



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. Rainer Schmelzeisen

Seoul Cosmetic Surgery Clinic

Korea

| | |
|----------------|---|
| 1976 - 1983 | Johannes-Gutenberg-University Mainz Dentistry and Medicine |
| 1983 - 1984 | Military Hospital / University Clinic Ulm Cranio-maxillofacial Surgery |
| 1985 - 1996 | Cranio-maxillofacial training Medical University Hannover |
| 1991 | PhD thesis |
| 1997 | Professor and Chairman of Oral and Maxillofacial Surgery of the Medical University Freiburg |
| Since 1999 | Member of the Maxillofacial Expert Group of the AO Foundation |
| 2001 - 2002 | Chairman of the "German Austrian Swiss Association for the Study of Tumours of the Face and Jaw" |
| Since Oct 2004 | Fellow of the Royal College of Surgeons, London (FRCS) |
| 2005 - 2007 | Chairman of the German Association of Skull Base Surgery |
| Since 2012 | Member of Board of Directors of the Medical University Freiburg |

KAMPRS 2017 Secretariat

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



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

Innovative minimal invasive approaches and individualized reconstruction in patients with midface and skull base lesions

Rainer Schmelzeisen

Professor and Chairman, Department of Oral and Maxillofacial Surgery,
Medical Center - University of Freiburg, Germany

Refinements of endoscopic procedures including development of specific instruments have changed surgical approaches and treatment concepts in oral and maxillofacial surgery as well as in skull base procedures. In trauma patients, endoscopy has modified surgical approaches for condylar neck fractures. In a prospective study 74 patients have been recruited and prospectively been scheduled for open or endoscope-assisted reduction.

The average operation time for the extraoral approach was 33 minutes faster than for the endoscopically assisted group ($p=0.003$). There was no significant functional difference for the A-HDS-outcome-scores between the two groups up to one year after the procedure. Although there was no evidence for a significant difference in the occlusion scores (Oi) between both groups, patients treated endoscopically were less likely to have severe occlusal disturbances compared to patients in the group with the extraoral approach. Complications in the patients with an extraoral approach involved facial nerve damage ($n=5$) with surgery being the most likely influencing factor.

No facial nerve damage was observed in the ENDO group in the follow-up period. Three of five patients with facial nerve damage following extraoral approach did not recover during the follow-up period.

Transoral fixation of vertebral fractures can be performed safer with intraoperative endoscopic control.

In orbital and frontal sinus reconstructions endoscopic control is a valuable tool for intraoperative evaluation of the surgical outcome. Exclusive endoscopic performance of orbital and frontal sinus reconstructions should be reserved for selected cases.

Experiences from endoscopic trauma surgery at the lateral skull base allow also for removal of osteochondroma medial to the condylar head via an exclusively intraoral approach.

Especially in patients in which the approach may cause more damage than the procedure itself as for example in biopsies and in resection of the styloid process an endoscope guided procedure eventually combined with navigation guidance can be the procedure of choice.

In tumours at the skull base endoscopic guided resection may be attempted, especially in benign-lesions a complete removal may be possible. In malignant lesions the endoscope is a valuable instrument for intraoperative tumour control assuring the quality of the procedure.

KAMPRS 2017 Secretariat

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