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N E Oral, Dental Implant & Facial Surgery Texas Medical Center



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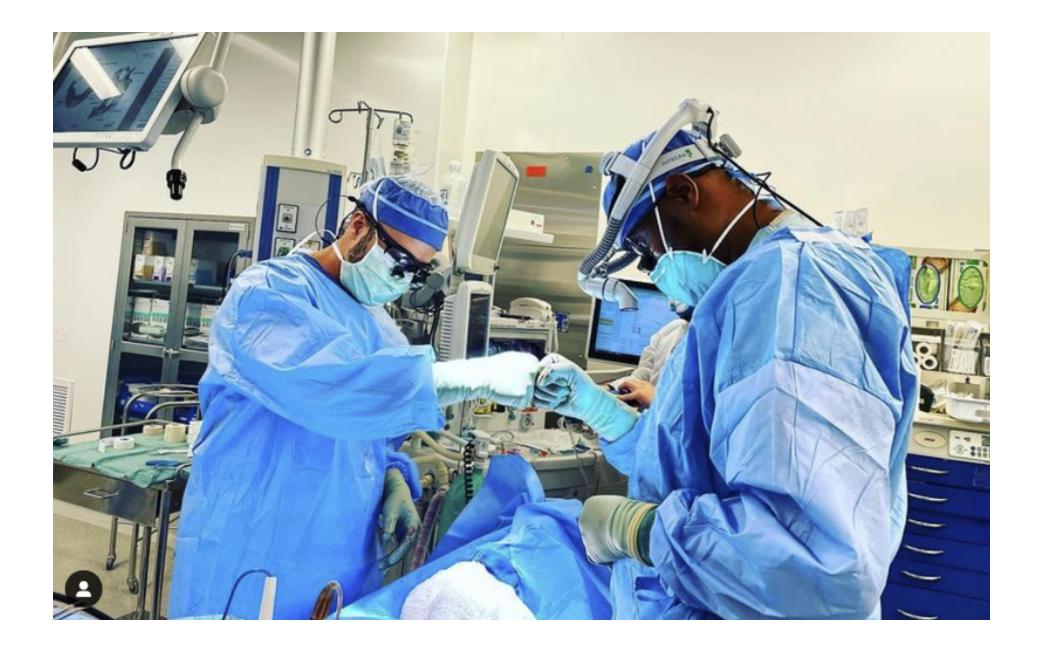




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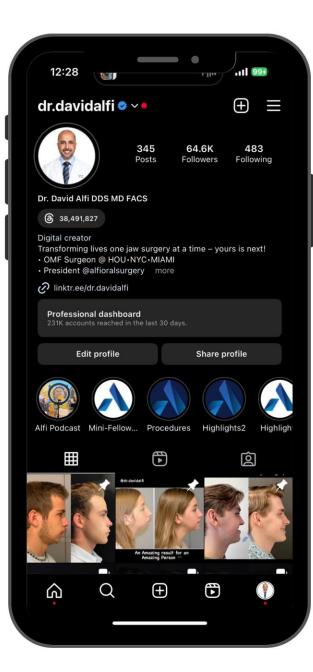






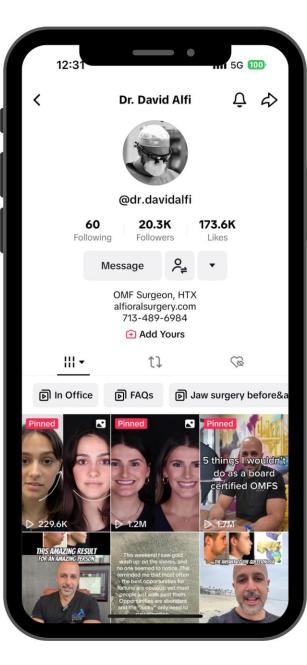












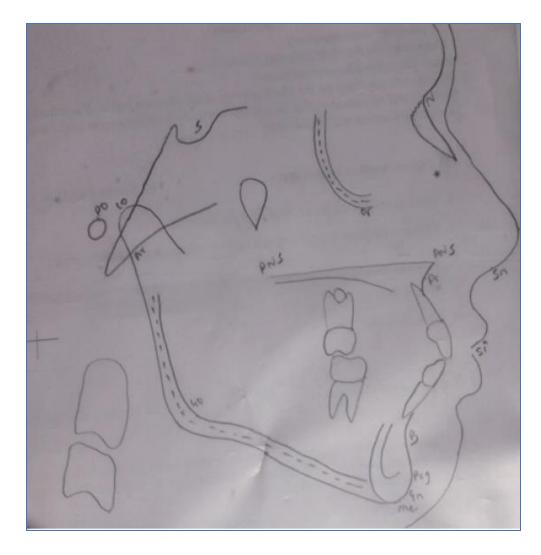










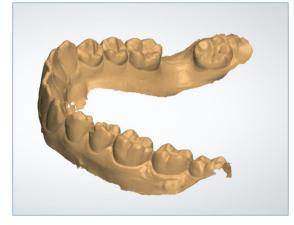


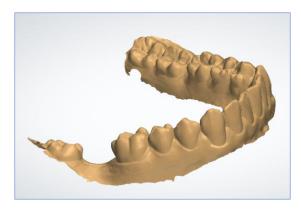














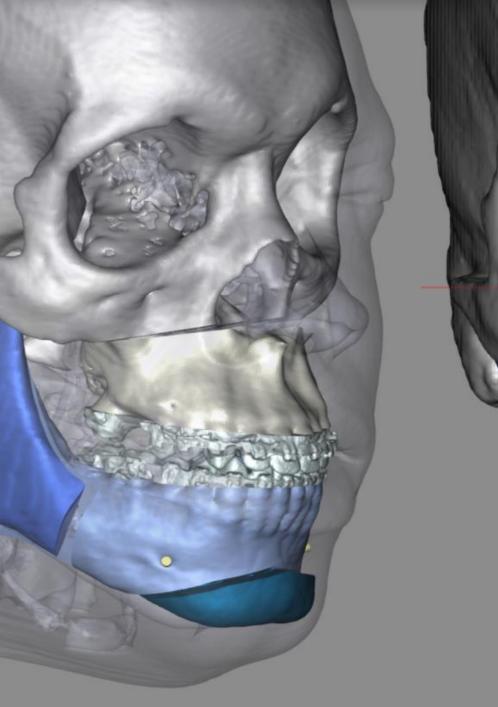


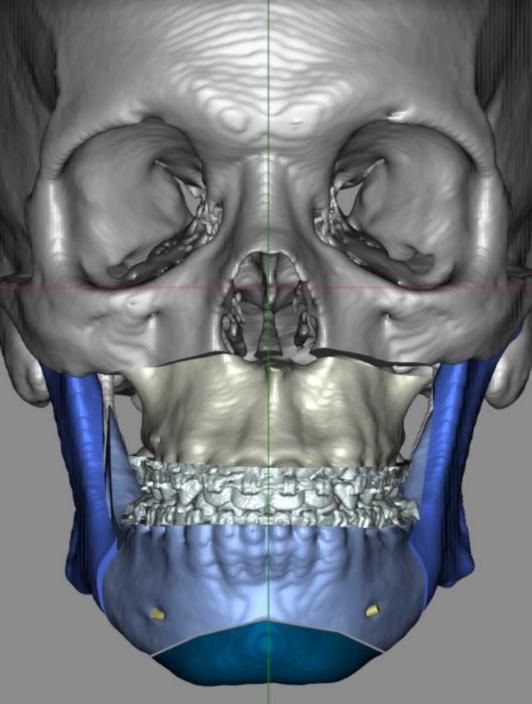














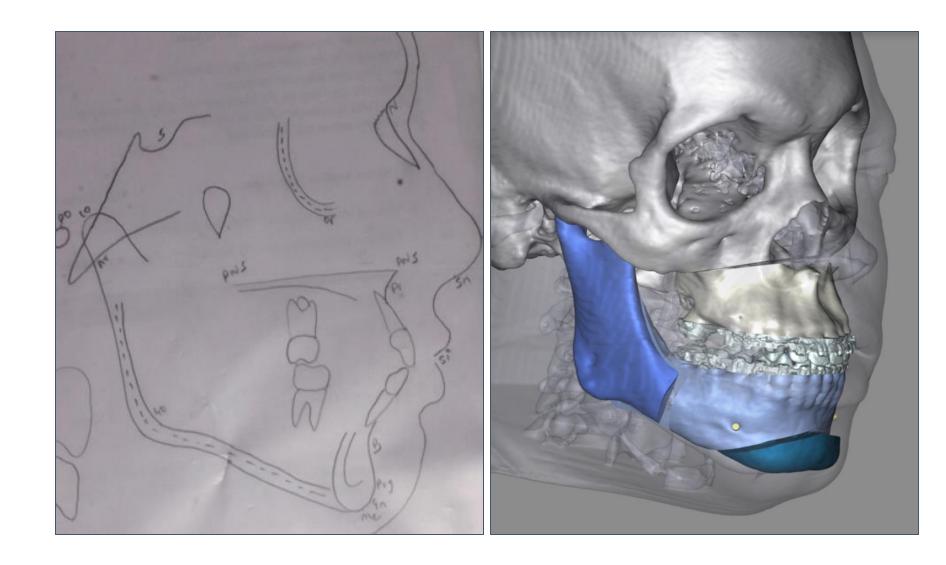






THE FUTURE IS NOW













The Use of Patient-Specific Implants in Oral and Maxillofacial Surgery

Check for updates

Michael F. Huang, DDS, MD^{a,b,*}, David Alfi, DDS, MD^{a,b}, Jonathan Alfi, MA^c, Andrew T. Huang, MD^d

KEYWORDS

- Patient-specific implants 3D printed plates
- Custom temporomandibular joint total joint replacement Maxillofacial reconstruction
- Orthognathic surgery
 Computer-aided design
 Computer-aided manufacture

KEY POINTS

- Patient-specific cutting guides and patient-specific implants are becoming increasingly common in oral and maxillofacial surgery.
- Custom temporomandibular joint (TMJ) total joint prosthesis allows for individualized reconstruction of the TMJ.
- Computer-aided design and computer-aided manufacturing technology allows for the fabrication
 of patient-specific cutting guides and patient-specific reconstruction plates used for accurate
 and efficient reconstruction of complex maxillofacial defects with or without vascularized bone
 flaps.
- Improved accuracy of patient-specific implants allows for their application in orthognathic surgery, although their use in mandibular surgery, specifically the bilateral sagittal split osteotomy, has yet to be proven.

INTRODUCTION

Personalized medicine is a term that has gained momentum in the twenty-first century. The National Cancer Institute defines it as "a form of medicine that uses information about a person's gene, proteins, and environment to prevent, diagnose, and treat disease."¹ It refers to a shift away from the "one-size-fits-all" approach designed for the average patient toward treatments tailored for the individual. Given the complexity of the facial skeldesign and computer-aided manufacturing (CAD/ CAM) technology, several recent developments have allowed the application of personalized medicine to oral and maxillofacial surgery in order to improve outcomes. The decreasing cost of this technology has also made it more affordable and accessible to patients. Patient-specific implants are currently used in multiple areas of oral and maxillofacial surgery, including temporomandibular joint (TMJ) total joint replacement, reconstruction of the maxillofacial skeleton. and orthoonathic surgery.













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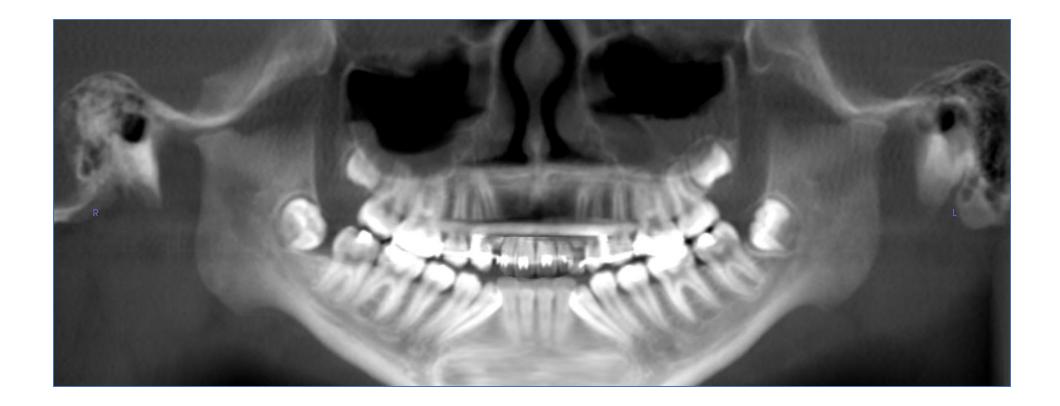
















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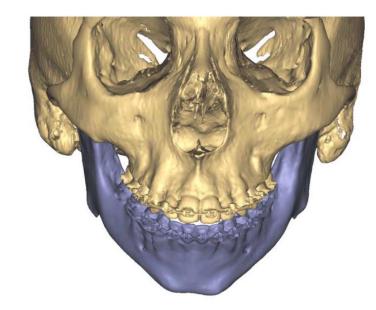
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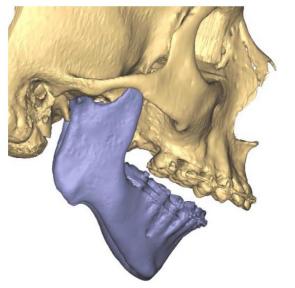


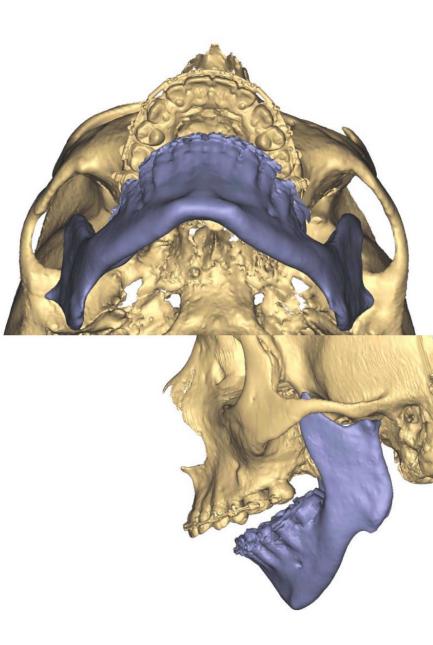
LINKS TO ALL SOCIALS

Rheumatoid Arthritis Factor RA Latex Turbid.	10.1	IU/mL	0.0 - 13.9	01
Antinuclear Antibodies Direct ANA Direct	: Negative		Negative	01
Sedimentation Rate-Westergren	1 2	mm/hr	0 - 32	01
Ferritin, Serum	20	ng/mL	15 - 77	01

Significant variation of the temporomandibular joints with the shallow articular fossae and flat mandibular head bilaterally with significant narrowing of the articular joint space. The intra-articular disc is visualized bilaterally with the normal alignment during open and closed positioning. There is no joint effusion.





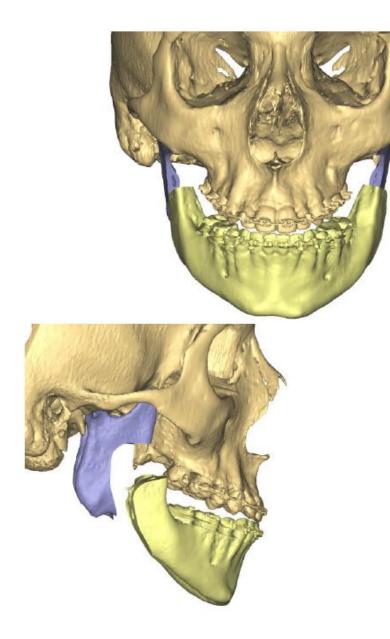


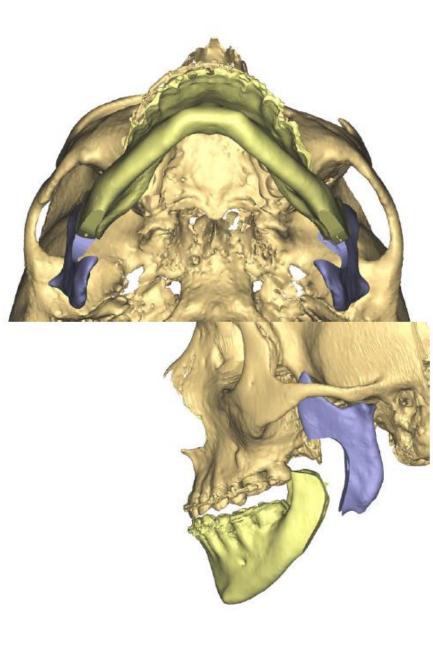










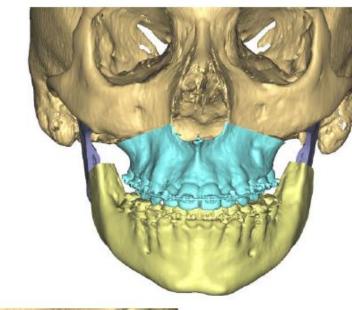


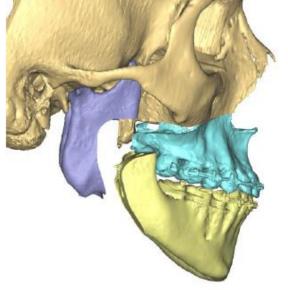


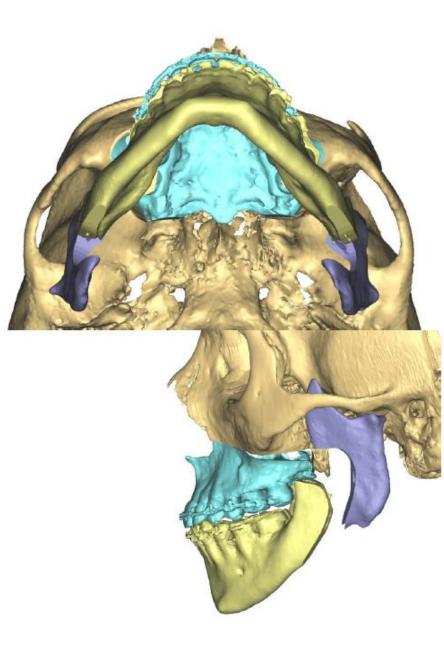










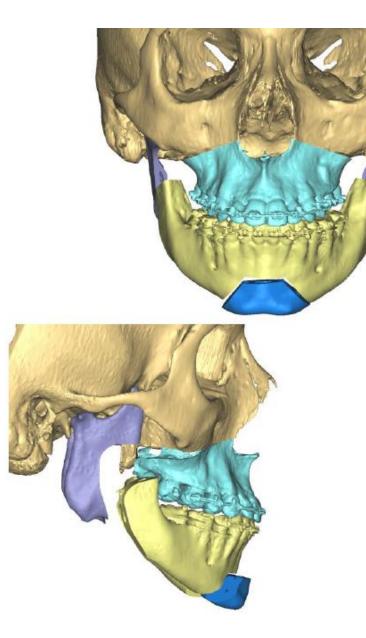


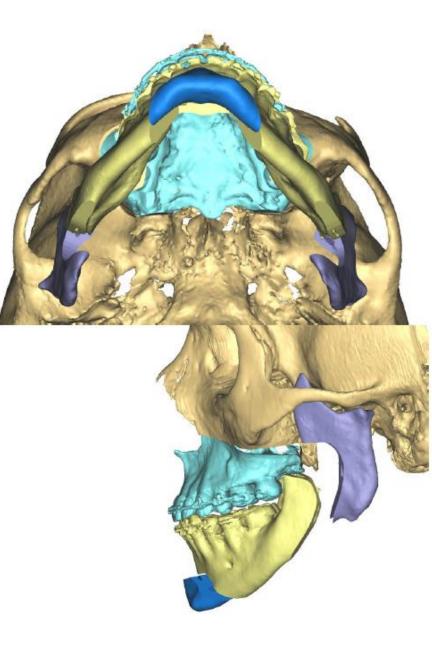














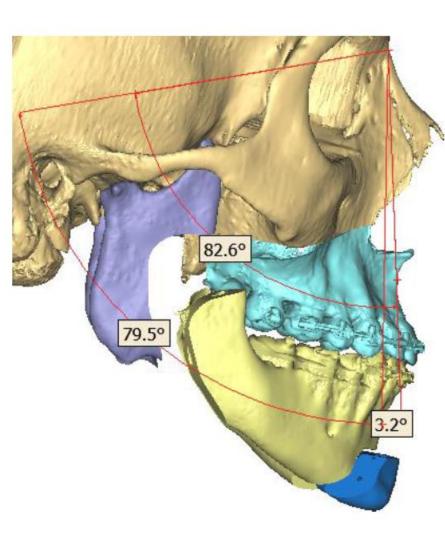






Point	Left/Right (mm)		Ant/Post (mm)		Up/Down (mm)	
A	0.4	R	0.9	Ant	1.5	Up
ANS	0.7	R	0.0	Ant	2.2	Up
Maxilla Incisor Midline	0.0	R	3.9	Ant	1.9	Up
Maxilla Canine L	0.3	L	4.4	Ant	0.6	Up
Maxilla Canine R	0.3	L	3.1	Ant	0.1	Down
Maxilla 1st Molar L	0.6	L	3.8	Ant	1.3	Down
Maxilla 1st Molar R	0.6	L	2.1	Ant	2.2	Down
L Lateral Buttress	0.2	L	0.9	Ant	1.4	Down
L Medial Buttress	0.5	R	0.9	Post	0.9	Up
R Lateral Buttress	0.5	R	1.6	Post	0.3	Up
R Medial Buttress	0.2	L	1.3	Post	2.6	Down
В	1.9	L	25.1	Ant	0.7	Up
Pog	1.1	L	34.1	Ant	2.8	Down
Me	2.0	L	37.4	Ant	5.2	Down
Mandible Incisor Midline	1.6	L	19.3	Ant	4.0	Up
Mandible Canine L	1.5	L	18.5	Ant	2.6	Up
Mandible Canine R	1.5	L	18.0	Ant	1.7	Up
Mandible 1st Molar L	1.5	L	17.6	Ant	1.7	Down
Mandible 1st Molar R	1.5	L	17.0	Ant	2.9	Down

Measurement (°)	Pre-Op 3D	Planned 3D	Delta 3D	
SNA	81.6	82.6		
SNB	64.5	79.5	15	
ANB	17.1	3.2	-13.9	
Maxillary Occlusal Plane	20.8	19.2	-1.6	





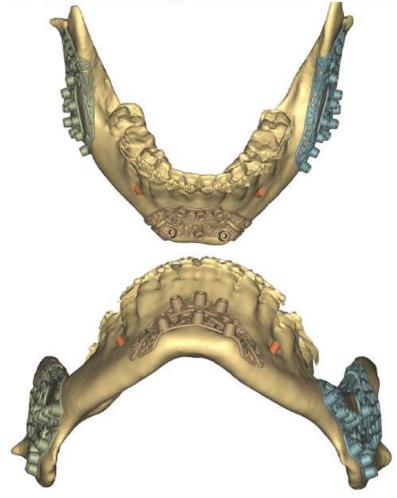


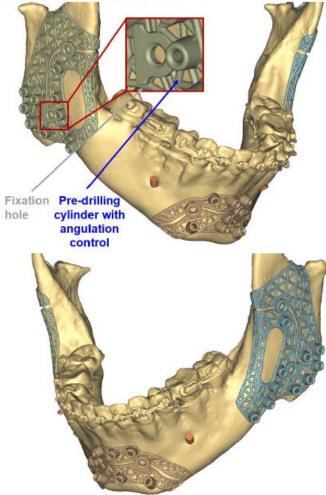




Guide Design: Titanium 3D printed Guide for Mandible

- Fixation hole (temporary fixation of guide): for use with MatrixORTHOGNATHIC Ø1.85 mm screws → indicated in grey
- Pre-drill cylinders with angulation control: for use with 1.4/1.5 mm DePuy Synthes drill bits → indicated in blue



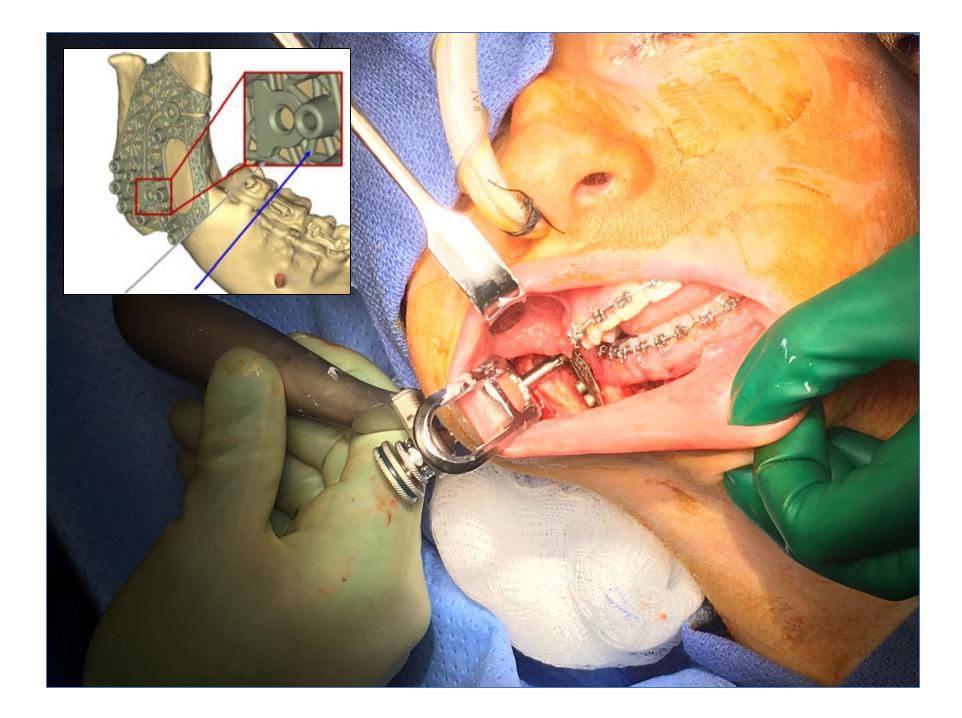










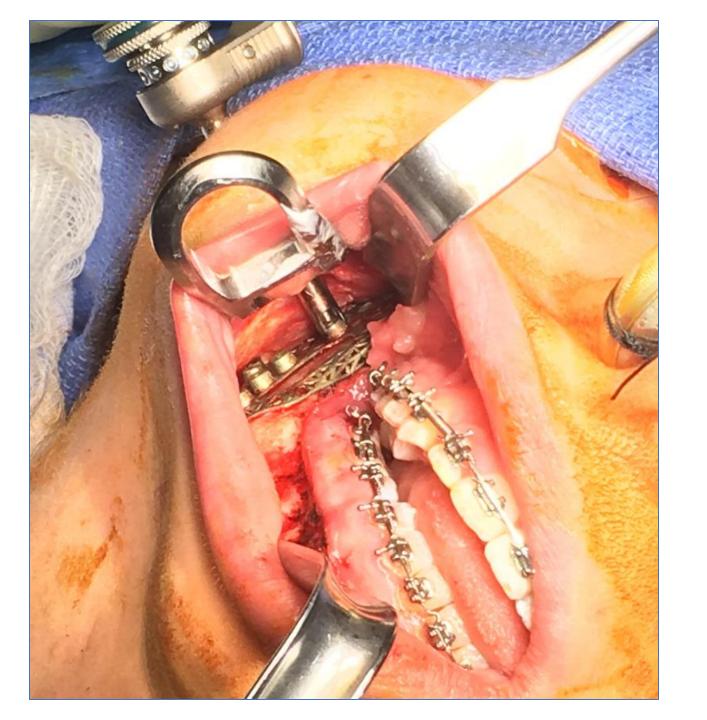










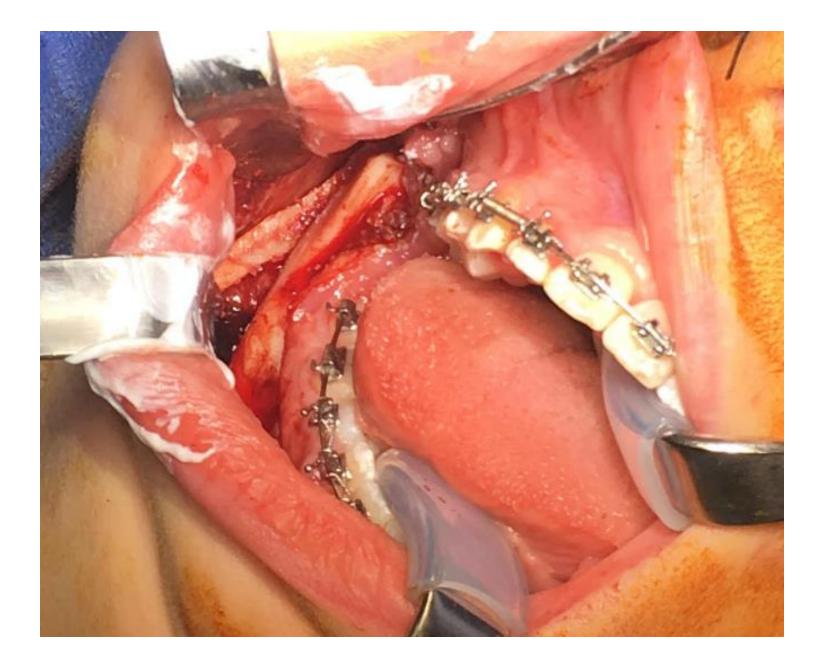














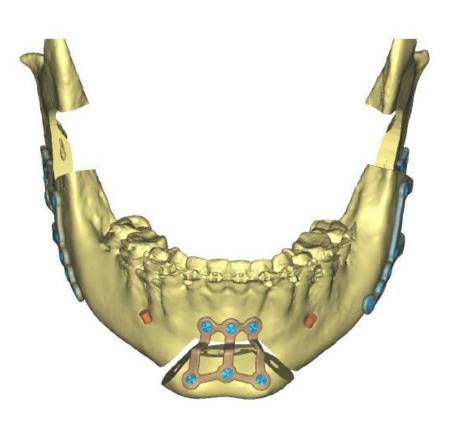


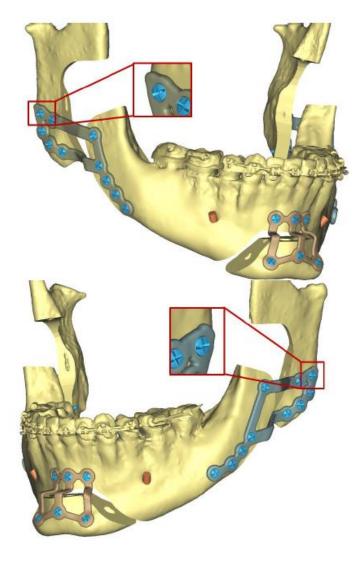




Implant Design: Titanium 3D printed Plate for Mandible, mini (1.5 mm, 1mm)

- Screw hole: for use with MatrixORTHOGNATHIC Ø1.85 mm screws
- All screw pre-drilling guided using surgical guides.







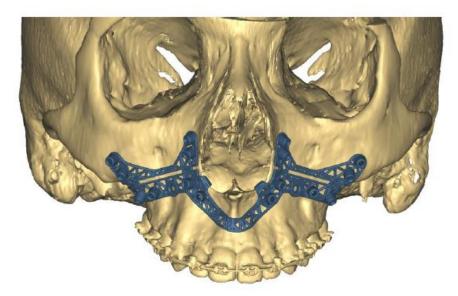


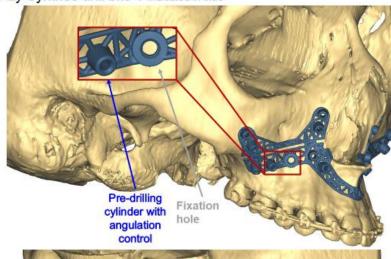


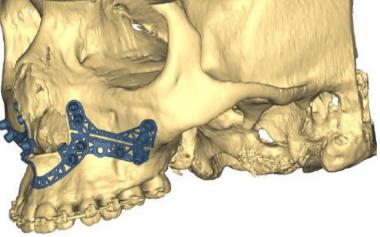


Guide Design: Titanium 3D printed Guide for Midface

- Fixation hole (temporary fixation of guide): for use with MatrixORTHOGNATHIC Ø1.85 mm screws → indicated in grey
- Pre-drill cylinders with angulation control: for use with 1.4/1.5 mm DePuy Synthes drill bits → indicated in blue









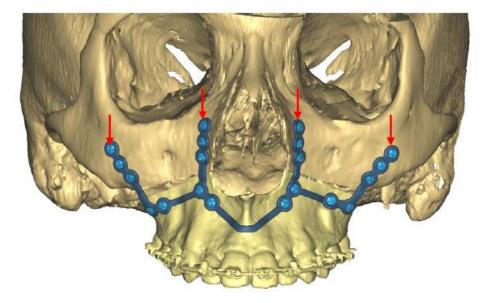


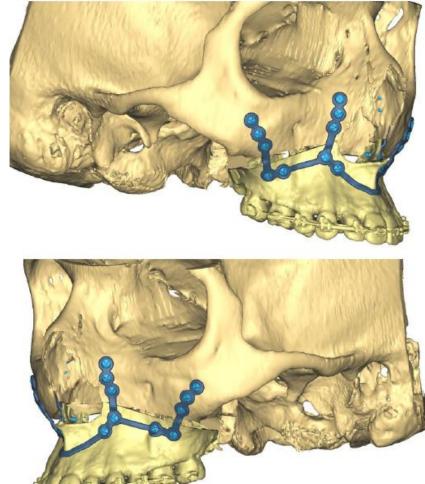




Implant Design: Titanium 3D printed Plate for Midface (1 mm)

- Screw hole: for use with MatrixORTHOGNATHIC Ø1.85 mm screws
- Screw pre-drilling guided using surgical guides. Non-guided screws are indicated with red arrows.



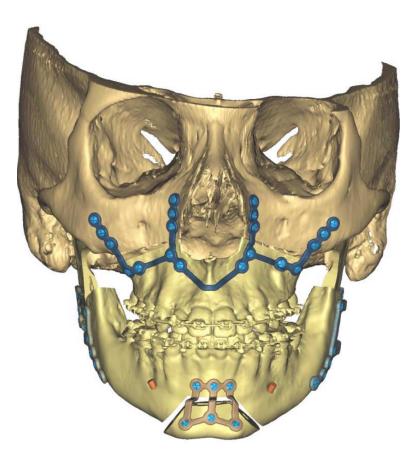


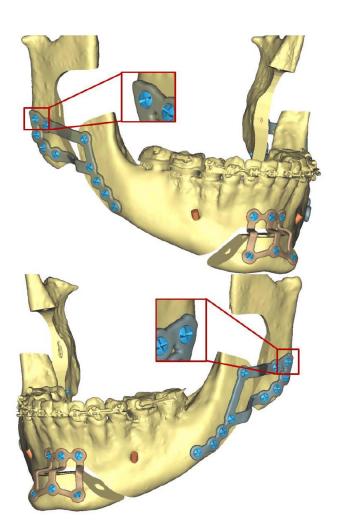


















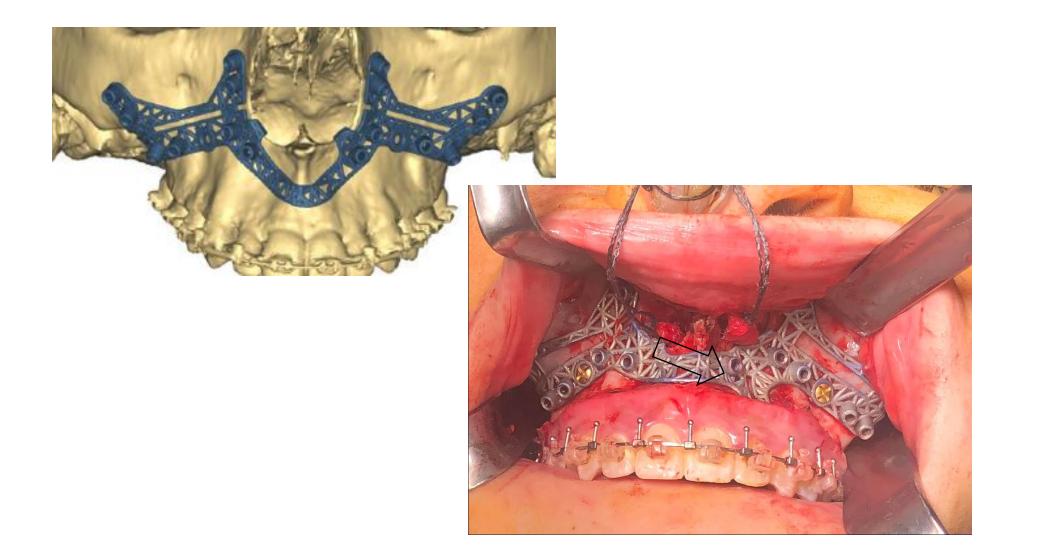










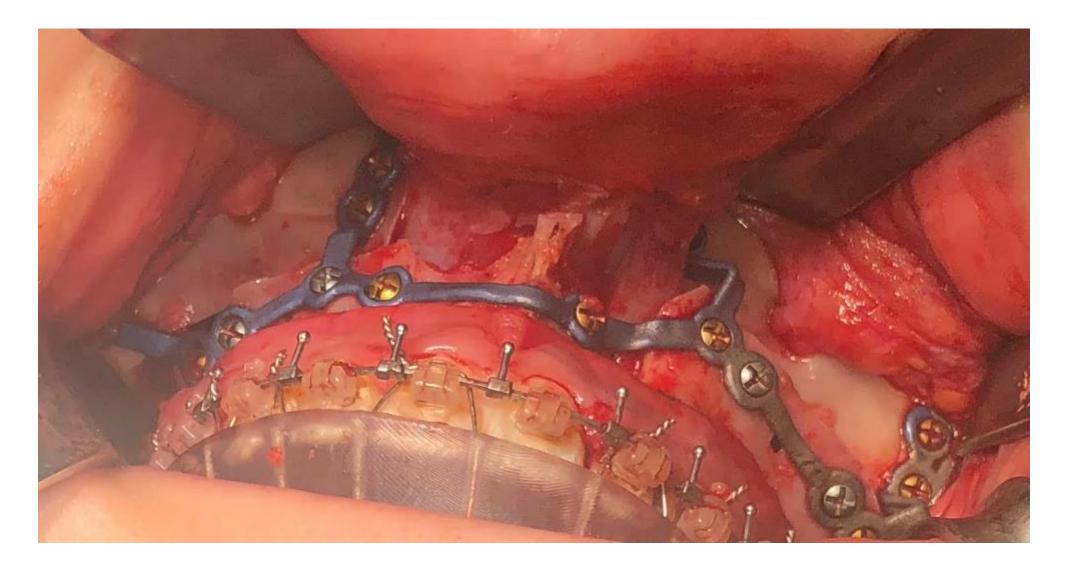






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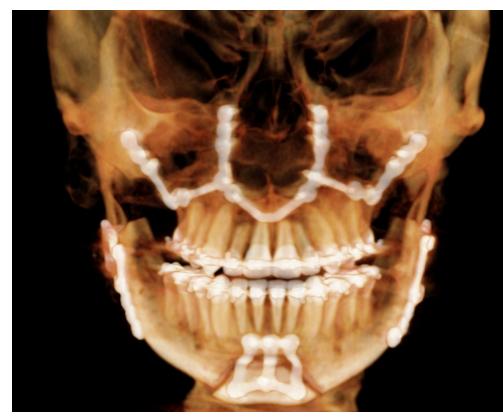














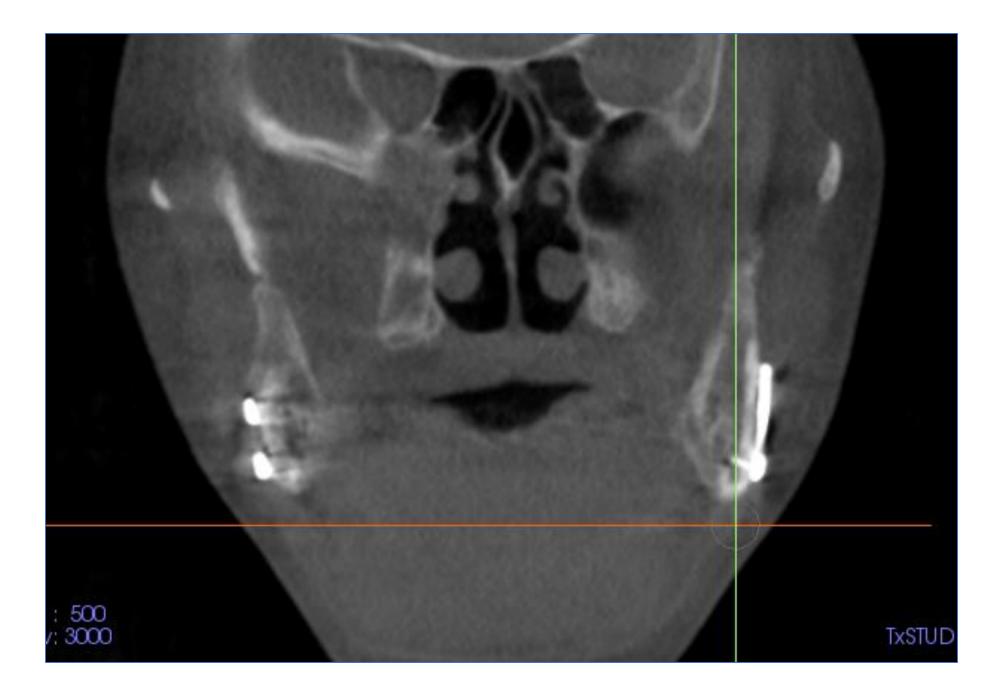










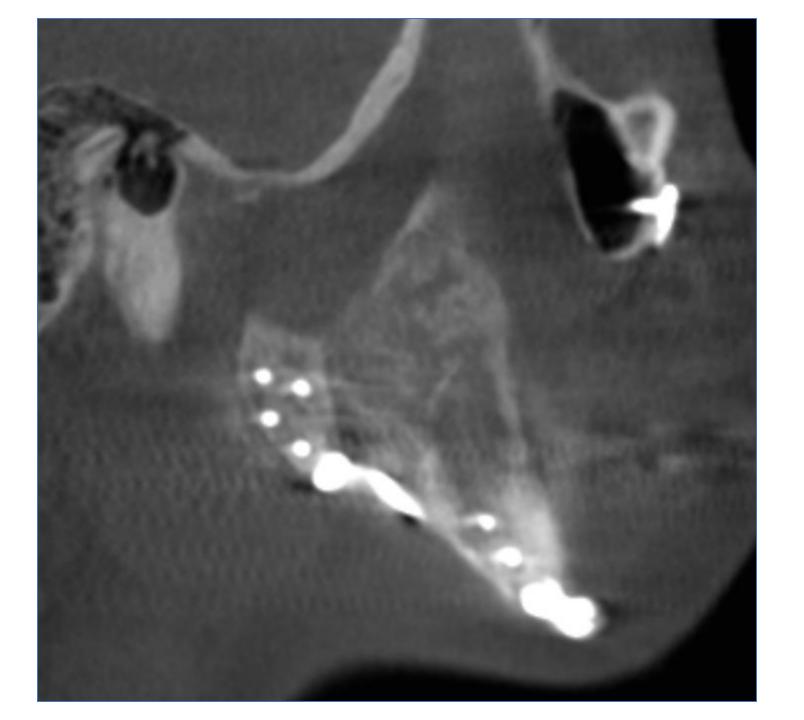






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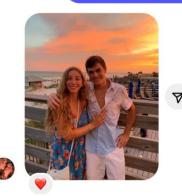
doesn't have Instagram and said "wow he did a fantastic job"

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Message...

Hi, thanks for contacting us. We've received your message and appreciate you reaching out. Due to the volume of questions we may not reply immediately. If you have any questions call 713-489-6984. Also please don't Include any personal medical information in this tool - we can also not provide any personal medical Communication on IG.



If she never told me about it I would've never of guessed she has surgery

She looks amazing

l 🖓 💬 🕂

Thank you for this message and pic and please say hi













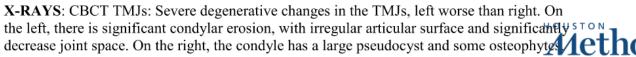






HPI: The patient is a 55-year-old woman who has had left TMJ problems for 13 years. She has managed her symptoms with an orthotic, until 3 months ago when she got worse. Now, she has daily. The pain is episodic, sometimes happening while at rest, other times when talking, or when chewing. The pain is severe is localized in the left temple, and left masseter, radiating, over the head, to the contralateral temple.

In addition to the pain, the patient has had intermitted locking (closed) of the left TMJ. She always been able to unlock her joint, by manipulating it.



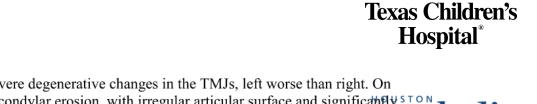
ASSESMENT:

- 1. Severe left TMJ osteoarthritis, with severe arthralgia
- 2. Moderate to severe right TMJ osteoarthritis, with mild arthralgia

PLAN:

- 1. Kenalog injection in the left TMJ, under sedation
- 2. The patient may need a total joint replacement

LINKS TO ALL SOCIALS





CC: left TMJ pain



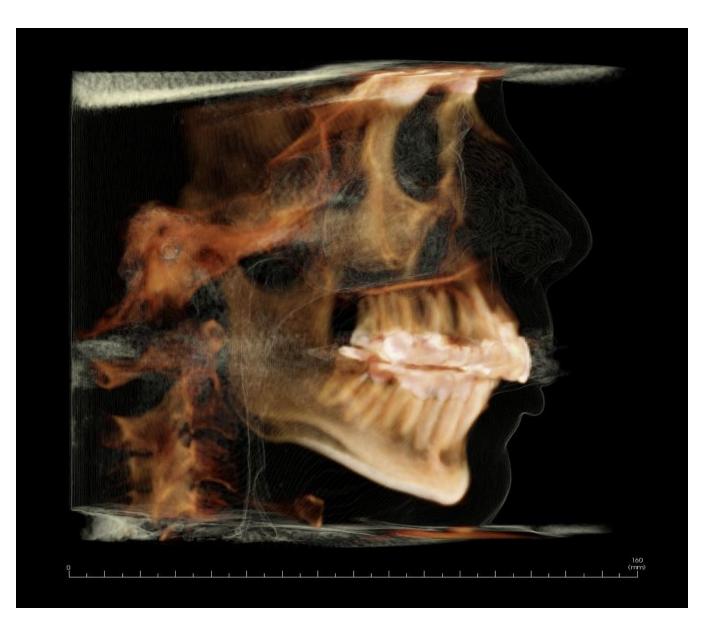










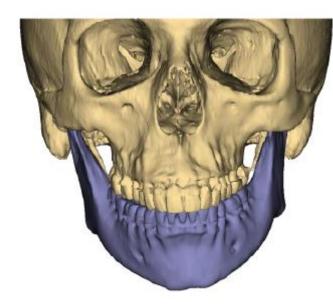


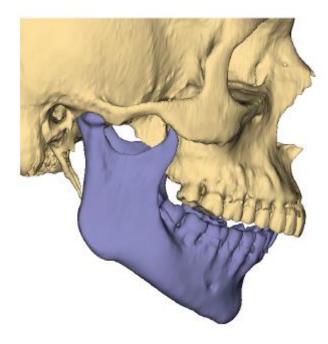


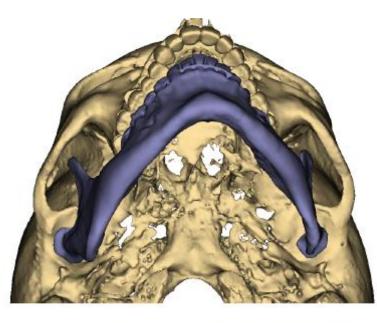


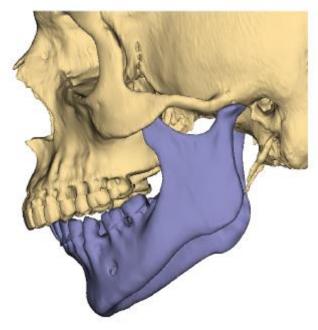










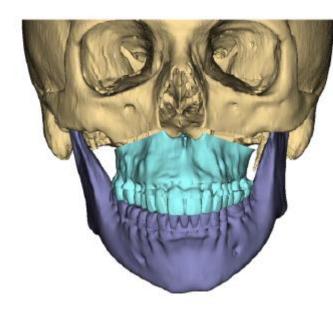


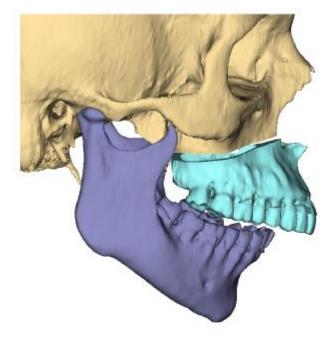


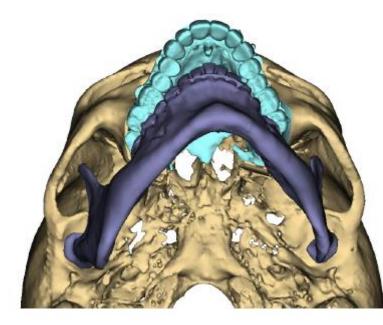


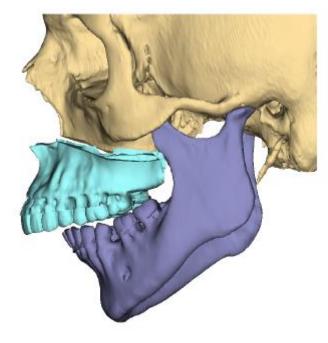










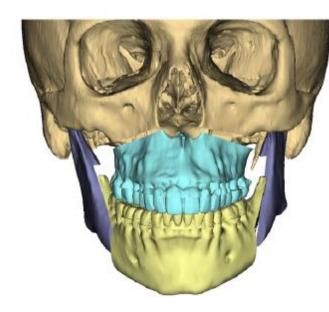


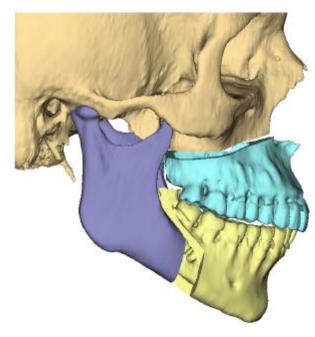


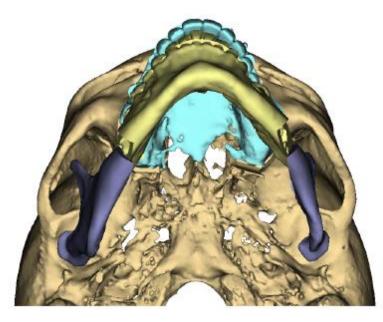


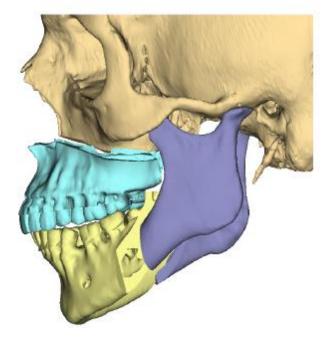










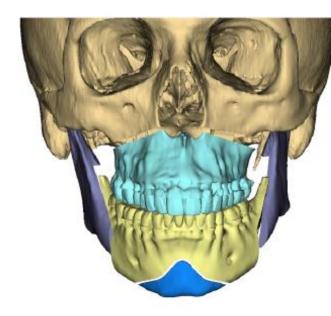


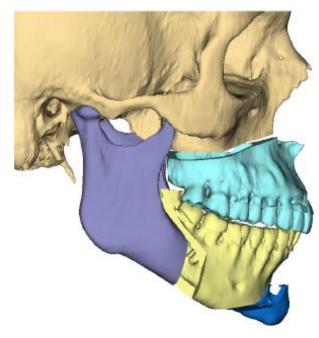


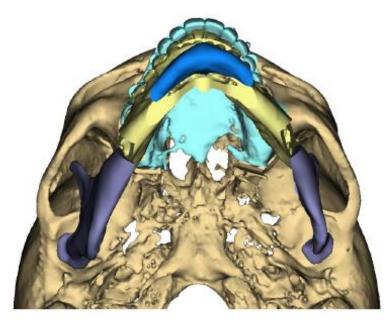


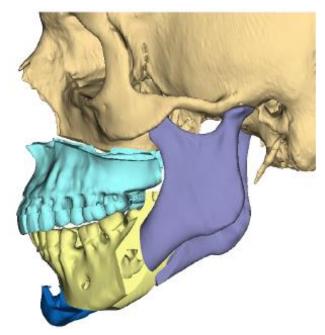










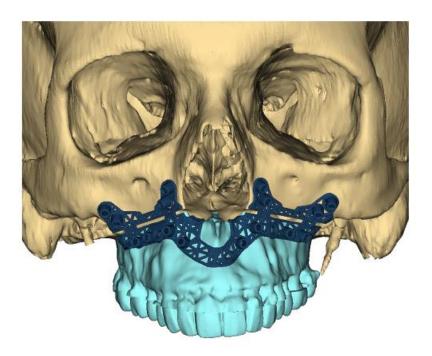


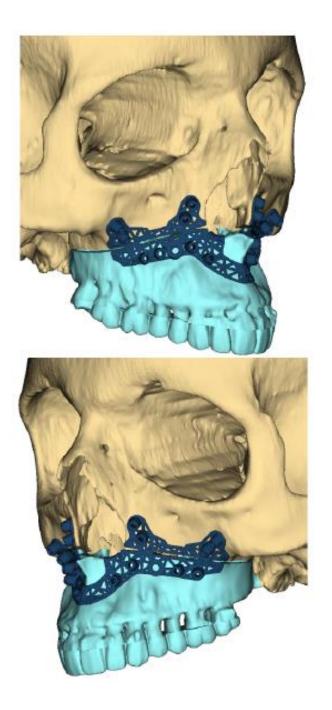










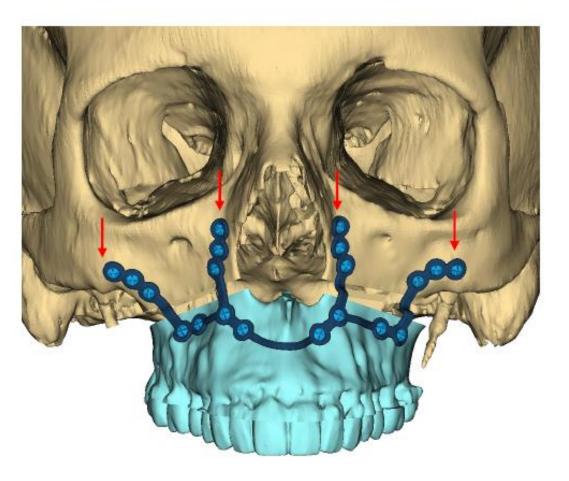


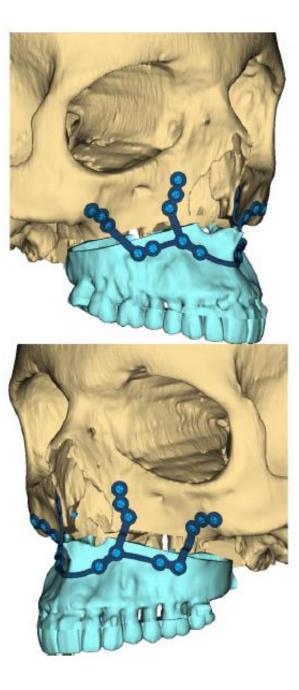












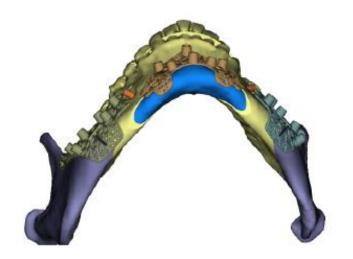


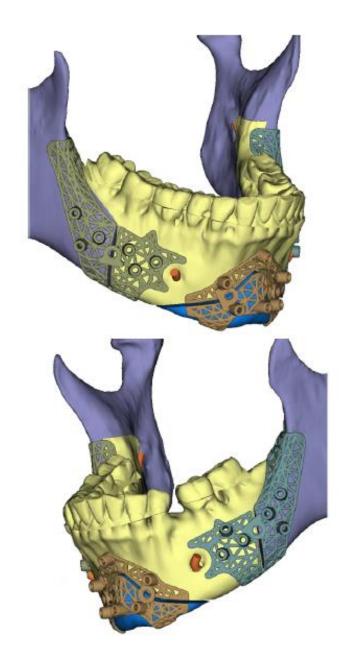










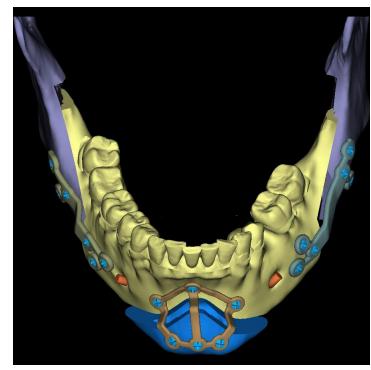


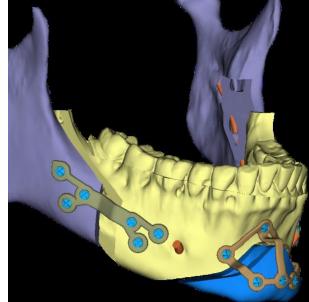


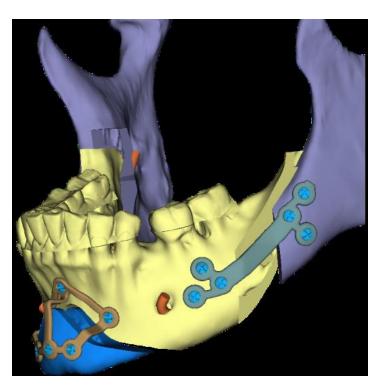










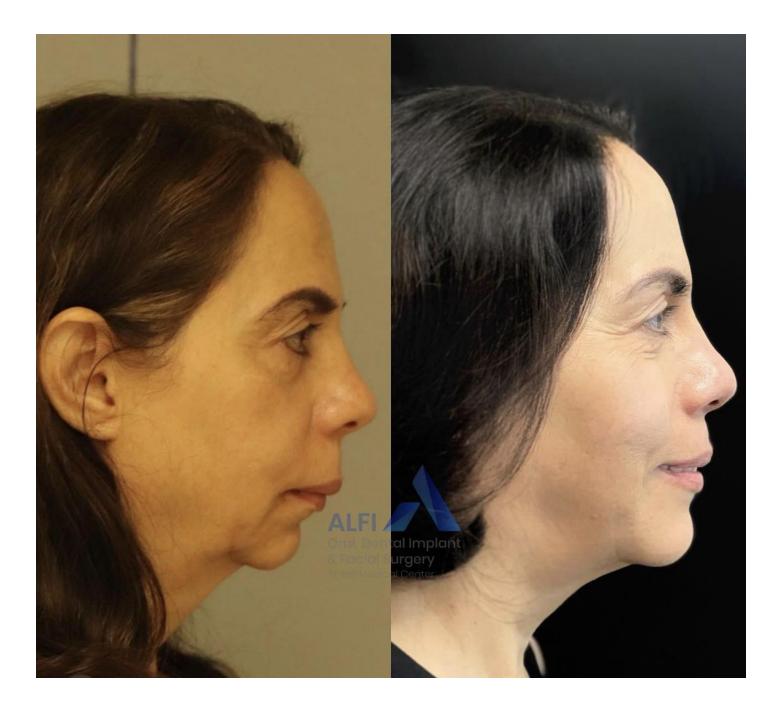










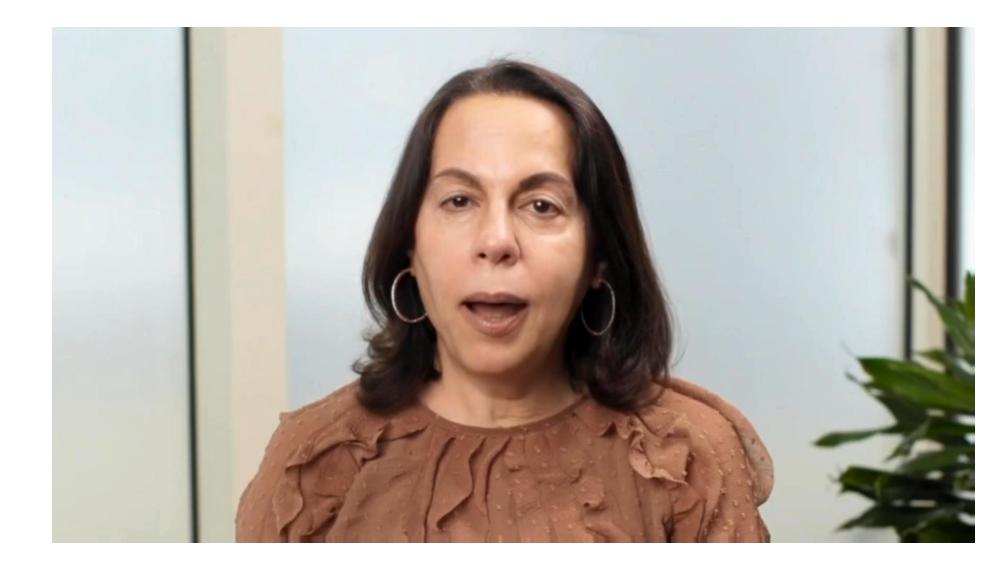






























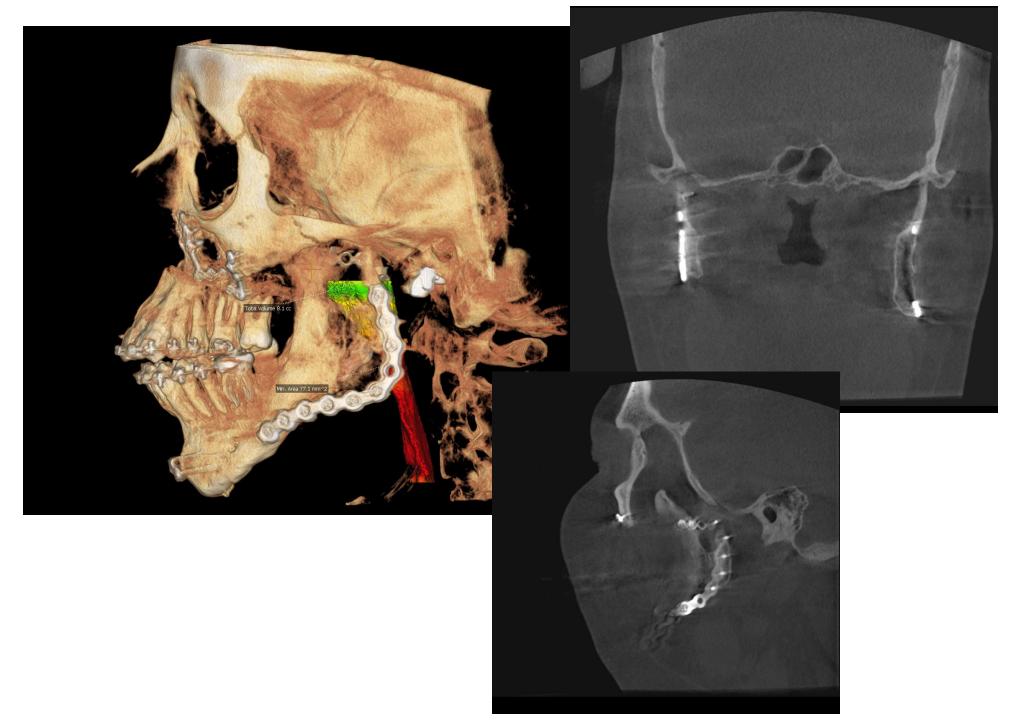










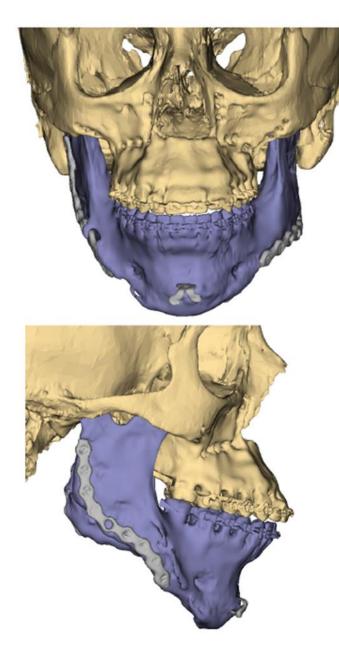


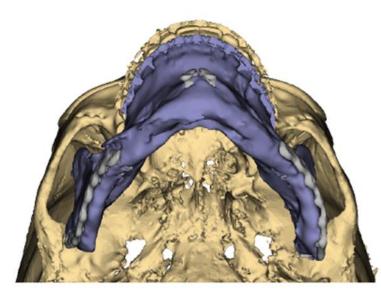


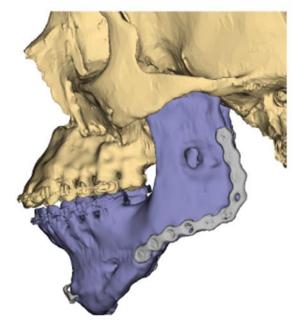










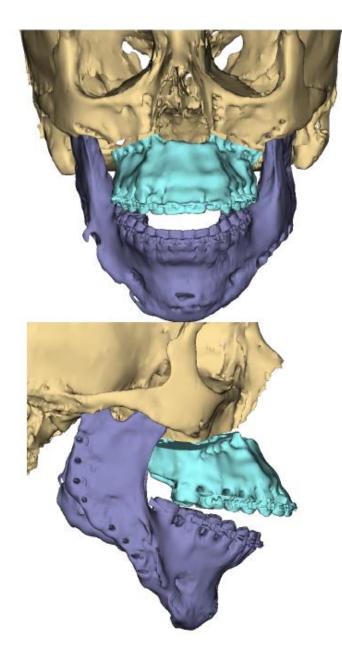


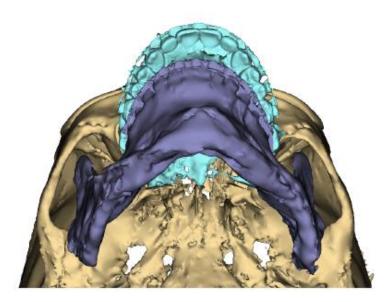


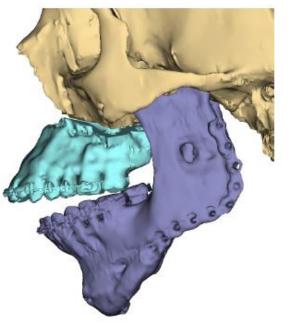










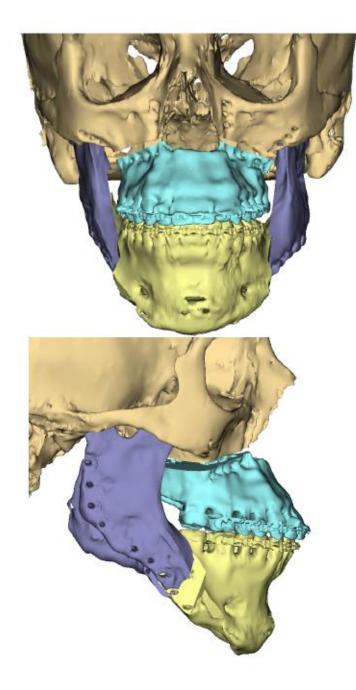


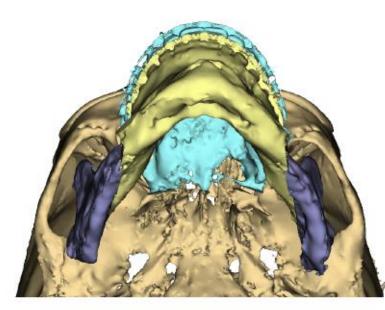


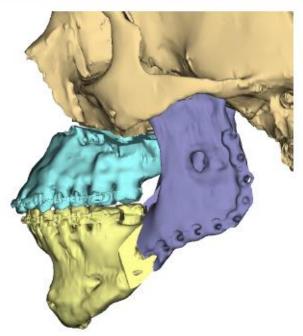










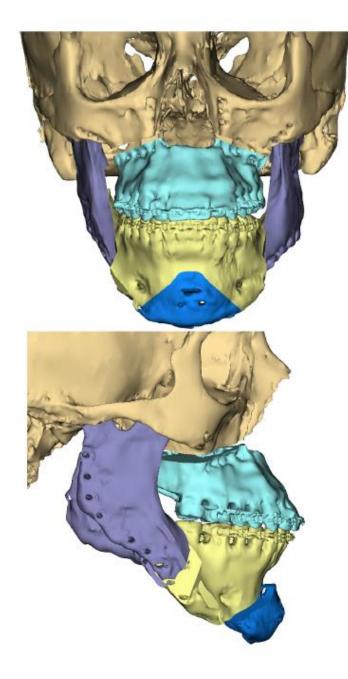


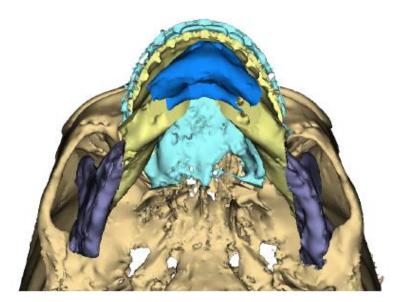


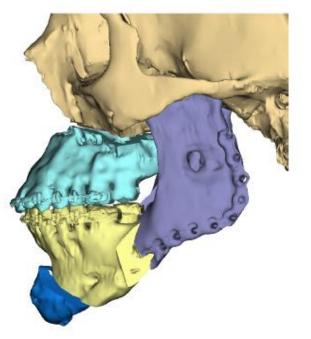










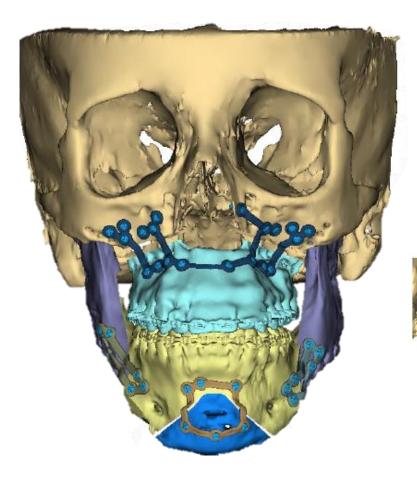


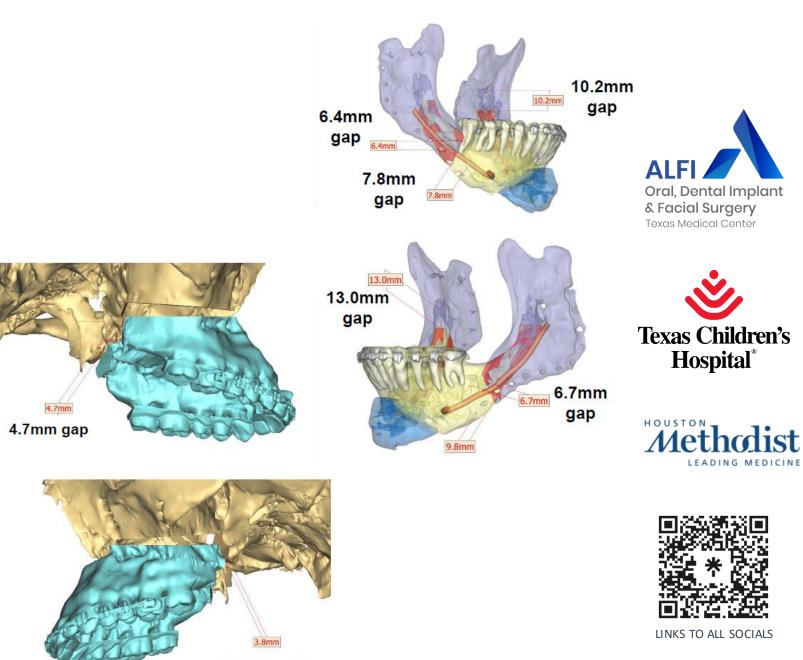








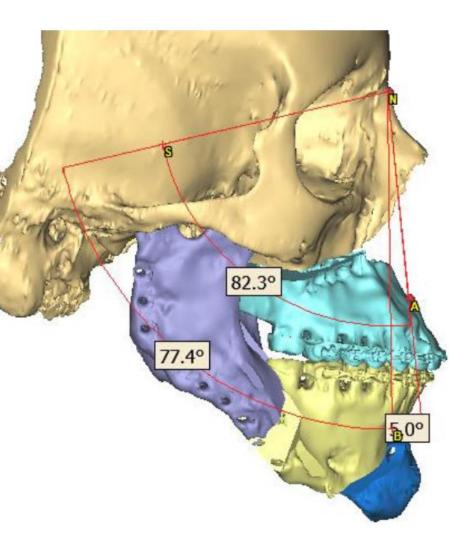




3.8mm gap

Point	Left/Right (mm)		Ant/Post (mm)		Up/Down (mm)	
A	0.2	L	1.6	Ant	1.0	Down
ANS	0.3	L	0.9	Ant	1.3	Down
Maxilla Incisor Midline	0.0	R	2.9	Ant	0.5	Down
Maxilla Canine L	0.2	L	3.4	Ant	1.1	Down
Maxilla Canine R	0.2	L	2.6	Ant	1.1	Down
Maxilla 1st Molar L	0.7	L	3.4	Ant	2.5	Down
Maxilla 1st Molar R	0.7	L	2.1	Ant	2.3	Down
L Lateral Buttress	1.0	L	2.0	Ant	3.1	Down
L Medial Buttress	0.5	L	1.0	Ant	1.9	Down
R Lateral Buttress	0.9	L	0.4	Ant	2.8	Down
R Medial Buttress	0.5	L	0.4	Ant	1.8	Down
В	0.8	L	6.7	Ant	0.3	Down
Pog	0.5	L	16.4	Ant	0.5	Up
Me	0.3	L	18.1	Ant	1.7	Down
Mandible Incisor Midline	1.3	L	3.2	Ant	1.8	Up
Mandible Canine L	1.2	L	2.7	Ant	0.4	Up
Mandible Canine R	1.2	L	3.3	Ant	0.9	Up
Mandible 1st Molar L	1.0	L	2.2	Ant	1.9	Down
Mandible 1st Molar R	0.9	L	2.9	Ant	2.7	Down

Measurement (°)	Pre-Op 3D	Planned 3D	Delta 3D
SNA	80.8	82.3	1.5
SNB	73.4	77.4	4.0
ANB	7.6	5.0	-2.5
Maxillary Occlusal Plane	17.4	7.5	-9.9





















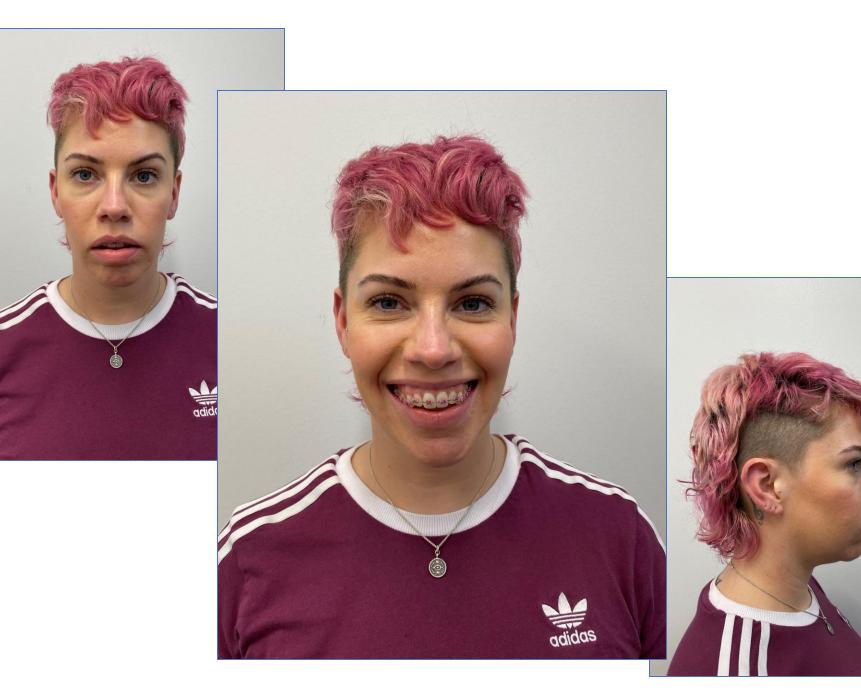






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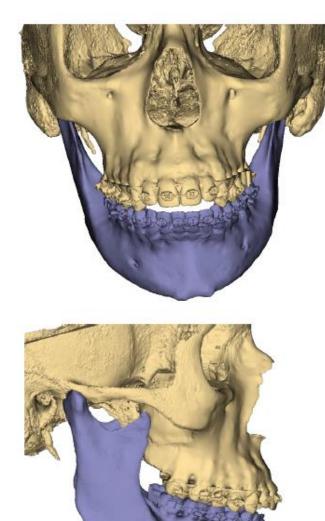


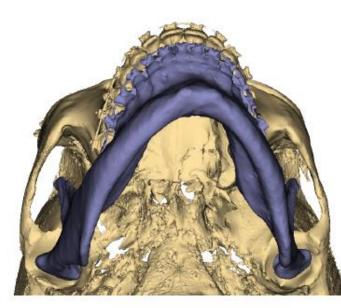


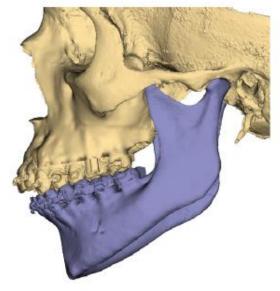










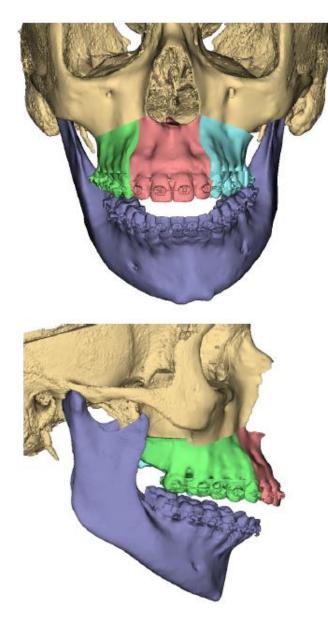


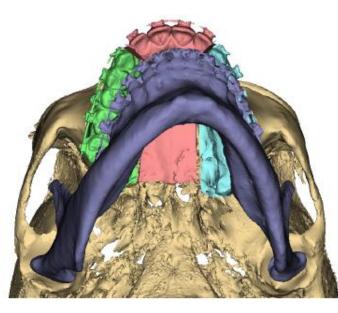


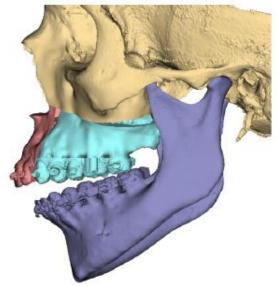










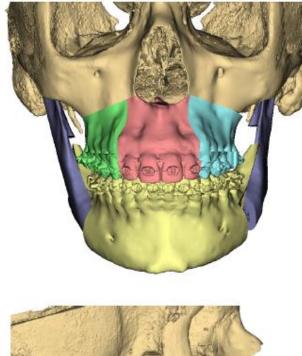


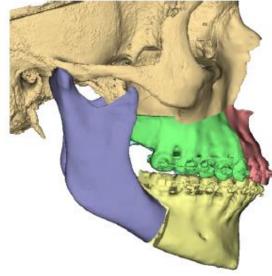


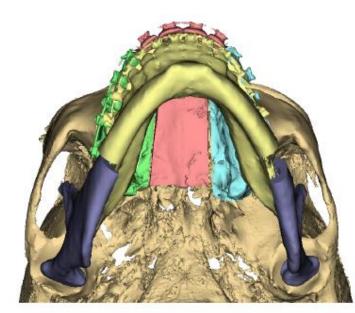


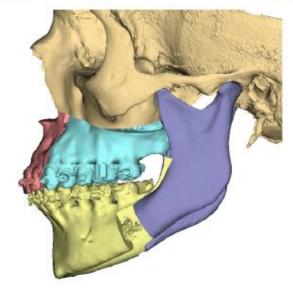










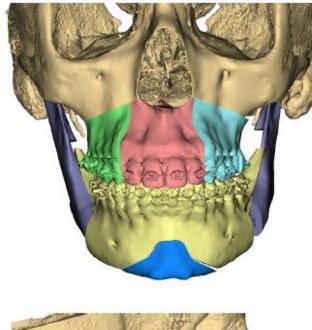


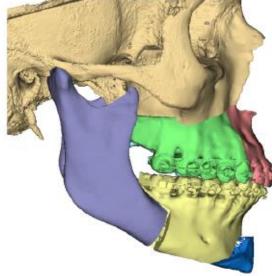


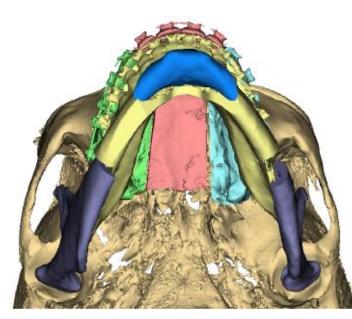


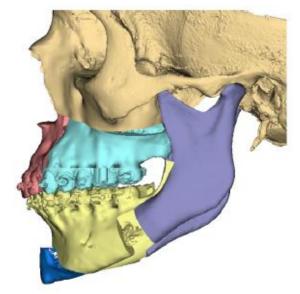










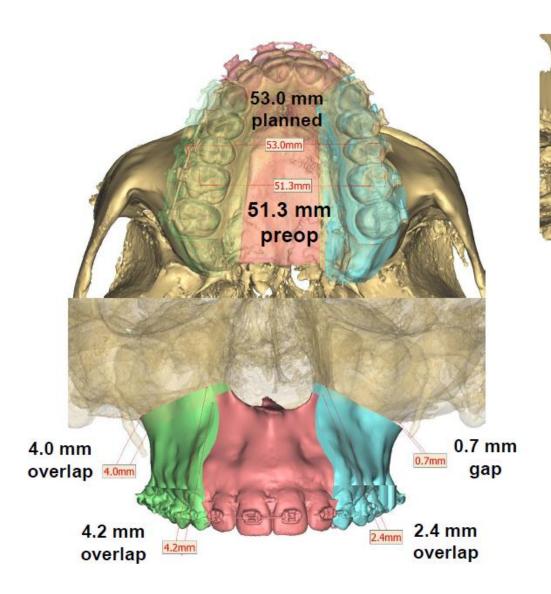


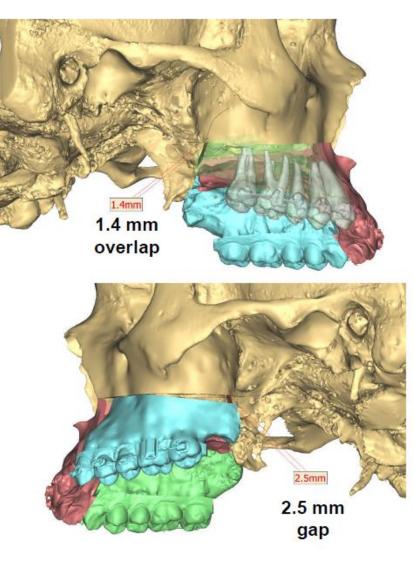










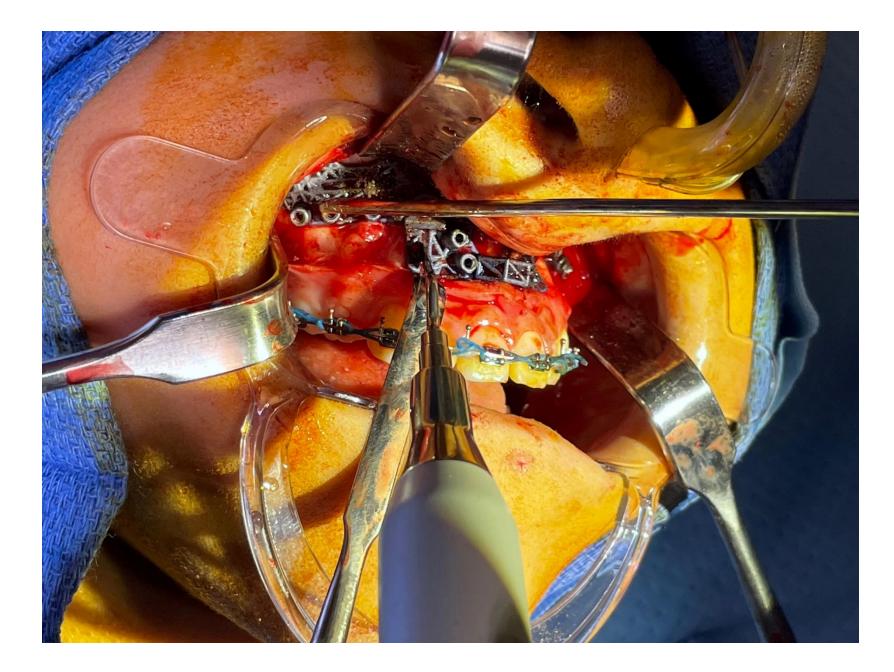










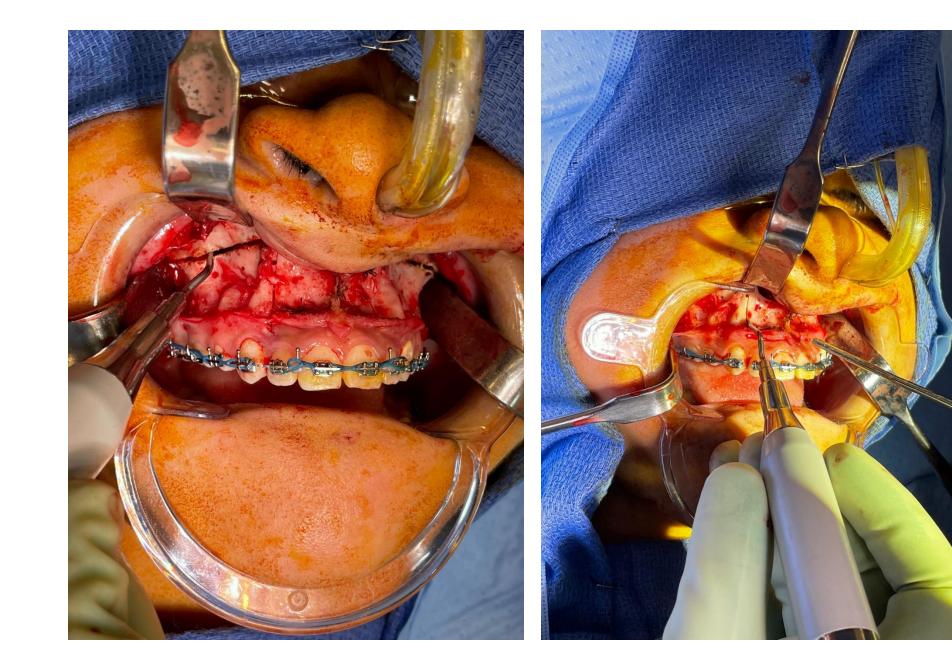




















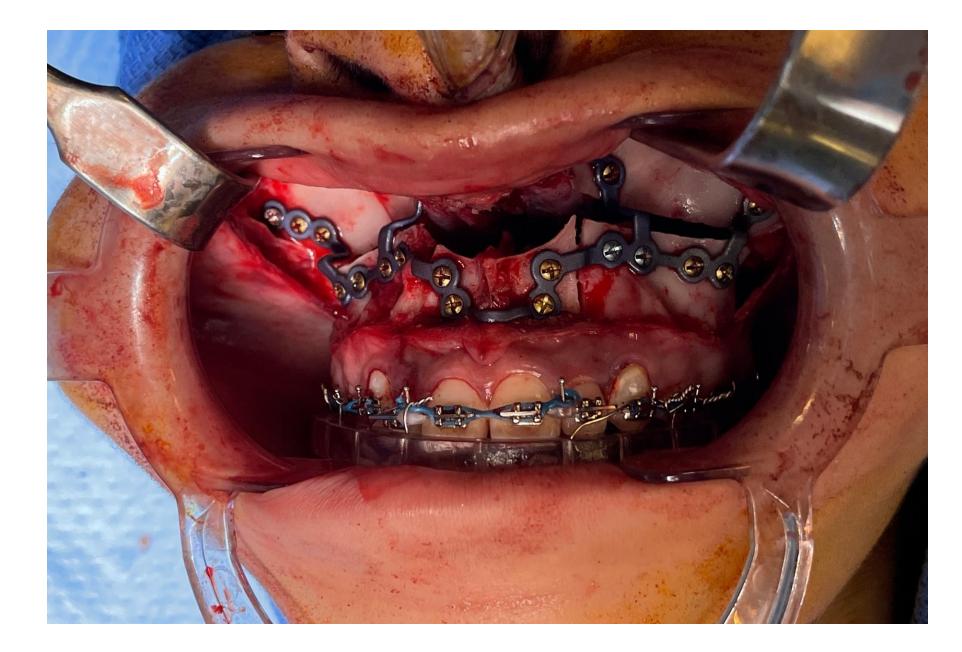










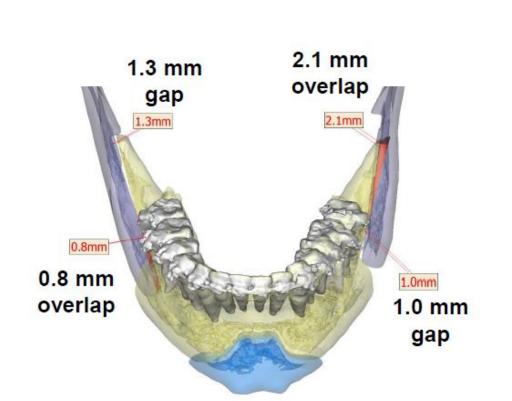


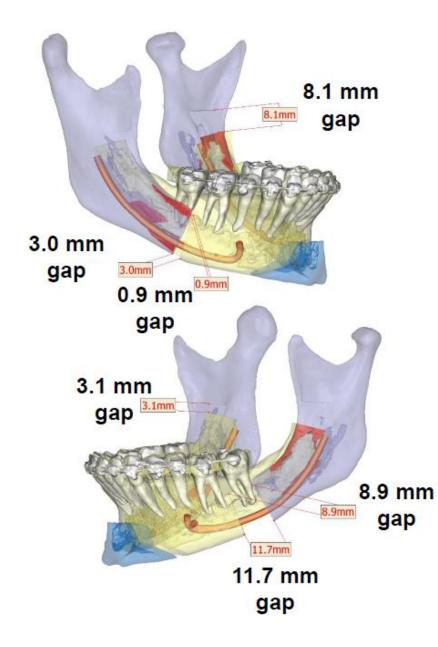




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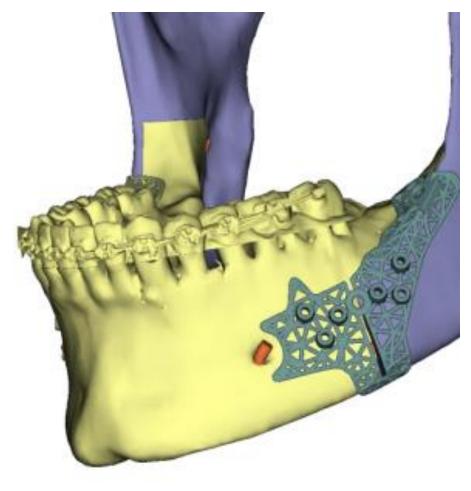


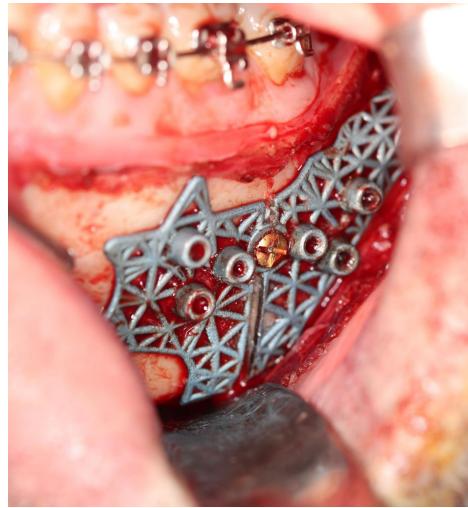










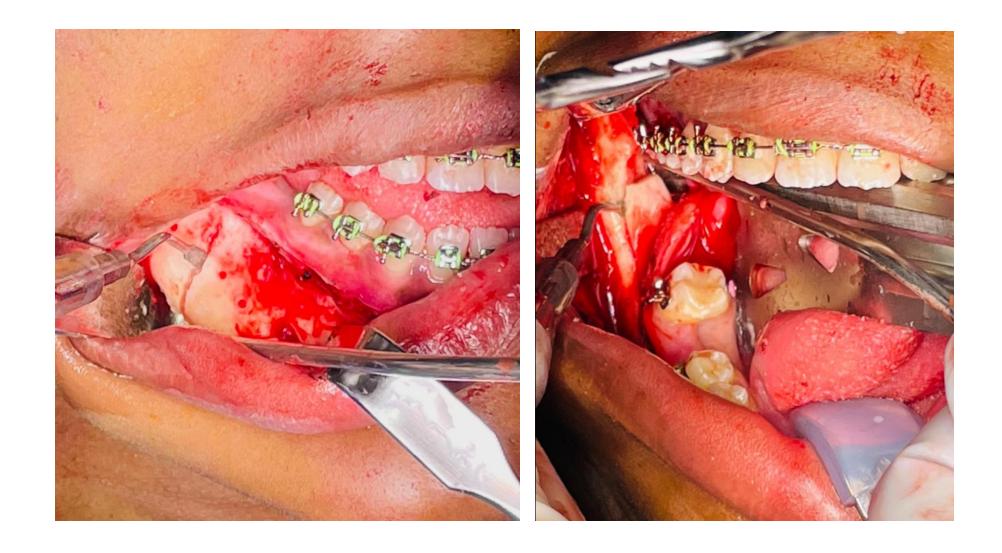










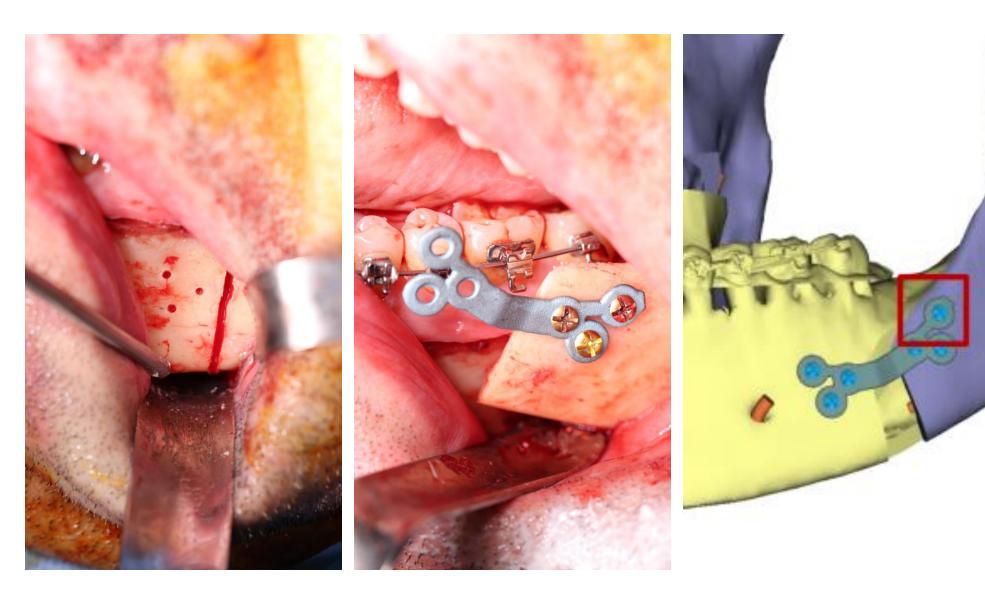










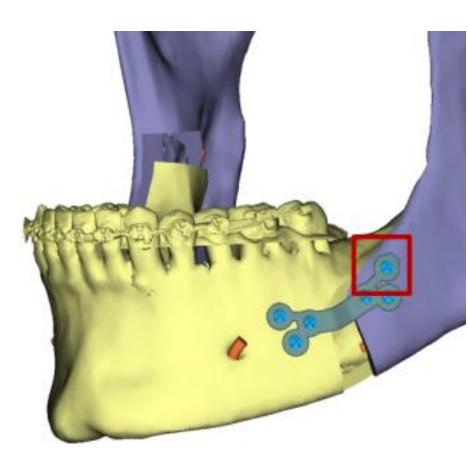


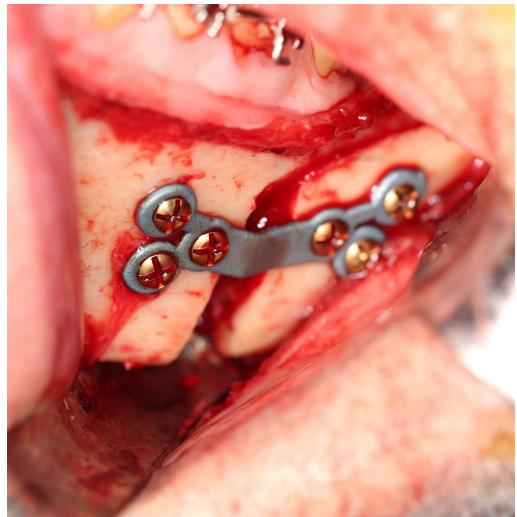














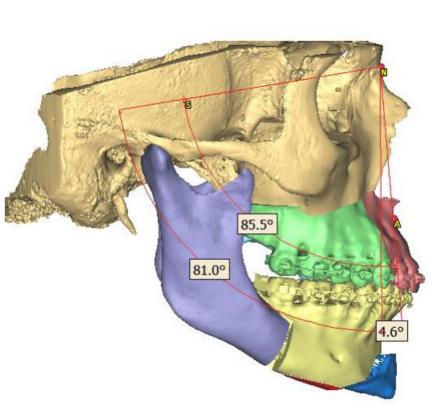






Point	Left/Right (mm)		Ant/Post (mm)		Up/Down (mm)	
Α	1.4	R	0.4	Ant	1.2	Up
ANS	1.1	R	0.0	Ant	1.4	Up
Maxilla Incisor Midline	3.0	R	2.0	Ant	1.5	Up
Maxilla Canine L	2.5	R	1.7	Ant	3.4	Up
Maxilla Canine R	3.8	R	0.7	Ant	5.0	Up
Maxilla 1st Molar L	1.1	R	1.5	Ant	0.0	Down
Maxilla 1st Molar R	3.0	R	0.1	Ant	3.5	Up
L Lateral Buttress	0.6	L	1.5	Post	0.9	Down
L Medial Buttress	0.6	R	0.0	Ant	0.2	Up
R Lateral Buttress	1.5	R	2.5	Post	3.6	Up
R Medial Buttress	0.6	R	0.6	Post	1.4	Up
В	5.2	R	7.0	Ant	3.9	Up
Pog	6.1	R	15.2	Ant	3.4	Up
Me	6.5	R	16.1	Ant	2.4	Up
Mandible Incisor Midline	5.0	R	4.3	Ant	5.7	Up
Mandible Canine L	4.3	R	4.8	Ant	3.8	Up
Mandible Canine R	4.4	R	2.9	Ant	5.8	Up
Mandible 1st Molar L	2.5	R	5.1	Ant	0.7	Down
Mandible 1st Molar R	2.6	R	1.7	Ant	2.7	Up

Measurement (°)	Pre-Op 3D	Planned 3D	Delta 3D
SNA	85.0	85.5	0.5
SNB	76.9	81.0	4.1
ANB	8.6	4.6	-3.9
Maxillary Occlusal Plane	8.7	7.7	-1.0

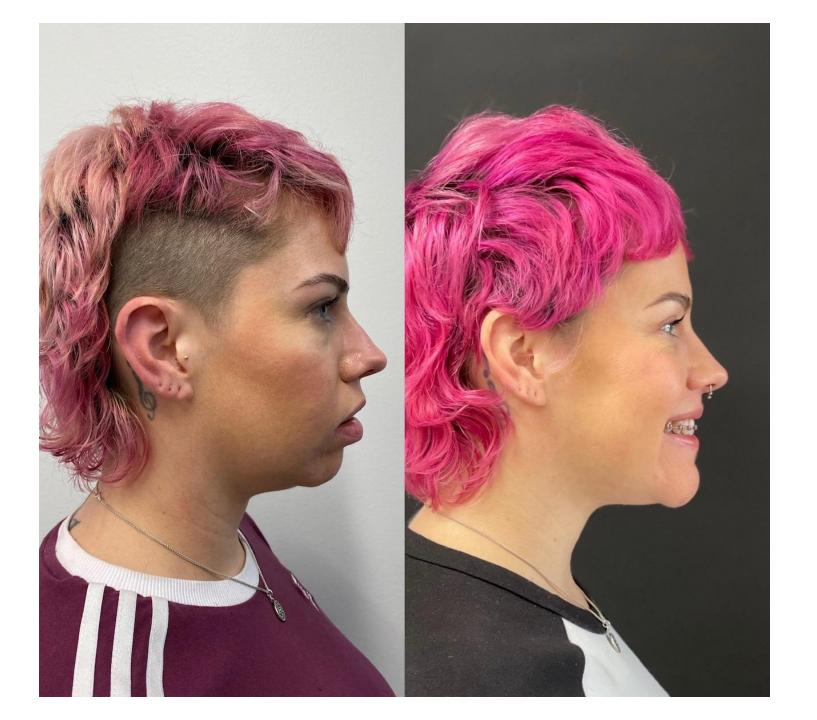










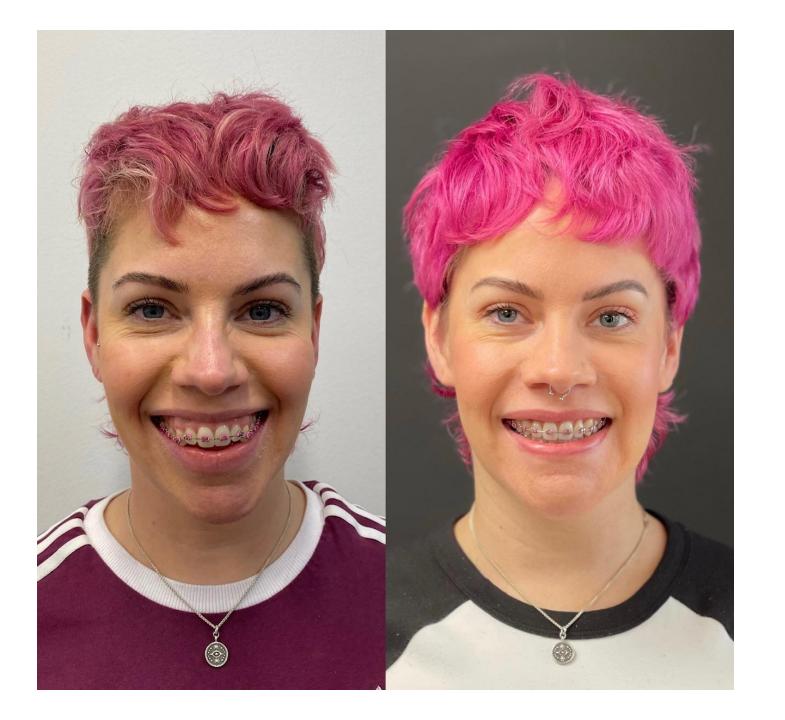






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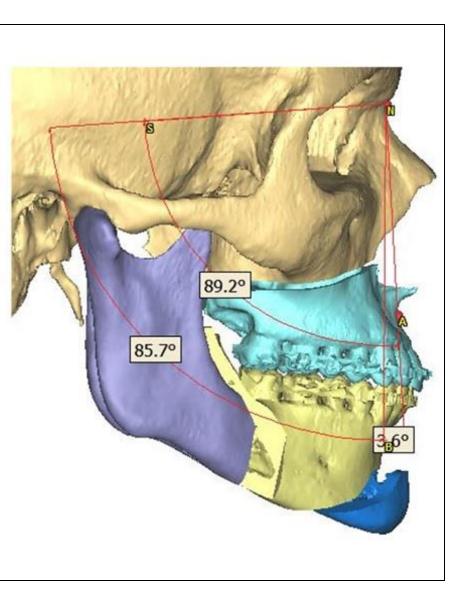








Point	Left/Right (mm)		Ant/Post (mm)		Up/Down (mm)		
Α	0.0	L	1.9	Ant	1.3	Down	
ANS	0.2	L	1.4	Ant	1.0	Down	
Maxilla Incisor Midline	0.5	R	3.0	Ant	1.0	Down	
Maxilla Canine L	0.5	R	3.0	Ant	2.0	Down	
Maxilla Canine R	0.5	R	2.9	Ant	1.1	Down	
Maxilla Ist Molar L	0.4	R	2.8	Ant	3.3	Down	
Maxilla Ist Molar R	0.4	R	2.7	Ant	2.1	Down	
L Lateral Buttress	0.2	L	1.5	Ant	3.6	Down	
L Medial Buttress	0.4	L	1.1	Ant	1.9	Down	
R Lateral Buttress	0.2	L	1.5	Ant	1.8	Down	
R Medial Buttress	0.4	L	1.1	Ant	1.3	Down	
	2.1	R	12.6	Ant	0.4	Down	
Pog	2.5	R	22.7	Ant	1.3	Down	
Me	2.4	R	23.3	Ant	1.9	Down	
Mandible Incisor Midline	2.0	R	11.0	Ant	0.4	Up	
Mandible Canine L	1.7	R	11.3	Ant	0.5	Down	
Mandible Canine R	1.7	R	10.3	Ant	0.1	Up	
Mandible Ist Molar L	0.9	R	11.4	Ant	3.1	Down	
Mandible Ist Molar R	0.9	R	9.8	Ant	1.9	Down	
Measurement (°)	Pre-	Op 3D	Plan	ned 3D	D	elta 3D	
SNA	87.4		89.2		1.7		
SNB		78.2		85.7		7.5	
ANB		9.2	3.6		-5.6		
Maxillary Occlusal Plañe		10.4	7.5		-3		

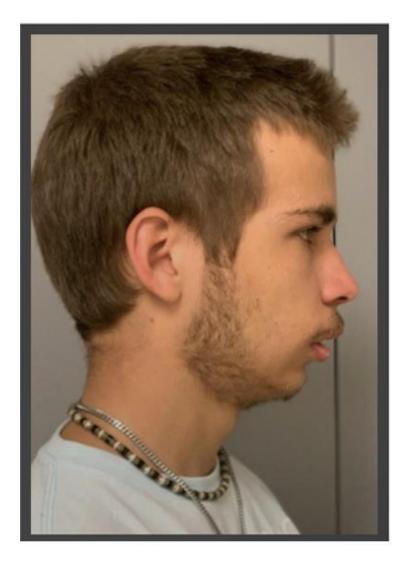


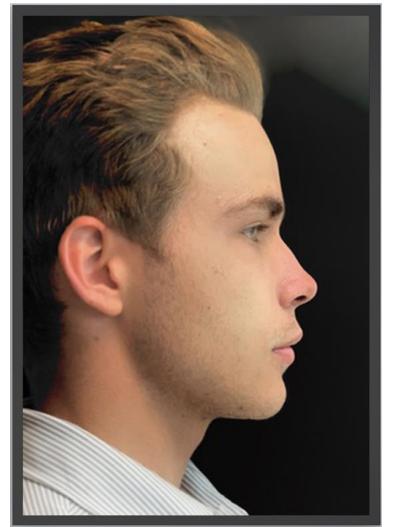
















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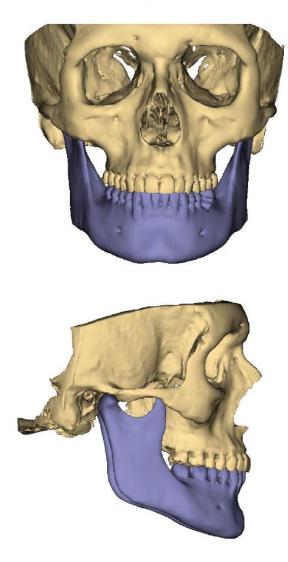


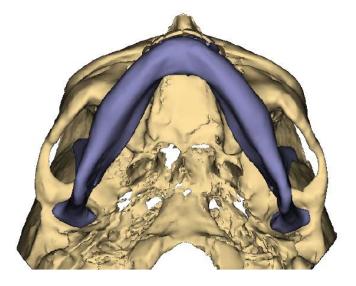


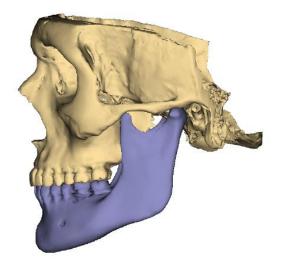




Surgical Plan: Pre-operative Position









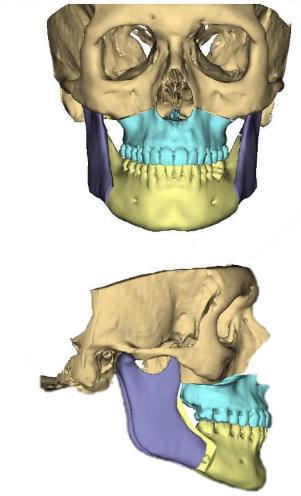


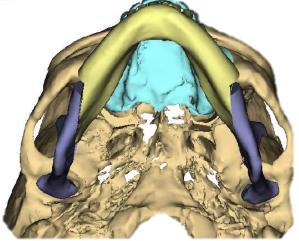


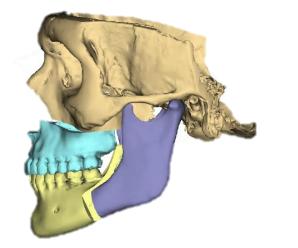


Surgical Plan: Final Position

Mandible moved according to planned maxilla position. Proximal segments rotated in.











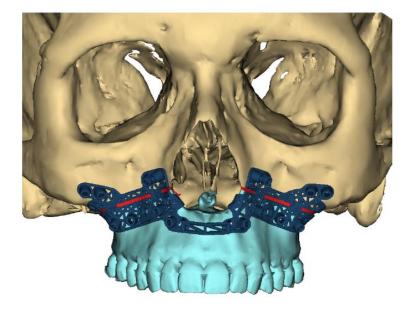




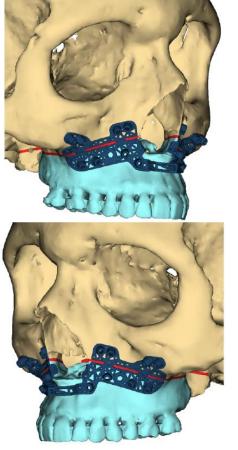
Guide Design: Titanium 3D Printed Guide for Midface



A: Pre-drill cylinders with angulation control: for use with 1.4/1.5 mm DePuy Synthes drill bits → indicated in red
 B: Fixation hole (temporary fixation of guide): for use with MatrixORTHOGNATHIC Ø1.85 mm screws → indicated in blue



Resected maxilla





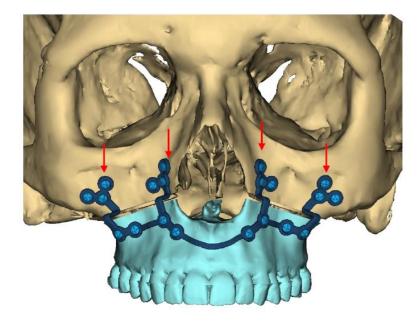


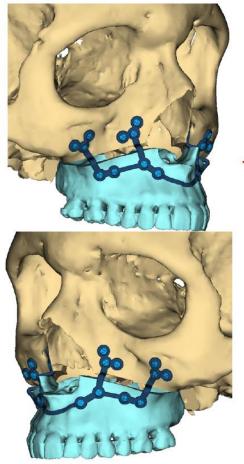




Implant Design: Titanium 3D Printed Plate for Midface (1.3 mm & 0.8mm ANS)

- Screw hole: for use with MatrixORTHOGNATHIC Ø1.85 mm screws
- Screw pre-drilling guided using surgical guides. Non-Guided screws are indicated with red arrows.









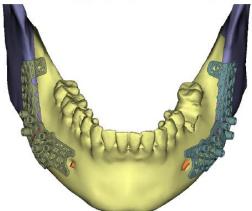


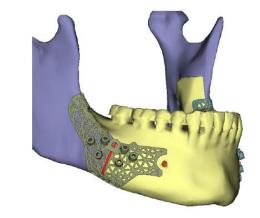


Guide Design: Titanium 3D Printed Guide for Mandible



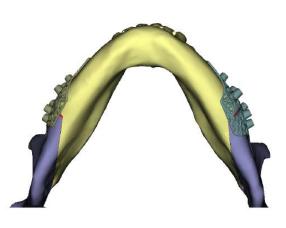
Legend: A: Pre-drill cylinders with angulation control: for use with 1.4/1.5 mm DePuy Synthes drill bits → indicated in red B: Fixation hole (temporary fixation of guide): for use with MatrixORTHOGNATHIC Ø1.85 mm screws → indicated in blue

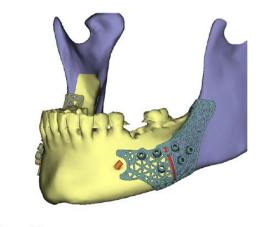












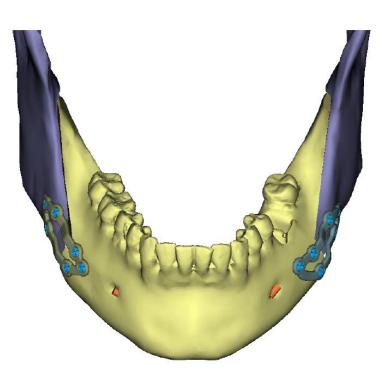
Resected mandible

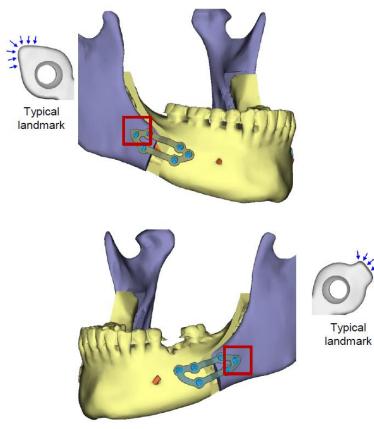




Implant Design: Titanium 3D Printed Plate for Mandible, mini (1.3 mm)

- Screw hole: for use with MatrixORTHOGNATHIC Ø1.85 mm screws
- All screw pre-drilling guided using surgical guides.











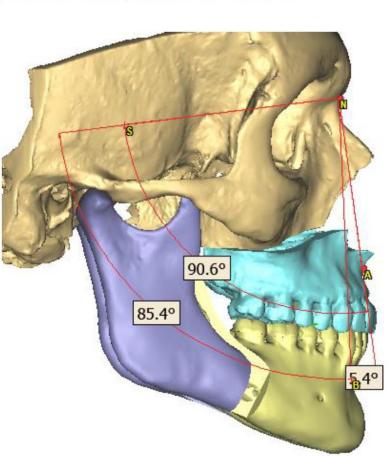


Surgical Plan: Cephalometric Analyses

The mandible measurements shown below are referenced from the original position of the mandible, at the time the CT was taken.

Point	Left/Right (mm)		Ant/Post (mm)		Up/Down (mm)	
Α	0.3	R	7.7	Ant	1.0	Down
ANS	0.3	R	7.7	Ant	1.0	Down
Maxilla Incisor Midline	0.1	R	7.5	Ant	1.0	Down
Maxilla Canine L	0.1	R	7.5	Ant	0.8	Down
Maxilla Canine R	0.1	R	7.5	Ant	1.1	Down
Maxilla 1st Molar L	0.1	R	7.5	Ant	0.5	Down
Maxilla 1st Molar R	0.1	R	7.5	Ant	1.0	Down
L Lateral Buttress	0.3	R	7.7	Ant	0.4	Down
L Medial Buttress	0.4	R	7.8	Ant	0.8	Down
R Lateral Buttress	0.3	R	7.7	Ant	1.1	Down
R Medial Buttress	0.4	R	7.8	Ant	1.0	Down
В	0.3	R	7.4	Ant	0.9	Down
Pog	0.2	R	7.2	Ant	1.0	Down
Me	0.1	R	7.2	Ant	0.9	Down
Mandible Incisor Midline	0.5	R	7.5	Ant	1.0	Down
Mandible Canine L	0.5	R	7.5	Ant	0.8	Down
Mandible Canine R	0.5	R	7.5	Ant	1.0	Down
Mandible 1st Molar L	0.0	NA	0.0	NA	0.0	NA
Mandible 1st Molar R	0.5	R	7.5	Ant	1.0	Down

Measurement (°)	Pre-Op 3D	Planned 3D	Delta 3D
SNA	82.7	90.6	8.0
SNB	80.7	85.4	4.7
ANB	2.2	5.4	3.1
Maxillary Occlusal Plane	4.8	5.2	0.4



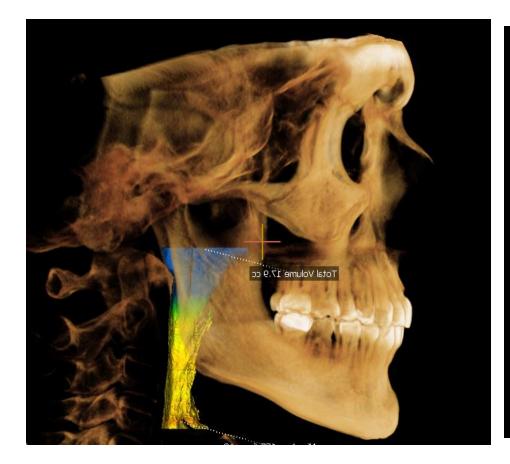
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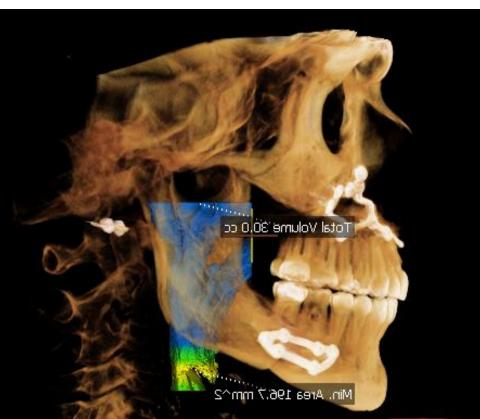










































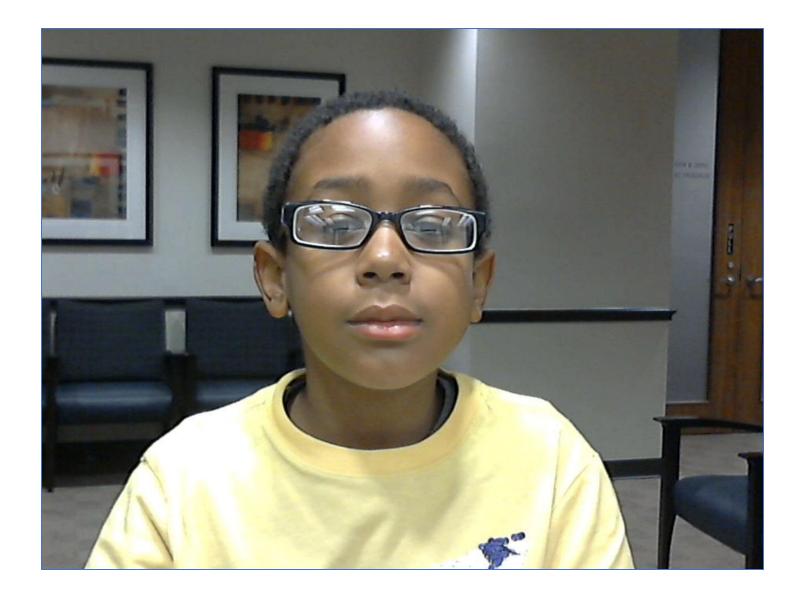










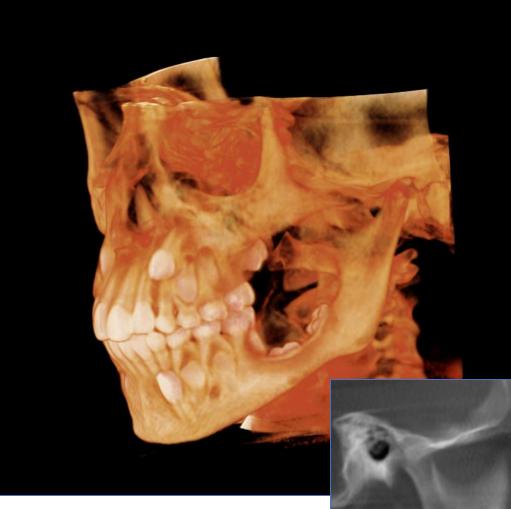






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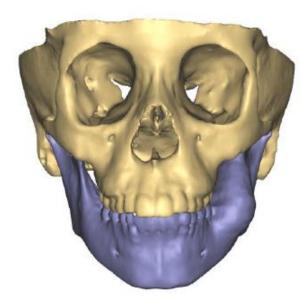


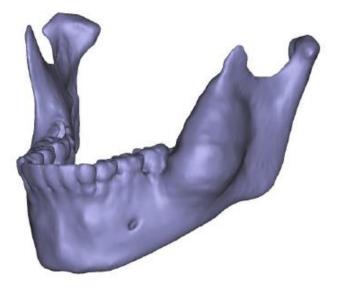


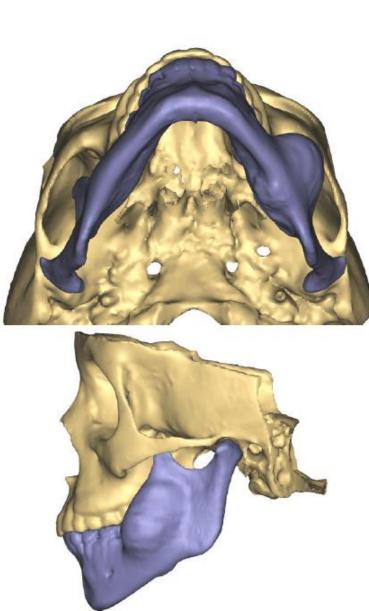










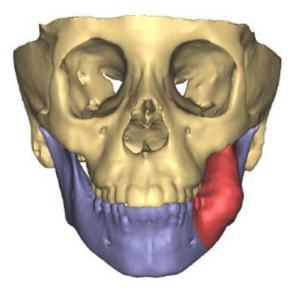


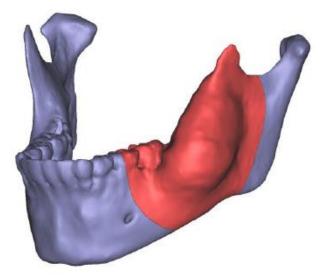


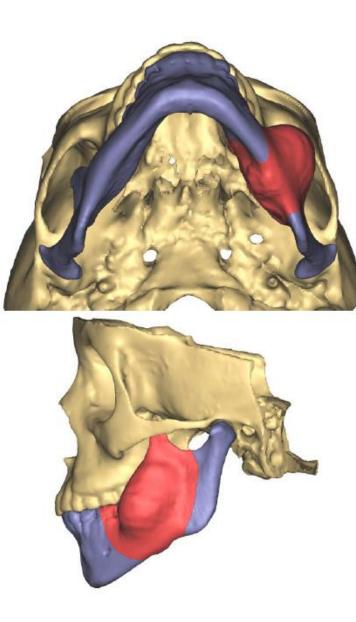










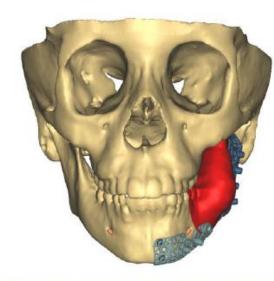


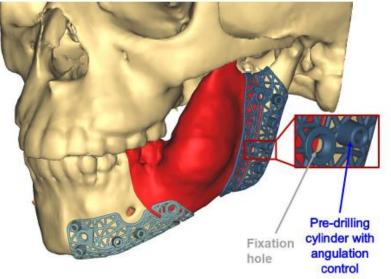


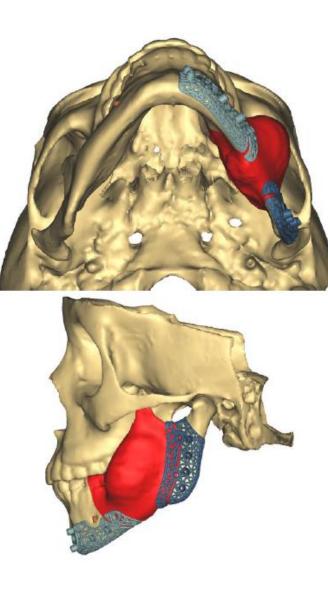




















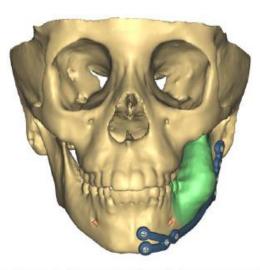


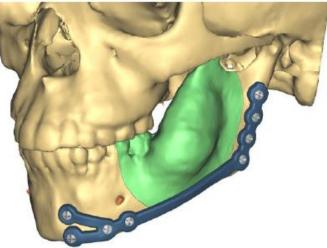


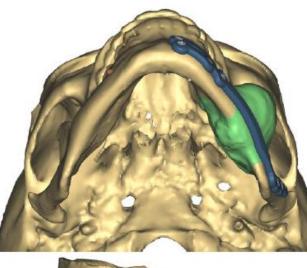


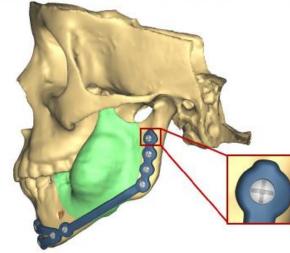










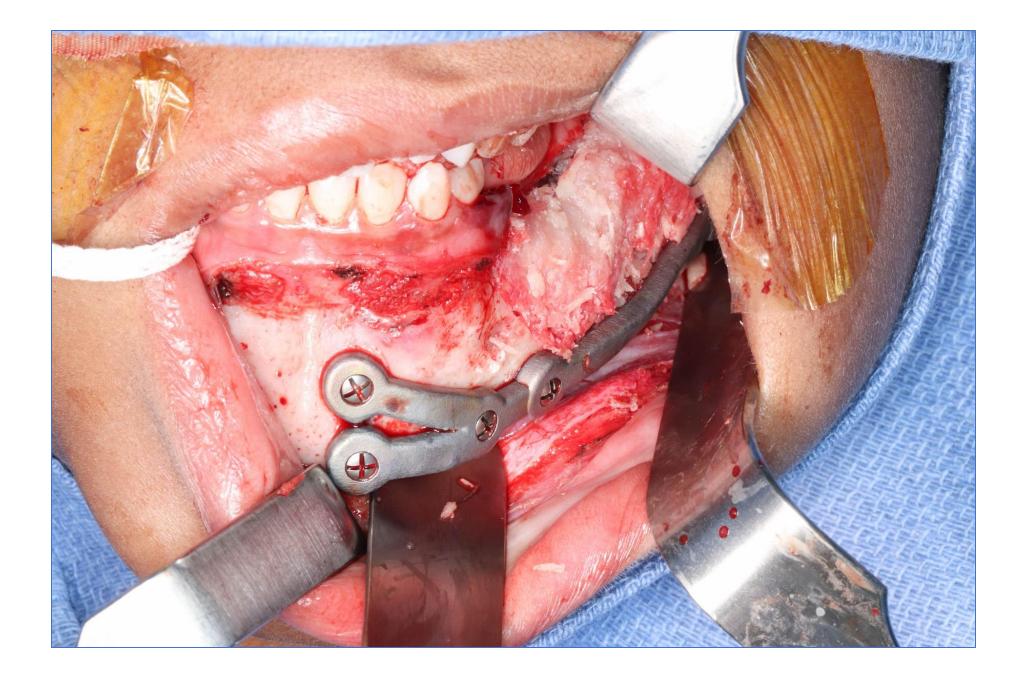












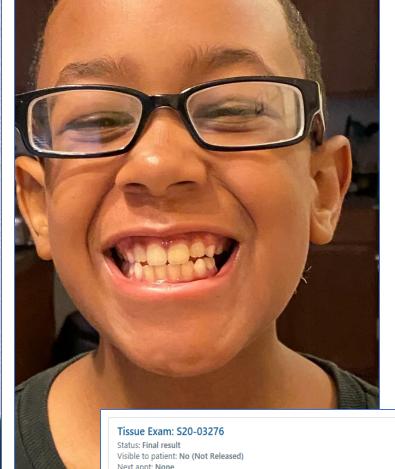












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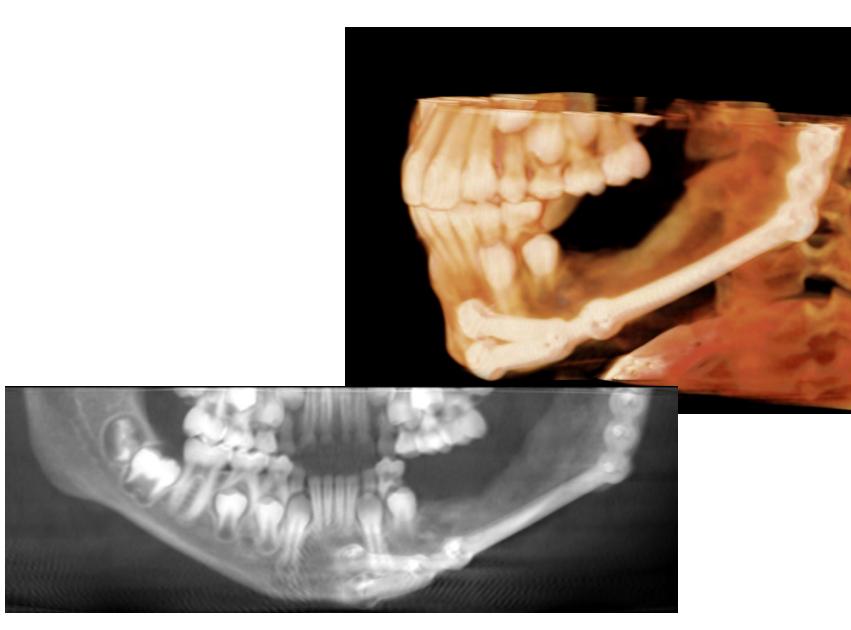
LINKS TO ALL SOCIALS

Next appt: None

Component

- Final Diagnosis
 - Bone, left mandible, excision:
- Features most consistent with juvenile aggressive (active) ossifying fibroma of jaw.
 Closest margin is lateral with tumor at 0.5 mm from the inked margin.

I have reviewed the material described and edited this report.













Abstract

Reconstruction of large segmental mandibular defects presents a challenge for oral and maxillofacial surgeons, particularly in the skeletally immature pediatric patient. Autogenous bone graft is historically preferred; however, harvest of autograft requires a second surgical site, risking donor-site complications as well as the potential for long-term complications in the growing child. Here, we present the first known report of a pediatric patient who underwent immediate mandibular reconstruction of a 6.5-cm long segmental defect using a cellular bone allograft (VF-CBA) combined with custom-fabricated guides and plates following tumor resection. The use of VF-CBA, along with the custom guides and plates, eliminated the need for autograft harvest in a child, enabled an entirely intraoral approach, avoiding the creation of a cutaneous scar, and reduced the total operative time, resulting in a fast recovery and improved patient satisfaction. By 7 months





Methodist LEADING MEDICINE



USING THE RIGHT TOOLS

- Faster surgical time
 - Faster recovery
 - Morbidity
 - Avoid Donor Site
- Stronger
 - Avoid hardware failure
 - Supports interpositional graft like
 ViviGen

- More direct transfer of information
 - Less error
 - Splint-less
- Optimize Movements
 - Not limited by standard designs
 - Confidence in grafting
- Avoiding Complications
 - Unsightly scars
 - Nerve injury
 - Bleeding









