

ХІРУРГІЧНА СТОМАТОЛОГІЯ

MANDIBULAR OSTEOTOMY IN A PATIENT WITH EISENMENGER SYNDROME: CASE REPORT

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Actuality of the topic. The presence of abnormalities of jaw bones causes a significant cosmetic and psychological discomfort to a person with such a problem. Currently, the planning and surgical treatment of malocclusion in patients without concomitant diseases is a routine process. The situation is a completely different when a patient has serious diseases of the respiratory or cardiovascular system, which may be a contraindication to such treatment.

Aim. Presentation of our own experience of a multidisciplinary approach to the orthognathic treatment of patient with malformation of the maxillofacial area with severe concomitant pathology.

Materials and methods. A 30-year-old patient, with the presence of Eisenmenger syndrome, progeny and open bite – a class III skeletal defect with a significant cosmetic and functional defect was chosen as a clinical case. The DDS-Pro software was selected to plan the operation. A bilateral sagittal split osteotomy of the mandible was selected as a method of surgery.

Results. At the time of the first visit, the patient was denied surgical treatment several times in other clinics. Before the treatment began, a patient underwent an intensive course in the cardiac surgery unit for 2.5 months. Surgical intervention was virtually planned with the production of a surgical template. Subsequently, an operation was performed. The treatment period was unremarkable. On day 20, a patient was discharged from the hospital for post-hospital follow-up. The resulting occlusion and changes in the shape of the face fully met the patient's psychological and cosmetic expectations.

Conclusion. Complicated cardiovascular pathology does not always deprive patients with malocclusion of the possibility to undergo surgical treatment. Careful diagnosis and long-term follow-up can play a crucial part in obtaining the patient's consent for surgery. Computer 3D imaging provides real help to plan future interventions. This suggests that a multidisciplinary approach to the preoperative preparation of patients with cardiovascular diseases and abnormalities of the dentoalveolar system is effective and can reduce the rate of refused orthognathic operations by such patients.