Abstract

Maintaining projection and support of the lower face and planning for endosseous dental implant positioning require bony reconstruction of the mandible when a major defect occurred.

To completely restore the anterior mandible, it is necessary to overcome the limited height of the fibula compared to the native symphyseal and parasymphyseal region; adequate bone height is a precondition for dental implant planning.

Intraoral tissue reconstruction and a myofascial lining can also be performed with myofascial fibula flap or with simple/folded skin island of fibula flap.
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Intraoral tissue reconstruction and a myofascial lining can also be performed with myofascial fibula flap or with simple/folded skin island of fibula flap.

For the largest defects, a double flap (fibula osteocutaneous flap externally, radial forearm fasciocutaneous or vertical rectus abdominis myocutaneous intrororally) may be required.

We briefly describe the mandibular reconstructive principles through fibula flap related to specific defects, referring to the classification proposed by Cordeiro et al.

Keywords

Mandibular reconstruction  Mandibular osteotomy  Mandibular osteomyelitis  Mandibular condyle  Condylar reconstruction
References


