



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 5



Dr. Hyeon-Shik Hwang

Department of Orthodontics, School of Dentistry, Chonnam
National University, Gwangju, Korea

Korea

Dr. Hwang is Former Chairman and Professor of the Department of Orthodontics at Chonnam National University School of Dentistry, Gwangju, Korea. He received his DDS and PhD degrees from Yonsei University in Seoul, Korea. He has treated many adult patients focusing on esthetics and periodontal health and has developed many innovative clinical techniques to improve the effectiveness and efficiency of treatment to the benefit of both the patient and practitioner. Dr. Hwang is also interested in the diagnosis of dentofacial deformity patients. He has developed many innovative devices for the evaluation of facial asymmetry 2- and 3-dimensionally. As one of early adopters of cone-beam volume imaging, he has given a special emphasis on the management of surgical cases leading to a development of a specific imaging modality named CG ceph (CBCT-generated cephalograms). Regarding surgery-first orthodontics, he incorporated it into his practice in 2009. He has developed a clinical guideline for the construction of surgical occlusion and post-surgical management in surgery-first patients so that more dentofacial deformity patients can benefit from this unique approach. As the president of Korean Society of Surgery-first Orthodontics, he has given a number of lectures and provided hands-on courses on this topic. Dr. Hwang, as a faculty at the university hospital, has maintained a successful clinical practice for 26 years. He is also recognized as the former Editor-in-Chief of Korean Journal of Orthodontics (KJO) which is well known as one of the SCI Journals.

Hyeon-Shik Hwang, DDS MSD PhD

- . Graduated from Yonsei University
- . Orthodontic residency at Yonsei University Dental Hospital
- . Visiting professor, University of Pennsylvania
- . Visiting professor, University of Tennessee
- . Professor and Chair, Chonnam National University
- . President, Korean Society of Surgery-first Orthodontics
- . Adjunct Associate Professor, Arthur A. Dugoni School of Dentistry, University of the Pacific

KAMPRS 2017 Secretariat

Tel: +82-53-740-0414 | Fax: +82-53-742-9007 | E-mail: info.kamprs2017@gmail.com | Website: <http://kamprs.or.kr/>



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Proper Management of Condylar Displacement in Orthognathic Surgery

Hyeon-Shik Hwang, DDS MSD PhD

Department of Orthodontics, School of Dentistry, Chonnam National University, Gwangju, Korea

Orthognathic surgical procedures often cause displacement of the mandibular condyle in relation to the glenoid fossa. With the tendency of the condyle to regain its preoperative position, the condylar displacement by the surgery might be a source of surgical instability that could interfere with subsequent orthodontic treatment.

Considering that displaced condyle tends to return to its preoperative position, it would be necessary to develop a proper clinical guideline to achieve surgical stability. If the condyle is displaced by surgery, we need to allow for the movement of proximal segment for the repositioning of condyle. However, we do not want the movement of distal segment to maintain orthognathic position and surgical occlusion.

This presentation will discuss how to manage condylar displacement to maintain orthognathic position of mandible for the surgical stability. Proper clinical guidelines will be suggested with typical clinical cases.