

ABSTRACTS

*Reconstruction of Alveolar Jaw bone — by —
(Uno Braine and per-Ing var Branemark)*

**Scan J. Plast. Reconst. Surg. : 14 23-48,
1980.**

Reconstruction of the edentulous, severely resorbed alveolar jaw bone requires both compensation for the lost volume of bone and for teeth.

Autologous cancellous and marrow grafts applied did not provide the intended bone volume restoration. Osseointegrated titanium fixture provide lasting support for bone anchored bridges probably due to improved healing and biochemical capacities.

Preformation of an autologous composite bone graft in an experimental study in dogs, provide lasting restitution of alveolar bone volume and substitutes for teeth by titanium. Graft using the proximal tibial metaphyses as donor site.

In those cases where complete or partial graft resorption occurred mucoperiosteal flap insufficiency was considered to be the probable cause.

Port wine stain and the response to Argon laser therapy successful treatment and the predictive role of color, Age and Biopsy —

Joel. M. Moe, Sanford H. Barsky, Daniel E. Gear, S. B. and Seymour Rosen. : Plast & Reconst. Surg. Volume 65, Number 2, Feb. 1980.

No criteria exist for anticipating the response of a port wine stain to Argon laser therapy. Sixty two patients age 7 to 66 years with port wine stains were biopsied, had a smallest area treated and evaluated after a month. A desirable result defined by marked lightening of lesion with out scarring in 73% of case.

Factors favouring the result are Age more than 37 yrs, purple color, Fraction of dermis, occupied by vessels 75%. Mean vessel area 72500 μm^2 and percent of vessels containing erythrocytes 715%.

Degree of color change correlated with age \leq 17 year, pink color, vascular area \leq 2.1 Mean vessel area \leq 1500 μm^2 and percent of erythrocytes \leq 3.1.

The viability of rib grafts transplanted with the periosteal blood supply

Stephan Ariyan M.D., Plast. & Reconst. Surg. Vol. 65. No. 2, Feb. 1980.

Two cases of Microvascular rib transplants supplied by the periosteal circulation through the anterior intercostal vessel were studied. The viability of bone by the uptake of fluorochrome markers and also examined then section of calcified bone demonstrate the deposition of new osteoid by osteoblasts and the resorption of bone by osteoclasts. These study confirm the viability of transplanted bone.

Rhytidectomy with Radical lipectomy and platysmal Flaps

Norman E. Hugo M.D., Plast. & Reconst. Surg. Vol. 65, No. 2, Feb. 1980.

Eighty two consecutive cases of Rhytidectomy by platysmal flap and submandibular and submental lipectomy were presented. The results are superior to previous methods. Although the platysmal flap technique defines the caudal portion of the neck from the hard bone to the sternomastoid muscle, the major definition to the submental and submandibular areas is given by lipectomy. The incidence and type of complication are similar to previous reports.

Reconstruction of the Burned Nose.

David W. Furnas, M.D., Bruce M. Achauer and Robert H. Bartlett, M.D., The Journal of Trauma. Vol. 20, No. 1, Jan. 1980.

Nasal reconstruction is one of the most important element in rehabilitation of patient suffering from the devastating deformities of full thickness facial burns. When possible we use a single pedicle for complete nasal reconstruction. The forehead furnishes the best donor area. More distant donor sites are used if the forehead is not available. In lesser deformities, resurfacing with composite grafts or full thickness grafts gives satisfactory results.

Tracheoplasty for tracheal stenosis in the pediatric Burned Patient.

(James A. Majeski, J. Tracy Schreiber, M.D., Robin Cotton, M.D. and Bruce G. Macmillan, M.D. The Jour. of Trauma. Vol. 20, No. 1, Jan. 1980.

Recently only therapy available for a tracheal stricture has been repeated dilatation of

stenosed area on resection and anastomosis, upper airway burns in the pediatric patients have occasionally resulted in tracheal stenosis. Two children with a long tracheal stenosis secondary to inhalation injury have been treated surgically successfully. A costal cartilage graft has been used in these two children in management of long tracheal stenosis. Both have adequate airway and full surgical correction of subglottic stenosis is planned for both. The good result will need to be tested by time before they can be considered the definitive treatment for long area of tracheal stenosis.

Thumb lengthening by metacarpal distraction.

John B. Mulliken, M.D. and Raymond M. Curtis, M.D., The Jour. of Trauma. Vol. 20, No. 3, March 1980.

A case with 1 cm distraction elongation of child's thumb metacarpal 7 years after initial injuries is presented. Thumb to long finger pinch was improved by this procedure. The metacarpal elongation has been maintained for 3 years. The mechanism of this repair appears to be ossification of connective tissue. Immobilization until bony union is complete is recommended to avoid loss of length gained.

Resurfacing denuded areas of the beard with full thickness scalp graft.

Leo Clodium and Jin Smahel, Brit. Jour. Plast. Surg. Vol. 32, No. 4, Oct. 1979.

Reconstruction of beard bearing area seen as the upper lip necessitates hair bearing grafts no thicker than full thickness skin graft in order to allow for normal movement. In the normal scalp however most of the follicles reach into the subcutaneous fat. By pre-opera-

tive epilation it seems possible to induce the cauegen phase of the hair cycle during which the follicles migrate into the corium and thus will be transplanted as complete morphological unit. The clinical results support this concept.

Sternoclidomastoid regional flaps — A new look at an old concept.

M. E. Jabaley, F. R. Heckler, W. H. Wallace and L.H. Knoot, *Brit. Jour.* Vol. 2. April 1979.

The main blood supply of the sterioclidomastoid muscle enters it above from branches of the superior thyroid. Post auricular and occipital arteries. The lower third is supplied by a branch from the transeverse cervical artery and at this level cutaneous branches. Long skin flaps should be checked with fluorescein before transfer.

A free Dorsalis pedis flap from the o.h.r foot combined with a dorsalis pedis pedicle flap from the same foot to close foot ulcers.

H. Ohtsuka, N. Shioya, E. Hoshi and Y. Ogino., *Brit. Jr.* Vol. 32, No. 1, Jan. 1979.

A dorsalis pedis island flap may characteristically be raised with a long vascular pedicle. However if inelastic, fibrotic area, such as scared tissue or grafted skin are extensive in recipient area region as in the 2 cases presented. Some device is necessary to cover the anastomosed vessels because of the absence of subcutaneous tunnel route (Robinson 1976). Fortunately the dorsalis pedis artery is one of the cutaneous arteries of the body. Therefore a

local dorsalis pedis strip flap may be safely lifted even if the dorsalis pedis artery itself is partly covered with grafted skin.

Covering large groin deffects with Tensor fascia lata musculocutaneous flap

H. L. Hill, R. Hester, and F. Nahai, *Brit. Jr.* Vol. 32, No. 1979.

From our experience of over 50 cases there is no doubt that the tensor fascia lata with its overlying skin may be reliably raised on its major pedicle in dimensions of up to 15 × 30 cm. Transposed in near by groin defects it supplies well vascularised tissue into areas which are notoriously slow to heal. When the femoral vessels are exposed it has the added advantage of providing muscular protection.

Foreign material in the capsules around Breast Prothesis and cellular reaction to it.

J. Smahel, *Brit. Jr.* Vol. 32, No. 1, Jan. 1979.

Thirteen capsules which had formed around breast prothesis were examined, using the technique of splitting the capsule wall. A foreign material in droplet form was present in the capsules. The foreign material was taken up by phagocytes and the cytological evidence is that it has cytotoxic activity. It was shown that the material migrates to the vessels in the outer layer of the capsule and may reach the lumen of those vessels.

On the basis of the microscopic appearance and the results of infrared spectrum analysis the foreign material in the capsules was assumed to be silicone. (L.M.B.)

SUGGESTIONS TO CONTRIBUTORS

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