

Abstract

Topic : BSSO technique in management of dento-maxillary anomaly

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The treatment of dentofacial deformities has come a long way since Vilray Blair, with Edward Angle, completed bilateral body osteotomies under chloroform anesthesia to setback a prognathic mandible and establish an improved occlusion. The field of orthognathic surgery advanced by small increments over the next 6 decades until Hugo Obwegeser executed what has now become the three classic orthognathic procedures: Le Fort I (maxillary) osteotomy with down-fracture and disimpaction; intraoral sagittal split ramus osteotomies of the mandible BSSO; and the intraoral oblique osteotomy of the chin. An important component of orthognathic surgery is the bilateral sagittal split osteotomy (BSSO), which is the most commonly performed jaw surgery, either with or without upper jaw surgery. Indications for a bilateral sagittal split include horizontal mandibular excess, deficiency, and/or asymmetry. It is the most commonly performed procedure for mandibular advancement and can also be utilized for a mandibular setback of small to moderate magnitude.

Keywords: bilateral sagittal split osteotomy, mandible, orthognathic