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Improved Surgical Technique for Moving Entire Face Forward to Correct Concave Faces

[Rosemont, IL, May 1, 2014] Concave faces, the result of underdevelopment of the middle of the face (midfacial hypoplasia) is a deformity in which growth of the upper jaw, cheekbones, and eye sockets lags behind that of the rest of the face. It is characterized by eyes that seem overly large due to poorly developed sockets, and a severe underbite that causes the lower teeth to stick out farther than the upper teeth. A surgical procedure called a Le Fort III osteotomy is used to bring the entire skeleton of the middle of the face forwards including the eye sockets, nose, cheekbones, and upper jaw. This elaborate and delicate procedure fixes the facial concavity in patients suffering from this deformity.

In an article appearing in the May issue of *The Journal of Oral and Maxillofacial Surgery*, “Le Fort III Distraction Osteogenesis Versus Conventional Le Fort III Osteotomy in Correction of Syndromic Midfacial Hypoplasia: A Systematic Review,” researchers compared two surgical procedures with respect to their effectiveness in correcting the disorder. The conventional procedure moves the facial skeleton and overlying soft tissues all at once, while a newer procedure uses a technique called distraction osteogenesis to move the face over a period of weeks,

The investigators conducted a systematic review of all electronically published data from 10 databases from their inception through June 2012. Only those studies that tracked the same patients and observed differences in those patients over long periods of time, with follow-up periods of at least 1 year after surgery were considered for inclusion. The research focused on the amount of improvement in patients’ facial form, as well as how well the changes persisted over time (relapse rate)

The researchers found that while both surgical procedures produce good to excellent results with only minor relapse rates, that the slowly moving distraction osteogenesis technique appears to achieve a greater amount of improvement with a lower rate of relapse than the conventional LeFort III technique.

Read the complete study findings at *J Oral Maxillofac Surg.* 72:959-972, 2014
<http://download.journals.elsevierhealth.com/pdfs/journals/0278-2391/PIIS0278239113012329.pdf>

The Journal of Oral and Maxillofacial Surgery is published monthly by the American Association of Oral and Maxillofacial Surgeons to present to the dental and medical communities comprehensive coverage of new techniques, important developments and innovative ideas in oral and maxillofacial surgery. Practice-applicable articles help develop the methods used to handle dentoalveolar surgery, facial injuries and deformities, TMJ disorders, oral cancer, jaw reconstruction, anesthesia and analgesia. The journal also includes specifics on new instruments and diagnostic equipment and modern therapeutic drugs and devices.