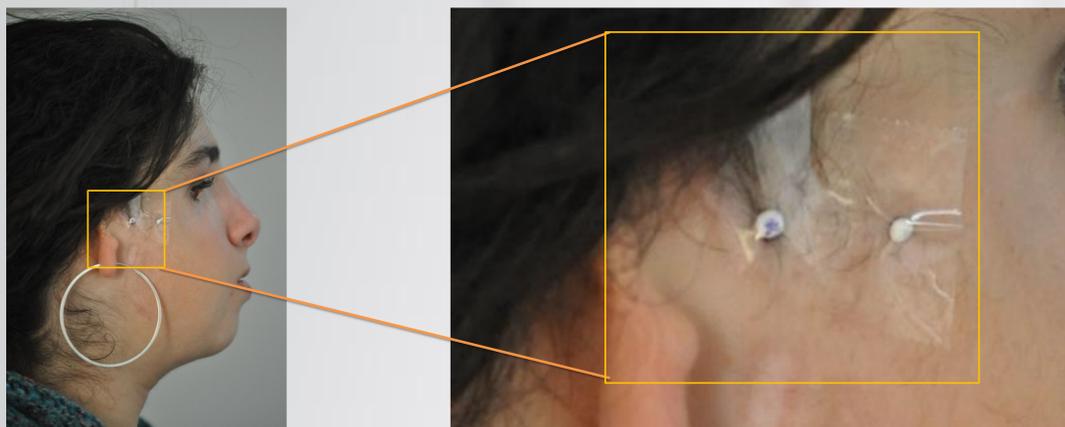


Protocol for obtaining registration in patients with hemifacial microsomia

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Patient with absence of external ear canal and ear atrophic

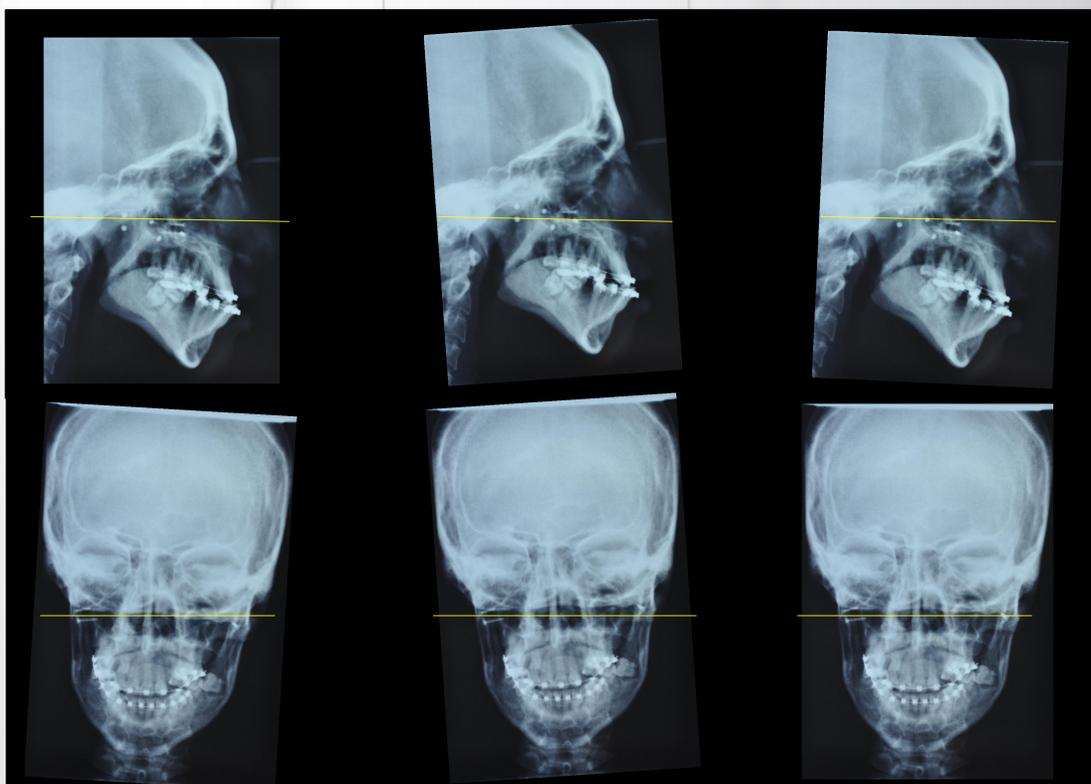
The use of different references, has a direct impact on the diagnosis, and logic in the magnitude of surgical correction, and the type of surgery, which is why the get a record, transportable and reproducible is so important. The accuracy of registration should be conditional on a true horizontal, taking into account the natural head position and a vertical assisted (Arnett G.W., Bergman R.T., "Facial Keys to Orthodontic Diagnosis and Treatment Planning, Part II", Am. J. Orthod. Dentofac. Orthop., Vol 103, N 4, P. 229-312, April 1993)

To meet these conditions the HOLTA(horizontal lineal line transferring appliance) used, which adds to the arc of obtaining registration maxillary markers leveling with air bubbles, to so with this implement, in conjunction with minimal manipulation of the natural position of the head of patient achieve a true vertical, allowing us to have a record reproduction in the semi-adjustable articulator.

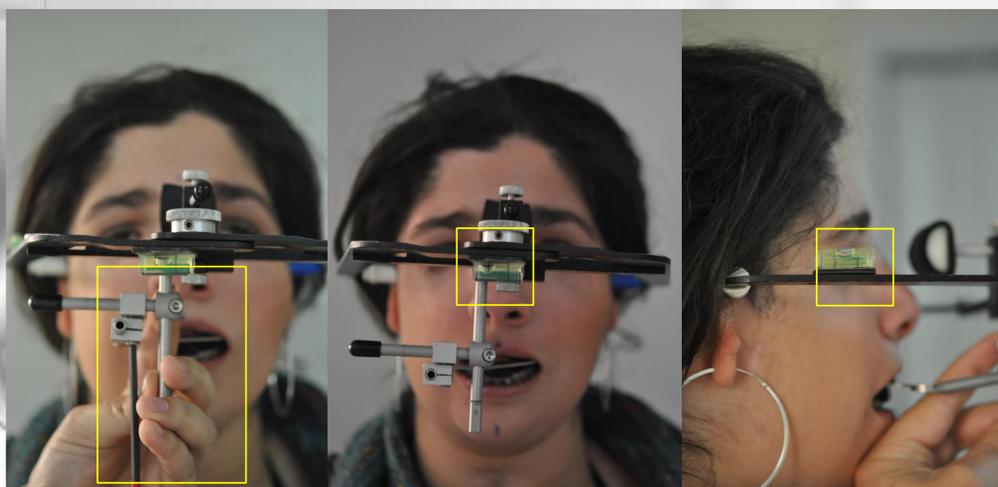
(Erickson KL, Bell WH, Goldsmith DH: Analytical model surgery, in Bell WH (ed): Modern Practice in Orthognathic and Reconstructive Surgery. Philadelphia, PA, 1992, pp)

The Process of obtaining the record consists of the stages following:

- 1-Place the fork arc obtaining registration, facial midline
- 2-Mark the facial midline on the patient
- 3-Olives arc entering the ear canal, which is counted, unless there should be sustained by the patient
- 4-With the patient standing, indicate that stare in a mirror placed 2.5 meters away, installed above the eye level of the patient
- 5-Attending the position of the patient's head until all the marke are flush.



The same images of the patient with arbitrary orientations can be found from the side and front



Patient with bow making recorded being assisted in their position are also observed bubble levels in three parts of the arch

The Transfer of craneofaciles Characteristics of Patients with facial microsomia Technical've Had constant limitation of the atrophic or absent auditory canals and ears, a frequent-and Expected In These Patients. Therefore the assembly Arbitrary Seems To Be how to position the jaws in the Articulator, Which Obviously Is Not Representative of the condition to Be Treated as well as the surgery is Completely predecibility model invalid, making the clinician in making disability and made decisions Consistent based Therapies .

Objectives: The Objective of this presentation is to present a method of making patient registration at the anatomical Limitations of Their ear canals and ear and Compare the Elaborate models protocol was surgeries' register with surgery in the patient. **Materials and methods:** Well as the incorporation of the concept of natural head position and use of gauges That show inclination in all axes of space, we can Obtain the Relationships of the structures maxillary and shipped as Faithful to the montage on the Articulator, and photographs process, which serve as control in each steep. Giving us a true representation of the patient

Results: The incorporation of this protocol for the Treatment of facial microsomia surgery moldel Give It reproduced in a very high AOD in the patient Treatment

Conclusion: There Are Technical Limitations Although anatomical, of this method as to make Therapeutic decisions.

6-When all paint markers are flush on the face of patient points will be referred to arc

7-Remove and bow and on these points add spherical radiopaque markers

Perform the necessary imaging studies. Once you have these studies, it is possible orientations make images that show the true position of the patient, aligning the points radiopaque radiography and detecting the degree of asymmetry position that the patient has, to be able to have references in the three planes of space. (Walker F, Ayoub AF, Moos KF, et al: Face bow and articulator for planning orthognathic surgery: 1 face bow. Br J Oral Maxillofac Surg 46:567, 2008)

we can, especially in patients microsomal unilateral and patients generally symmetrical, have a clear idea of the magnitude of the asymmetry, for otherwise may reproduce the characteristics articulator space and the paths of prediction ,lateral and frontal. Independent of anatomical abnormalities of the patient, because with the exposure protocol and independent of

the existence or hearing canal not possible to have a record True to the patient.