



제 56차 대한악안면성형재건외과학회 종합학술대회 및 정기총회



The 56th Congress of the Korean Association of
Maxillofacial Plastic and Reconstructive Surgeons
November 3(Fri) – 4(Sat), 2017 | Global Convention Plaza, Seoul

Symposium 1



Prof. Hyung Jun Kim

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Graduated from Yonsei University College of Dentistry and took one year Internship and three year Residency, and two year Fellowship in Oral and Maxillofacial Surgery at Yonsei University Health System.

Received Doctor of Dental Surgery and Master of Science in Dentistry degrees in Yonsei University and Dr. med. dent. degree in Ludwig-Maximilians University, Munich, Germany.

Visiting Scholar, Oral and Maxillofacial Surgery, Ludwig-Maximilians University, Munich, Germany. (Oct. 1997 – Sep. 1999)

Visiting Professor, Institute of Surgical Experiment, Ludwig-Maximilians University, Munich, Germany. (Feb. 2006 – Jan. 2007)

Visiting Professor, Oral and Maxillofacial Surgery, Tokyo Dental College, Japan. (Jun. 2008)

Visiting Professor, Oral and Maxillofacial Surgery, Technical University of Munich, Germany. (Oct. 2013)

Professor and Chairman in Oral and Maxillofacial Surgery, Yonsei University College of Dentistry.

Adjunct Professor in Oral Biology, Yonsei University College of Dentistry

Director of Education and Research, Yonsei University Dental Hospital

Research Ambassador, German Academic Exchange Service

Secretary General, Korean Association of Oral and Maxillofacial Surgeons

Member, Dental Division of Korean Society of Osteoporosis

Past appointments

Director of Institutional Review Board, Yonsei University College of Dentistry

Secretary General, Korean Association of Maxillofacial Plastic and Reconstructive Surgery

Director in Information and Communication, Korean Association of Oral and Maxillofacial Surgeons

Director in Information and Communication, Korean Association of Maxillofacial Plastic and Reconstructive Surgery

Director in Management Planning, Korean Academy of Dental Science

Vice-President, Korean Academy of Implant Dentistry

Member, Dental Division of Korean Society of Osteoporosis

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Publications

Randomised controlled clinical trial of augmentation of the alveolar ridge using recombinant human bone morphogenetic protein2 with hydroxyl apatite and bovine-derived xenografts: comparison of changes in volume, *British Journal of Oral and Maxillofacial Surgery* 2017

Frequent oncogenic BRAF V600E mutation in odontogenic keratocyst, *Oral Oncology* 2017

Genetic Abnormalities in Oral Leukoplakia and Oral Cancer Progression, *Asian Pacific Journal of Cancer Prevention* 2016

Surgical removal of asymptomatic impacted third molars; Considerations for orthodontists and oral surgeons, *Seminars in Orthodontics* 2016

Accidental injury of the inferior alveolar nerve due to the extrusion of calcium hydroxide in endodontic treatment a case report, *Restorative Dentistry and Endodontics* 2016

Efficacy of rhBMP-2/Hydroxyapatite on Sinus Floor Augmentation: A Multicenter, randomized Controlled Clinical Trial, *Journal of Dental Research* 2015

Surgical guide for symmetrical aesthetic surgery in unilateral fibrous dysplasia, *British Journal of Oral and Maxillofacial Surgery* 2015

Sectioned Images and Surface Models of a Cadaver for Understanding the Dorsalis Pedis Flap, *Journal of Craniofacial Surgery*, 2015

Comparison of miniplates and biodegradable plates in reconstruction of the mandible with a fibular free flap, *British Journal of Oral and Maxillofacial Surgery* 2015

Tuberculosis of the Temporomandibular Joint; A case of misdiagnosis, *Journal of Orofacial Pain* 2014

Distinctive Role of 6-month-Teriparatide on Intractable Bisphosphonate-Related Osteonecrosis of the Jaws (BRONJ), *Osteoporosis International* 2014

51 SCI/SCIE articles and 71 others

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Surgical consideration for reconstruction of maxillary defect

Hyung Jun Kim

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Either surgical or prosthetic reconstruction is essential for maxilla defect owing to ablation of tumor which causes composite injury in pronunciation, swallowing, chewing and esthetics. As anatomy of maxilla is complicated, neighboring nasal cavity, orbit, zygoma and pharynx, various reconstruction methods can be applied. Representative three classification systems such as Brown, Cordeiro and Okay classification are used alternatively by reason of absence in unique method yet. Flaps for surgical reconstruction are divided as follows. First, local flaps such as lingual flap, palatal mucosal flap, facial artery myomucosal island flap and temporoparietal flap. Second, soft tissue free flaps such as radial forearm free flap, rectus abdominis flap and anterolateral thigh flap. Third, composite flaps such as fibular free flap, deep circumflex iliac artery flap and scapular flap. Oral and maxillofacial surgeons can decide the appropriate flap according to the size of palate, alveolar defect, the extent of soft tissue defect in the midface, the preservation of the orbit and zygoma, and the plan of implant prosthesis. Prosthetic reconstruction uses removable prostheses to minimize side effects of maxillary resection, including an obturator for immediate occlusion after surgery as well as dentures or maxillofacial prostheses for delayed occlusion. Because of the better retention from using defect structures rather than the grafted tissues, better esthetics due to the support of the buccal cheek, and the possibility of visual observation of primary lesion recurrence, unlike mandibular reconstruction, maxilla reconstruction highly depends on prostheses. In addition, titanium mesh is used for reconstruction of the orbital floor. Furthermore, pre-fabrication of patient-fitted titanium restoration by 3D modeling is applied through navigation surgery. As the maxillary reconstruction has various options depending on the experience and judgment of the surgeon, oral and maxillofacial surgeons should be aware of indications and advantages, disadvantages of each procedure.

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