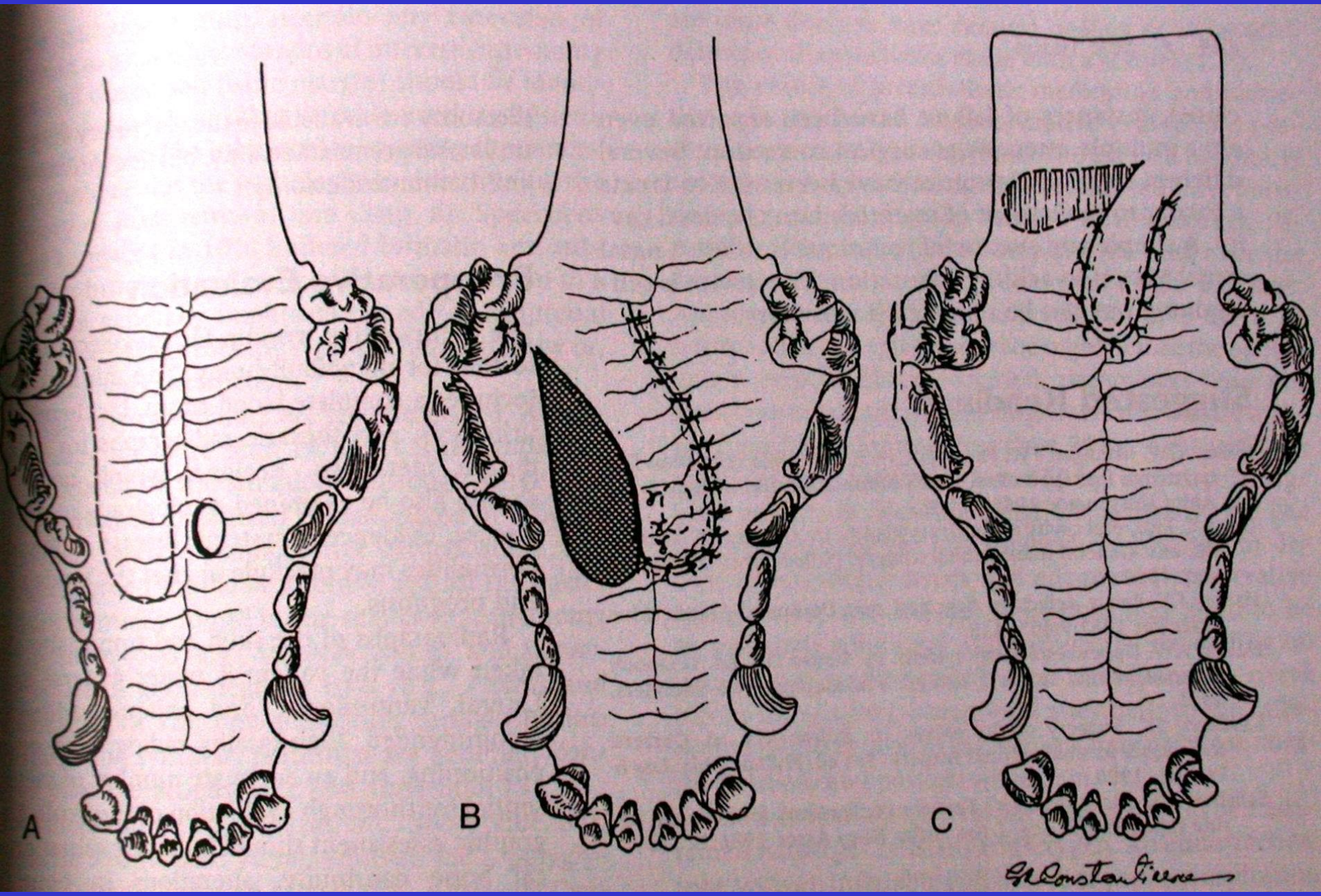
Mine yi kapsayan kırıklarda: Restorasyon

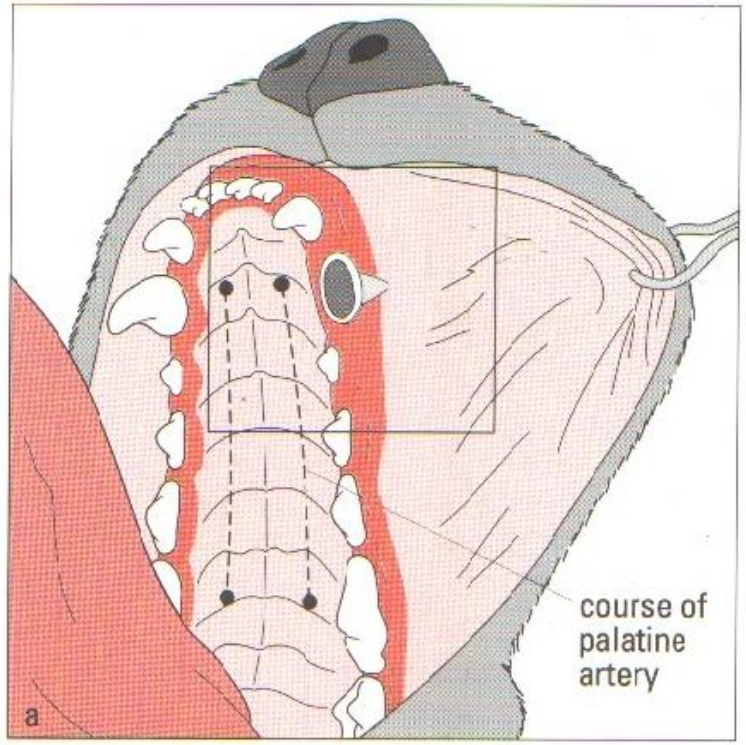
Pulpaya yakın veya penatre kırıklarda: Kanal tedavisi, protez, ekstraksiyon,

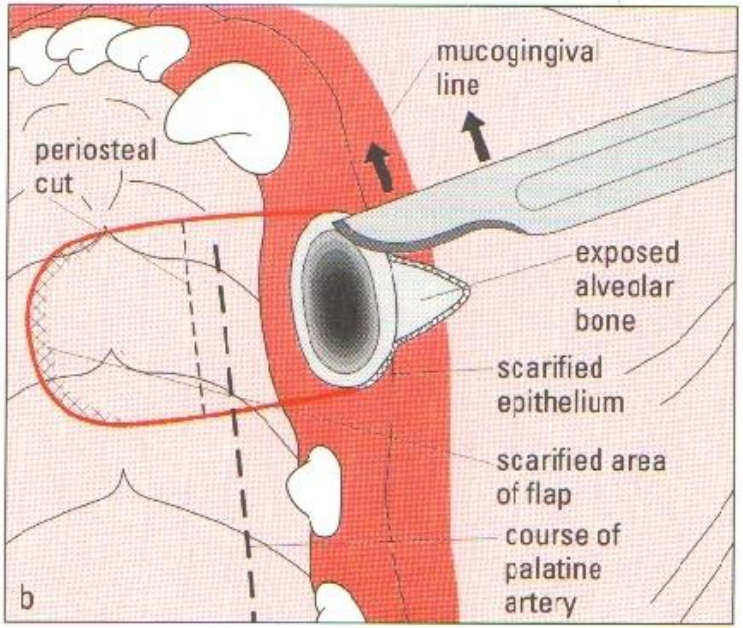


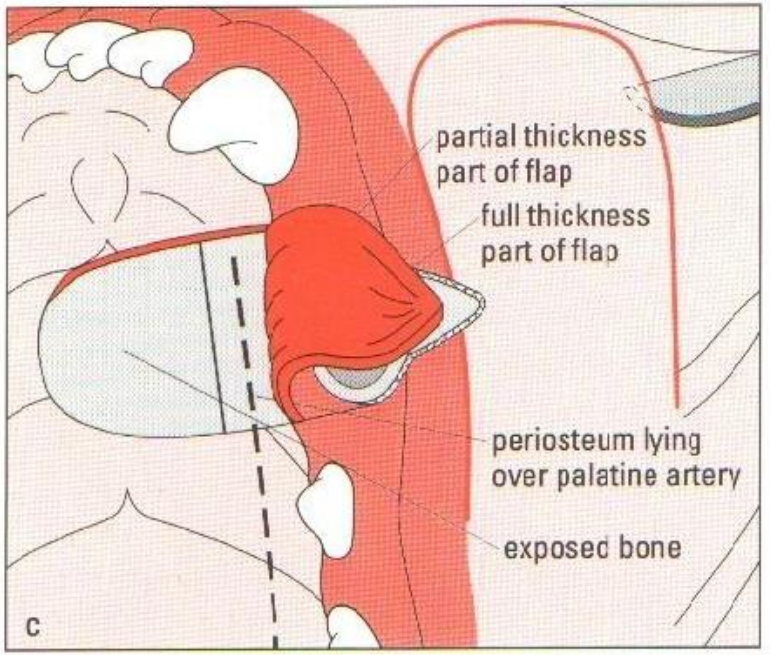



A
B
C
D
E


A
B
C







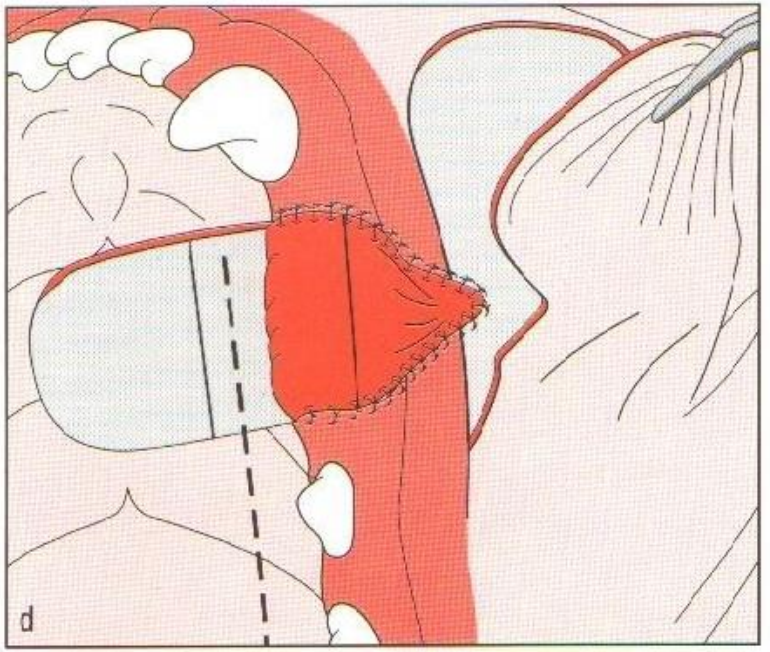
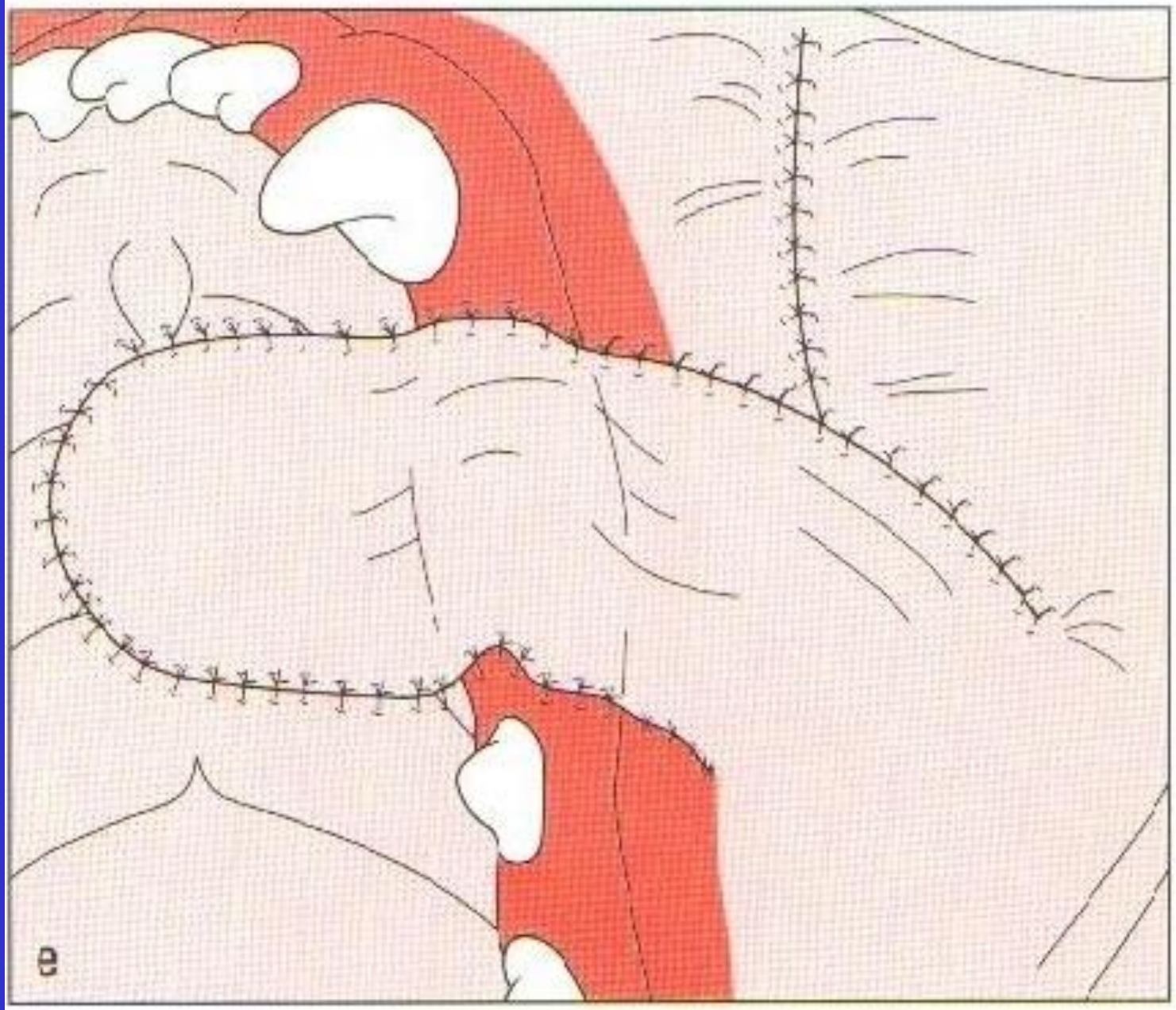
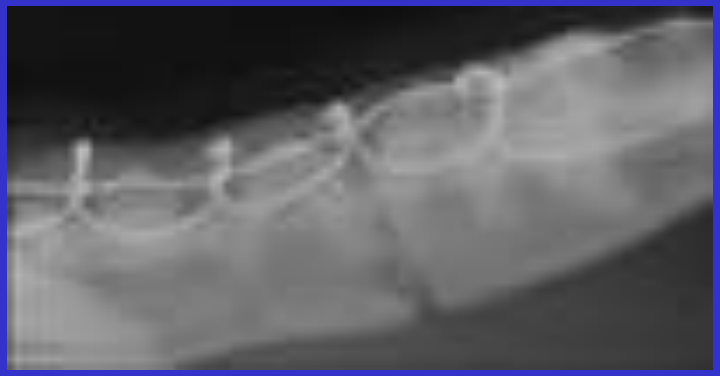


FIG. 8.4 (continued) Repair of oronasal fistula with gingival recession


e



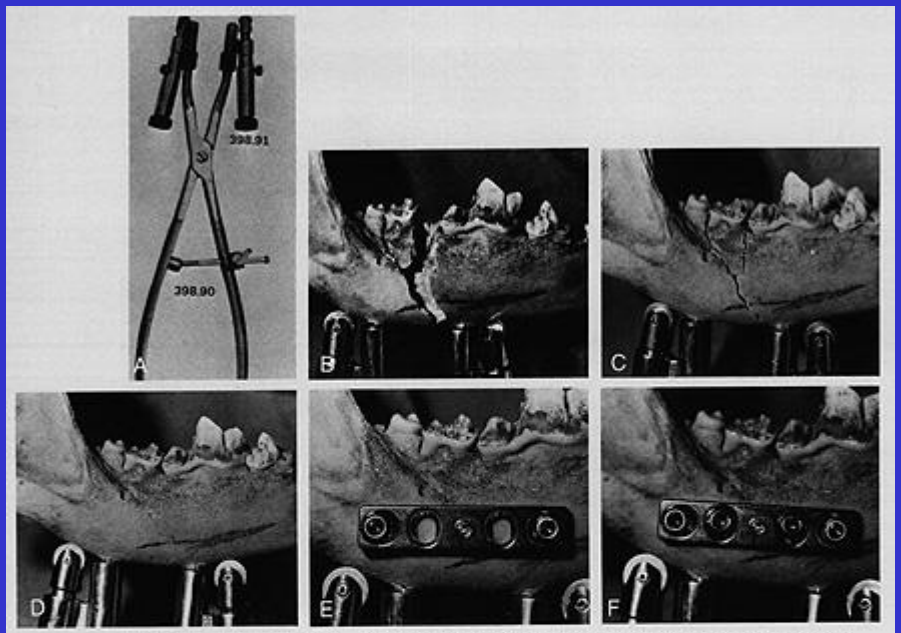


FIG. 18-2 Special mandibular reduction forceps with compression rolls are available as part of the ASIF instrumentation (A). These clamps are applied to the mandible frag... attachment (B reduction is a adjusting the press (D) the mandible plat fracture. Not Holes to help stabilize the third fragment Following placement of all the screws (F) is fixed and stabilized. Occlusion is perfe

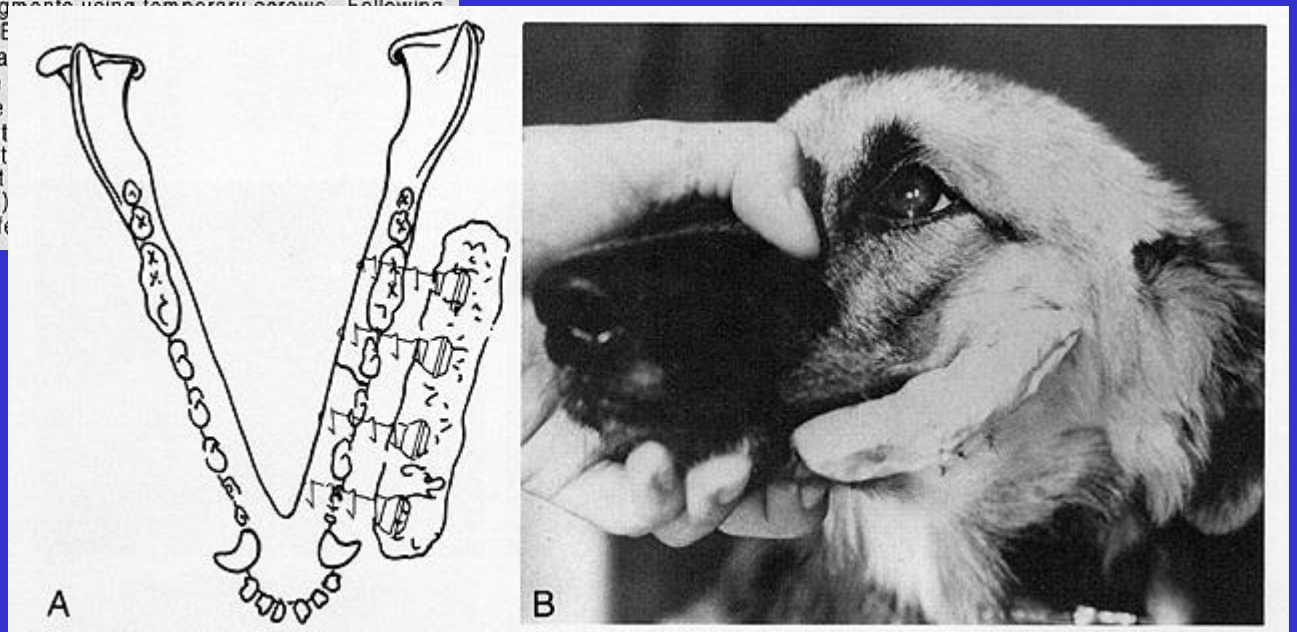


FIG. 18-3 (*A*) A fracture of the midbody of the mandible shows four screws with an acrylic bridge for fixation. (*B*) A typical patient wearing the acrylic frame.

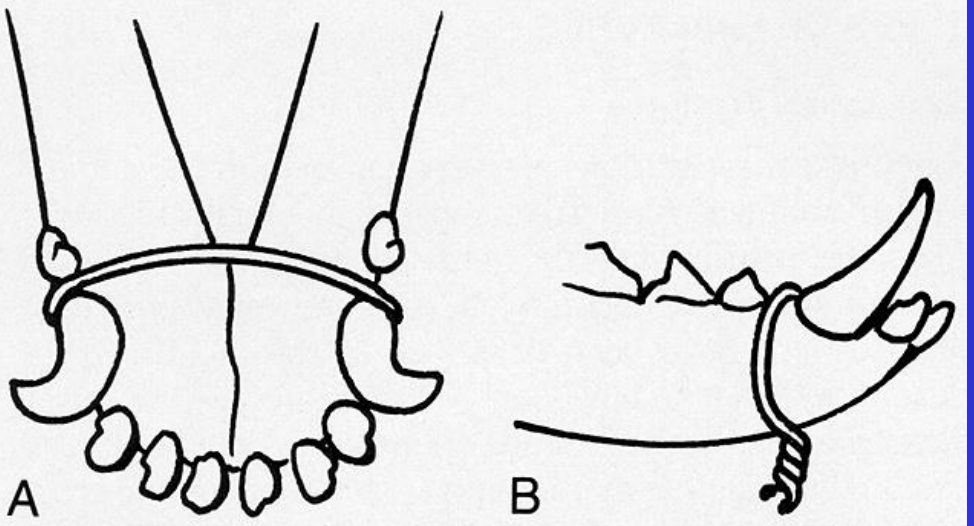


FIG. 18-6 Simple symphyseal fractures of the mandible are immobilized using a single 18- or 20-gauge wire located just caudal to the canine teeth (*A*). The wire is tunneled under the mucosa of the mandible, penetrating the skin under the jaw. The wire is twisted to provide reduction and stability (*B*).

Table 18–3 Various Maxillectomies

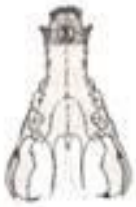
Maxillectomy Procedure	Indications	Comments	
Unilateral rostral	Lesions confined to hard palate on one side	One-layer closure	
Bilateral rostral	Bilateral lesions of rostral hard palate	Needs viable buccal mucosa on both sides for flap closure	
Lateral	Laterally placed midmaxillary lesions	Single-layer closure if small defect, two-layer if large	
Bilateral	Bilateral palatine lesions	High rate of closure dehiscence because lip flap rarely reaches from side to side; may result in permanent oronasal fistula	

Table 18-2 Various Mandibulectomies

Mandibulectomy Procedure	Indications	Comments	
Unilateral rostral	Lesions confined to rostral hemimandible; not crossing midline	Most common tumor types are squamous cell carcinoma and adamantinoma that do not require removal of entire affected bone; tongue may lag to resected side	
Bilateral rostral	Bilateral rostral lesions crossing the symphysis	Tongue will be "too long" and some cheilitis of chin skin will occur; has been performed as far back as PM4 but preferably at PM1	
Vertical ramus	Low-grade bony or cartilaginous lesions confined to vertical ramus	These tumors are variously called chondroma rodens or multilobular osteochondroma; temporomandibular joint may be removed; cosmetics and function are excellent	
Complete unilateral	High-grade tumors with extensive involvement of horizontal ramus or invasion into medullary canal of ramus	Usually reserved for aggressive tumors; function and cosmetics are good	
Segmental	Low-grade midhorizontal ramus cancer, preferably not into medullary cavity	Poor choice for highly malignant cancer in medullary cavity, since growth along mandibular artery, vein, and nerve is common