

orthognathic surgery 시술前 診斷의 基本要件

DIAGNOSIS;

A. Impression

1. Marked facial disharmony
maxillary or mandibular retrusion or protrusion and/or asymmetry
2. Lesser disharmony
malar or genial weakness
nasal prominence
abnormalities of lip posture..... greater than 3.5mm in an interlabial distance
3. Clinical classification of the occlusion

B. Photograph

1. Profile
2. Full face
3. Centric occlusion view from the anterior as well as right and left aspect
4. Close-up views of lip posture

Photographs are necessary for a mediolegal aspect as well as a case presentation.

C. X-ray

1. Cephalometrics.
 2. Mandibular series panoramic.
To evaluate the relationship of the teeth to the mandibular canal, mental foramen, and the lower border of the mandible.
 3. Exaggerated open-mouth towns view.
To determine the comparable lengths of the right and left mandible from the tip of condyle to the symphysis.
 4. periapical film.
To determine the relationship between roots and to determine the feasibility of osteotomy without extraction.
- *After reviewing film, the following must be done prior to surgical treatment;
- i. excavate and temporarily restore all carious lesions.
 - ii. extract all nonrestorable or infected teeth.
 - iii. eradicate all periapical infection.
 - iv. excise all impacted teeth.
 - v. bring under control any compromising periodontal disease.

D. Study model..... triplicate

One stone as a permanent record.
Two in plaster for model surgery.

<口腔外科領域의 誌上診療室은 이번號로서 끝을 맺습니다. 其間 執筆의 勞苦를 아끼지 않으신 李仲益 先生께 感謝드리며 다음號부터는 孫漢基博士의 執筆로 補綴領域의 誌上診療室이 이어지겠습니다.>



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