

ABSTRACT

SURGICAL CORRECTION OF MANDIBULAR PROGNATHISM

Mandibular prognathism is a skeletal deformity characterized by overdevelopment of the lower jaw in both sagittal and transversal directions. It could be a developmental or acquired anomaly. In 1849, the first surgical correction of mandibular prognathism was performed by Hüllihen. As one-third of all surgical interventions in orthognathic surgery, the modification of this deformity is the most prevalent intervention.

Thirty years ago, the main focus was on lower jaw surgeries. More than three-quarters of patients were treated in this way. Nowadays, it is known that mandibular prognathism in most cases is accompanied by hypoplasia of the maxilla, and the need for bimaxillary procedures has been developed. The advantages of ostectomy, especially in correcting mandibular prognathism, are various. One of the crucial changes in a skeletal relationship is better esthetic appearance. Clinical research showed faster functional adaptation after maxillar and bimaxillary corrections. Greater stability of postoperative results is also cited as an advantage of these surgical interventions, but opinions on this are still divided. The overall change of the soft tissues of the middle third of the face is more pronounced after bimaxillary surgical procedures compared to single-jaw procedures, especially in the region of the chin, lower lip, and nasolabial fold. Achieving optimal function and aesthetics in these patients requires a combined orthodontic-surgical approach. The most significant disadvantage is certainly the complexity and difficulty of the surgical procedure itself, the possibility of postoperative bleeding, the instability of the position of the upper jaw during positioning, as well as the postoperative rotation of the lower jaw.

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