



New and Old Myths on Current Research in Orofacial Region

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Received date: December 18, 2016; Accepted date: December 22, 2016; Published date: December 26, 2016

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Citation: Isola G (2016) New and Old Myths on Current Research in Orofacial Region. *Cosmetol & Oro Facial Surg* 2: e102.

Editor's Note

Cosmetology & Oro Facial Surgery is one of the major section of medicine dealing with dental and facial defects which occurs either from any accident or due to any disorder that requires reconstruction by oral (mouth) and maxillofacial (jaws and face) region surgeries. It is internationally recognized surgical specialty of medicine and dentistry and compulsory require dual degree in medicine with dentistry.

Journal of Cosmetology & Oro Facial Surgery aim to provide rapid and reliable information on current developments in the form of research and review articles with studied cases in the form of reports. It covers topics on Blepharoplasty, chemical peel, Dental Oro facial surgery, Lip reconstruction, Dentoalveolar surgery, Cosmetic facial surgery, Head and Neck reconstruction, congenital craniofacial malformations and many more. Journal of Cosmetology & Oro Facial Surgery in published articles discussing the topics such as Bone grafting in adult having cleft lip and palate, Maxillo mandibular Fixation of upper mid face fracture, undiagnosed case of Crouzon Syndrome and study of individual films from expired and unexpired double packets in terms of radiographic density and contrast of images.

Oro-facial region is variously affected by syndromes and craniofacial clefts that occur as a result of non-fusion of embryonic processes during the stages of formation and development. Cleft Lip or the palate is the second most common congenital affecting humans. Agrawal et al. [1] presented a case of unilateral cleft lip and palate with severe maxillo-mandibular dento-skeletal discrepancy that was managed ortho-surgically and by bone grafting. Author suggested that proper case selection, an interdisciplinary team approach along with long term follow-up and maintenances of treatment results is the vital key factor for successful management of such cases.

The maxillofacial complex management of fractures remains a challenge for the oral and maxillofacial surgeon, nagging both skill and expertise. In the view of current literature there is no need for Maxillo mandibular fixation (MMF) after open reduction and internal fixation of midfacial fracture. However, to achieve bone healing, many surgeons kept the patients on MMF postoperatively depending on the extent of fracture. Hedge et al. [2] presented a case regarding a patient undergoing MMF with arch bar and guiding elastics of midfacial

fracture, so to obtain bone healing. However, with case presented authors have suggested not to use guiding Elastics instead asked to use 26 gauge stainless steel wires as a method of fixation.

Crouzon syndrome is rare genetic disorder characterized with complete penetrance and variable expressivity that is associated with cervical vertebrae abnormalities. Nehra et al. [3] presented a report of an undiagnosed case of Crouzon syndrome in an eight year old boy. It is assumed that the syndrome would not have been diagnosed until the incidental findings of atlanto-occipital assimilation not been identified and examined until the onset of severe symptoms with aggravated pathology. Hence, it is concluded that an orthodontic should have sound knowledge of cervical anatomy having serious implications on the quality of individual life.

Watanabe et al. [4], studied to determine whether the individual films from unexpired and expired double packets present the same image quality in terms of radiographic density and contrast. It is observed that the unexpired radiography films presented little laboratory differences, whereas expired radiography films did not displayed any significant differences. Author proposed the method for both the qualitative and quantitative interpretation of the experimental data obtained by the analysis of double films packets both in terms of optic density and contrast.

Reference

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