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Symposium Panel Abstracts-LAJOMS. 2nd International São Paulo Methodist University Internacional Symposium of Surgery

*Resúmenes del Panel del Simposio-LAJOMS.
2º Simposio Internacional de Cirugía de la Universidad Metodista de São Paulo*

1. Congenital stenosis of the piriform aperture: a case report

Estenose congênita da abertura piriforme: um relato de caso

Estenosis congénita de la abertura piriforme: informe de un caso

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Piriform aperture atresia occurs due to excessive growth of the medial nasal process of the maxilla and deficiency of the primary palate. In our study, we report a case of a newborn with congenital stenosis of the piriform aperture associated with a solitary medial upper central incisor, a condition that prevented nasal perfusion, who underwent emergency orotracheal intubation in the immediate postpartum period due to cyclic cyanosis and 55% saturation. The surgical approach was performed on her fifth day of life by the team at Bucumolol, with the sublabial route of choice being an osteoplasty of the maxilla, which enabled a new diameter of the piriform opening, also removing the solitary median central incisor, with the aid of a 3.0 endotracheal tube adapted as nasal splint and maintained for thirteen days after the operation, the nasal mucosa was adjusted to its new diameter, daily hydration with saline solution, nasal aspirations and low-intensity infrared laser therapy sessions were also carried out until the twentieth day of hospitalization. Extubating was performed on the 23rd day of birth, maintaining inflammatory O₂, Sat 98%, with exclusively nasal breathing by occluding the oral cavity, allowing oral feeding. With 39 days of birth, 34 days after surgery, the patient was discharged from

the NICU and transferred to a ward bed, still using a mixed oral diet and via an orogastric tube. After 11 days in a ward bed, the patient was discharged with acceptance of the 100% oral diet. In comparison, in the preoperative face tomography, the piriform opening showed 3.61 mm in its smallest horizontal diameter and 13.4 mm vertically, evolving to 8.9 in the postoperative period by 15 mm.

Keywords: neonates, congenital, nasal obstruction.

2. Efficacy evaluation of peri-implant mucositis and periimplantitis treatment methods. Literature review

Avaliação da eficácia dos métodos de tratamento de mucosite peri-implantar e peri-implantite. Revisão de literatura

Evaluación de la eficacia de los métodos de tratamiento de la mucositis periimplantaria y la periimplantitis. Revisión bibliográfica

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The use of dental implants is an effective form of treatment that restores aesthetics and function in edentulous or partially dentate patients. Although this procedure has a high success rate in its prognosis, there are occurrences that can lead to failure, mainly due to biological complications generated by bacterial plaque around the implant, causing inflammatory or infectious reactions such as peri-implant mucositis (PIM) and peri-implantitis (PI). The objective was to evaluate the evidence present in the literature regarding the effectiveness of the methods of treating PIM and PI. The electronic

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databases PubMed, MEDLINE and Scielo were used to obtain relevant information, in which the present study included full-text articles published in the period 2020-2022 that consisted of evaluating strategies and methods for the treatment of PIM and PI. The most effective treatment for PIM is non-surgical mechanical instrumentation, including the need for adequate oral hygiene, allowing the use of antimicrobials such as chlorhexidine in the form of a gel or mouthwash. The literature shows that the non-surgical treatment of PI has limited effectiveness, even using alternative measures associated with mechanical instrumentation, in most cases requiring surgical treatment. This treatment for PI may involve access surgery, resective surgery or regenerative therapy, depending on the case being treated. It is concluded that the treatment of peri-implant diseases includes the use of surgical or non-surgical modalities, each with its own effectiveness. The literature points out that the implementation of surgical treatment for PI is the most appropriate, compared to PIM should be treated non-surgically. The choice of these treatment techniques should be based on the severity of the disease. Furthermore, after any type of procedure, constant monitoring and correct management of oral hygiene is necessary.

Keywords: peri-implantitis, mucositis, dental implants.

3. Evaluation of survival, ideal load and rehabilitation complications of atrophic maxillae with zygomatic implants

Avaliação de sobrevida, carga ideal e complicações de reabilitação de maxilas atroficas com implantes zigomáticos

Evaluación de la supervivencia, la carga óptima y las complicaciones de rehabilitación de maxilares atroficos con implantes cigomáticos

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The rehabilitative treatment of patients with atrophic maxilla is challenging and complex due to its aesthetic and functional alteration, given the loss of dental elements and low bone availability, interfering with the insertion of conventional implants. The aim of carrying out rehabilitation of the jaws, zygomatic implants (ZI) are in evidence in the field of implant dentistry as a therapeutic alternative. The objective of this study was to evaluate the scientific evidence present in the literature regarding survival, ideal load type and incidence of complications in patients with atrophic maxillae submitted to rehabilitation with ZI. The searches were carried out through the electronic platforms PubMed/MEDLINE, in which articles from the last 10 years were selected, including in the present study only research that presented complete texts, related to the theme. The survival rate of ZI in atrophic maxillas showed a variance between 94.1 and 100%, with a mean of 97.29%. There is a consensus in the literature that the high mean results from primary stability and careful selection of the patient. About complications, there was a low incidence of them related to ZI. However, studies report the occurrence of maxillary sinusitis, failure or fracture of the implant and/or prosthesis, loosening of the screw, peri-implantitis, peri-

implant mucositis, oroantral fistula formation, nervous paresthesia and penetration of the drill into the ocular orbit. As for the load, the studies agree that primary stability is instituted in the face of immediate and early load, presenting itself as the best protocol. It is concluded that the IZ are effective for the rehabilitation of atrophic maxillae, showing high survival rates, low complication rates and immediate loading as the method of choice. The adverse events found result from factors that can be avoided. Thus, rehabilitation planning is essential, including the surgical, postoperative follow-up of the patient, with the aim of achieving success in this rehabilitating treatment.

Keywords: dental implantation endosseous, immediate dental implant loading, edentulous jaw, mouth rehabilitation.

4. Types of treatments for fronto-ethmoidal osteomas: literature review

Tipos de tratamentos de osteomas fronto-ethmoidais: revisão de literatura

Tipos de tratamiento para los osteomas fronto-ethmoidales: revisión bibliográfica

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Osteomas are benign bone tumors located 57% of the time in the region of the paranasal sinuses. They are asymptomatic and present in 3 ways: ebumeous osteoma showing a small amount of fibrous tissue; spongy osteoma, where the number of fibrous trabeculae is greater; and mixed osteoma being the junction of the two previous types. The aim of this study is to evaluate endoscopic or external approaches as a treatment plan. Five articles were taken from the PubMed, Scielo, Journal of Rhinology and UNESP Repository databases. One study took a sample of 128 cases of osteomas in the nasal cavity or paranasal sinuses, caused by the ethmoid sinus, ranging from 0.4 to 40 cm, the most common symptom was rhinorrhea; the surgical techniques used for removal are by endoscopic or external approaches. Another article took a sample of 37 osteomas, one group removed by endoscopy was compared to another by an external or endoscopically combined approach; 48% were removed endoscopically and 52% by external approach: it is concluded that the choice of surgical method is independent of size and location, in cases of fronto-ethmoidal osteomas the preferred method is the endoscopic approach. One study stated that frontal osteomas produce abnormal neurological and ophthalmological complications. It has been established that osteomas in the paranasal sinuses cause drainage obstruction or compression of adjacent structures. It has been proven that tumors that manifest symptoms or that are located in regions where they can lead to serious complications or aesthetic deformities must be operated on; size, location and extension are factors to be considered when choosing the best approach. Studies indicate that there is still controversy about the ideal surgical approach.

Keywords: osteomas, frontal sinus, paranasal sinuses.

5. Types of treatments for condylar osteochondroma: a literature review
Tipos de tratamentos de osteocondroma condilar: revisão de literatura
 Tipos de tratamiento para el osteocondroma condilar: revisión bibliográfica

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Osteochondroma is a benign bone tumor, rarely located in the cranio-maxillo-facial region. They are found in the mandible in the region of coronoid process subsequent to the condyle. Some treatments are surgical excision, condylectomy followed by costochondral graft or orthognathic surgery. The aim of this study is to find out if conservative approaches are effective. Articles were taken from PubMed databases, The Journal of Craniofacial Surgery, Journal of Oral and Maxillofacial Surgery, and International Journal of Oral and Maxillo Facial Surgery Abstracts: One study stated that clinical symptomatology include vertical face elongation on the affected side, progressively increasing mandibular asymmetry, malocclusion, crossbite on the contralateral side and lateral open bite on the affected side, enlarged and lobulated condylar head, increased vertical height of the condyle, neck, ramus, and mandibular body on the affected side; loss of condylar function, disc displacement, and rarely pain. Surgical approaches have been recommended as treatment. Condylectomy is a conservative technique, which advises an approach that minimizes facial asymmetry, assisting in the recovery of occlusion linked to the absence of local tumor recurrence and no condylar reconstruction procedure. Yoo, et al. state that costochondral grafts or alloplastic condyle are considered successful treatments for the resected condyle. The intention of the treatment is to achieve and maintain a stable position of the mandible, and to reconstruct a stable occlusion. This author made sure that although the overall recurrence rate of about 2% was referred to osteochondroma, no cases of recurrence or malignant transformation were found. **Conclusion:** articles prove that the most effective conservative treatment is local resection of the mass. **Keywords:** multiple cartilaginous exostosis, mandibular condyle, condylectomy.

6. Fracture of the zygomaticomaxillary complex resulting from a rugby match: case report
Fratura do complexo zigomaticomaxilar decorrente de partida de rugby: relato de caso
 Fractura del complejo cigomaxilar como consecuencia de un partido de rugby: informe de un caso

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Fractures of the zygomaticomaxillary complex can result in changes in orbital volume and functional disorders due to bone

displacement. Complications associated with trauma in this region may directly interfere with the quality of life of patients. Thus, surgery for anatomical bone repositioning is necessary. A 29-year-old man was transferred to the Hospital Regional Sul (HRS-SP) with a diagnosis suggestive of fracture of the zygomaticomaxillary complex on the right side of the face. a match. On clinical examination, facial asymmetry, edema and peripalpebral ecchymosis, loss of malar projection was observed. The patient reported paresthesia in the infraorbital region. He had preserved visual acuity and bilateral ocular motricity. Computed tomography in the coronal section showed medial rotation of the body of the zygomatic bone and a fracture of the zygomaticomaxillary pillar, as well as a discontinuity in the region of the frontozygomatic suture. The proposed treatment plan was surgical intervention under general anesthesia for reduction and rigid internal fixation of the fractured segments, which occurred uneventfully. At the end of the treatment, the patient had no aesthetic or functional complaints. The fracture of the zygomaticomaxillary complex is one of the most prevalent when it comes to sports accidents. Contact sports such as Rugby increase the severity of facial trauma and when it comes to the zygomaticomaxillary complex, these fractures can lead to functional and aesthetic deficits. This case corroborates what the literature says about the etiopathogenesis of facial trauma due to sports accidents, especially when it comes to contact sports.

Keywords: fracture, zygomaticomaxillary, sports.

7. Peripheral ossifying fibroma. Case report
Fibroma ossificante periférico. Relato de caso
 Informe de un caso de fibroma osificante periférico

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Peripheral ossifying fibroma is part of the group of benign fibro osseous lesions, characterized by the replacement of normal bone by connective tissue rich in fibroblasts and collagen fibers, with deposition of mineralized material that can vary in quantity and morphology. Its gingival growth is relatively common and is considered more as an injury of a reactional nature than of a neoplastic nature. The treatment of choice for the lesion is local surgical excision and histopathological analysis to confirm the diagnostic hypothesis. To describe a case report of peripheral ossifying fibroma. A 50-year-old male patient, without basic comorbidities, with exophytic lesion in the maxilla, atypical due to its large dimensions, leading to facial asymmetry. He was submitted to exeresis of the lesion along with the probable associated irritant factors, being diagnosed by pathological report as peripheral ossifying fibroma. The patient in the case reported is under one-month postoperative follow-up without complications. **Conclusion:** success in the treatment of this type of lesion depends on a correct diagnosis, case planning, in

addition to knowledge of surgical technique and facial maxillary buco anatomy.

Keywords: neoplasm, fibroma, oral pathology.

8. Central giant cell granuloma: case report

Granuloma central de células gigantes: relato de caso

Granuloma central de células gigantes: informe de un caso

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Giant cell central granuloma (GCCC) is a commonly asymptomatic pathological process with higher prevalence in children and young female adults, being considered rare corresponding to less than 7% of maxillomandibular lesions. Surgical treatment with aggressive curettage is the method traditionally used for GCLC, and resection should be the procedure of choice in cases of recurrent and aggressive lesions. To report a clinical case of a patient comparing the characteristics of the case with that described in the literature. Male leucoderma patient, 09 years old, referred via outpatient clinic, without reports of previous pathologies, complaining of injury in the anterior region of the left mandible, on physical examination showed an increase in volume in the anterior region of the left mandible, with expansion of the vestibular cortical. The patient of the clinical case is in agreement with the age group and location most affected by the pathology presentation, thus corroborating for the ratification of the information.

Keywords: pathology, benign tumor, central granuloma.

9. Anterior iliac crest graft for reconstruction of mandibular defect caused by a gunshot

Enxerto de crista ilíaca anterior para reconstrução de defeito mandibular causado por projétil de arma de fogo

Injerto de cresta iliaca anterior para la reconstrucción de un defecto mandibular causado por proyectil de arma de fuego

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Gunshot wounds (GSW) to the mandible is a complex maxillofacial injury that usually requires reconstructive surgery. Of all the GSW that affect the maxillofacial region 22% are to the mandible and represents a challenge to the surgeon due comminution and tissue loss. Most of GSW results in devastating functional and aesthetic consequences. Different reconstructive options are available: Free or vascularized bone grafts from iliac crest (IC), scapular flap (SC) or fibular flap (FF). A 28 years young man was shot in the jaw in 2020 evolving with a 4 cm mandibular defect. Initial care was based on wound decontamination, stabilization, and

fixation of bone stumps. After one year the reconstruction of the bone defect with IC graft was performed by HRS maxillofacial and orthopedics teams. Ten months later there is no sign of complication and CT scan shows integrated graft. The primary objective of reconstructive surgery is restoration of function. The treatment strategy of GS injury is divided into 3 phases: (1) Debridement, stabilization, and closure; (2) reconstruction of hard tissues, (3) rehabilitation. In some cases, osteosynthesis using titanium plates in accordance with AO-ASIF may be performed concomitantly with the (1) step. However, some recent studies advocate early intervention in 1-stage reconstruction, avoiding multiple surgeries. Our experience leads us to choose the first treatment strategy based on early debridement, fracture stabilization preventing infection and in a second time, planning the bone graft. Autologous bone is the first option due its osteogenic, osteoconductive and osteoinductive properties. The main contraindications for the use of free autologous bone grafts are defects > 5 cm, and poor vascular condition. Free IC bone graft provides bone high, large amounts of bone marrow and its anatomy resembles the mandible. Reconstructive surgery after GS is a very variable field in maxillofacial surgery but also critical to our patient rehabilitation.

Keywords: mandibular reconstruction, gunshot wounds, non-vascularized bone graft.

10. Treatment of bilateral TMJ ankylosis by condylectomy/arthroplasty and temporalis muscle interposition. Clinical case report

Tratamento de anquilose bilateral de ATM através de condilectomia/artroplastia e interposição do músculo temporal. Relato de caso clínico

Tratamiento de la anquilosis bilateral de la ATM mediante condilectomía/artroplastia e interposición del músculo temporal. Informe de un caso clínico

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Temporomandibular joint ankylosis is a condition in which the temporomandibular joint (TMJ) is replaced by scar tissue fusing the TMJ with the glenoid fossa. This interferes with mastication, speech, oral hygiene and daily activities, and can be potentially fatal when an airway needs to be acquired in an emergency. There are multiple factors that can result in TMJ ankylosis, such as trauma, arthritis, infection, previous surgery of the TMJ, congenital deformities and idiopathic factors. 2 TMJ ankylosis can be classified using a combination of location (intra-articular or extra-articular), type of tissue involved (bone, fibrous or fibro-osseous) and extent of fusion (complete or incomplete). There are a variety of surgical approaches to restore the anatomy of the TMJ in cases of ankylosis, such as gap arthroplasty, interpositional arthroplasty, total TMJ reconstruction with autogenous bone or prosthesis, and osteogenic distraction procedure for formation of a new condyle. To report a clinical case of bone growth

disorder causing bilateral TMJ ankylosis. **Proposition:** to present the technique of a surgical treatment in bilateral TMJ ankylosis. Description of the clinical case: A 31-year-old male patient, pyoderma, admitted to the Oral and Maxillofacial Surgery service at the Metropolitan Hospital Odilon Behrens in Belo Horizonte (MHOB) where he was diagnosed with bilateral TMJ ankylosis. The patient then underwent interpositional TMJ arthroplasty surgery using a temporal muscle flap. **Conclusion:** TMJ ankylosis compromises the function of the stomatognathic system and also facial aesthetics, interpositional arthroplasty using the temporal muscle flap offered a good treatment option, proving to be resolving for the patient; s condition, offering significant postoperative improvement.

Keywords: temporomandibular joint, temporomandibular joint disorders, ankylosis.

11. Case report: rare osteoma in mandible

Relato caso: osteoma raro em mandíbula

Caso clínico: osteoma poco frecuente en la mandíbula

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Osteomas are benign, tumor-like bone neoplasms that affect the bones of the craniofacial skeleton, where their slow growth and generally asymptomatic nature has a predilection for males at a young age. Having as radiographic characteristics a lesion like radiolucent niche surrounded by a reactive osteosclerosis. According to the literature it is more frequent in the frontal bone and in the paranasal sinuses, being infrequent the appearance in the mandibular region. The lesion is usually asymptomatic, and many times it remains for a long time, but a conventional radiography or a tomography are enough to help in the diagnosis. In certain cases where the tumor already assumes larger dimensions or affects aesthetics, surgical excision is recommended. Patient F.L.S, 56 years old, female, melanoderm, attended the outpatient clinic of CTBMF of the Leforte/Dasa group with painless swelling in the right anterior submandibular region for 2 months. Physical examination revealed a firm and painless lesion on palpation in the parasymphysis region, with no intra- or extra-oral color change and no mobility. After evaluation of the tomography, the diagnostic hypothesis of osteoma was made. The patient underwent general anesthesia, a submandibular access, exeresis of the lesion and mandibular osteoplasty of the region. The anatomopathological report confirmed the diagnostic hypothesis. The importance of imaging exams for the diagnosis of osteoma is highlighted, and

the surgeon should be aware of the clinical characteristics of the pathology, because it can occur in rare sites such as the mandibular base and Para symphysis.

Keywords: osteoma, oral pathology, mandible.

12. Surgical complementation of endodontic accidents: case report

Complementação cirúrgica de acidentes endodônticos: relato de caso

Complementación quirúrgica de accidentes endodônticos: informe de un caso

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Parendodontic surgery is an alternative when conventional endodontic retreatment isn't possible, apicoectomy and curettage of the pathological tissue is indicated in cases whose treatment was unable to solve the problem through root canal. Patient MVL, 42 years old, attended in the clinic reporting pain in the element 26 (endodontically treated) with increased pain when eating, in the vertical and horizontal percussion test, he responded positively, also in the apical palpation. When analyzing the patient's medical records and X-ray images, it was possible to verify the root perforation in the buccal roots, as well as an extensive periapical lesion in conjunction with the periapex of these roots. So the endodontic retreatment was indicated. When performing endodontic retreatment, it was possible to seal the perforations through the canal, but it was not possible to resume the original path of these canals. 15 days after the session, the patient still had painful symptoms, so surgical complementation was indicated through apicoectomy, curettage, retro instrumentation and retrofilling. An oxsenbein-type incision was made in the region of the root apex with detachment of the total type flap exposing the upper alveolar bone, na osteotomy was performed exposing the lesion, in contact with the Schneider's membrane, characteristic of an inflammatory periapical cyst, after curettage of the lesion and washing the region with saline, a 3 mm resection of the root apex of the buccal roots was obtained, with a 702 multi-laminated drill. After performing the apicoectomy, was performed a retro instrumentation with an ultrasonic P1 insert, and retro obturation with Bio-C Repair bioceramic cement. Due to the contact of the lesion with Schneider's membrane, When confirming the curettage, the membrane was ruptured, making it impossible to use a bone graft.

Keywords: apicectomy, retrograde obturation, retreatment.