## **Abstracts**

1. Larsen, O.D. and Nielsen, A: Mandibular fractures: I. Analysis of their etiology and location in 286 patients. Scand. J. Plast. Reconstr. Surg., 10:213, 1976.

Cases treated between 1964 and 1973 in Department of Plastic Surgery at Odense University Hospital are analysed in relation to etiology and location. Majority were males between the ages of 18-30 years. Half of mandibular fractures were due to traffic accident and along with midface fractures it was 81%. Assault accounted for 20% of mandibular fracture in the series and here common site was angle. Most frequent site was condyler process especially in women. Fall resulted in condyler fracture very often.

2. Webster, R.C., White, M.F., Smith, R.C. et al.: Chin augmentation: Subperiosteal and Supraperiosteal implants. Aesthetic Plast. Surg., 1:149, 1977.

The behaviour of implant placed subperiosteally and supraperiosteally is mentioned. Subperiosteal implants erode into the mandible while supraperiosteal are likely to shift. To introduce an implant which extends laterally sufficiently to produce a good look may be difficult to insert through a small incision.

The authors have presented a technique where 2 pieces of curved silicone implant are placed subperiosteally laterally and supraperiosteally centrally. This insertion is accomplished through a small incision. The results show firm fixation and nice appearance.

3. Sloan, D.F., Brown, R.D. and Larson, D.L.: Evaluation of a simplified water matteress in the prevention and treatment of pressure sores. Plast. Reconstr. Surg., 60:596, 1977.

The authors discuss the chief role of pressure in causation of pressure ulcers. Then the usefulness of water bed is mentioned. Objective study of water matteress, found clinically useful, has been done. Water bed, water matteress and standard hospital bed were studied with relation to pressure on four anatomical sites in 11 humane subjects. A simplified pressure measuring device was used. Authors found no significant difference in pressure exerted by water bed and water matteress in most of the regions. These two were much superior to standard hospital bed. The advantages of water matteress and its disadvantages are enumerated. The concept of using a water matteress seems to be an affordable approach to prevent pressure ulcers.

4. Mc Hugh, M.: Reconstruction of the lower lip using a neurovascular island flap. Brit. J. Plast. Surg., 30:316, 1977.

The author mentions the various methods of lower lip reconstruction. Subsequently the marking and the technique of transferring a triangular horizontally placed neurovascular flap of the cheek is detailed. The vessels and facial nerves are preserved in the dissection. Twenty seven patients treated by this flap under local anaesthesia are presented with good acceptable results. The sensation of the reconstructed lowers lip is preserved.