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Fibula flap as a saviour to avert disability from mandibular reconstruction to prosthetic rehabilitation

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Prosthetic management after resection of mandible creating mandibular discontinuity is very complicated due to muscular imbalance on the residual portion of the mandible. The treatment result and prognosis of prosthetic rehabilitation of these patients is extremely poor. Disfigured face is the principal concern of the patient due to worsened cosmetic appearance. Such kind of imbalanced forces create masticatory difficulty. Thus, the overall physical condition leads to deprived quality of life of the patients. The composite fibular flap is the preferred donor site for most complex orofacial-mandibular defects as an ideal choice for rehabilitation of mandibular discontinuity defects. The addition of a skin island with the fibula flap allows for absolute tension-free intraoral closure that enhances tongue mobility. The fibula osteomyocutaneous flap is basically recommended for reconstruction of lateral and symphyseal composite defects that include extensive amounts of intraoral mucosa, tongue, and external skin. After reconstruction with free fibula graft, prosthodontic rehabilitation can be planned in a range of ways. This paper flings light on different clinical considerations and treatment alternatives to rehabilitate the patient who have undergone mandibular resection and reconstruction with free fibula flap.

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