

## Srb Surgical Operations Text And Atlas Pdf 28 [PATCHED]

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the technique of lateral rhinotomy and osteotomies was described by silveira et al. 108 in 2007. the lateral rhinotomy is a well-recognized procedure that enables access to the base of the nose and nasolacrimal duct. this is an important step in the surgical correction of ucd. the bone flap is subsequently osteotomized and contoured. a subperiosteal dissection is used to provide access to the nasofrontal junction. a bilateral frontozygomatic suture was identified and elevated using a bone rongeur. the bone was contoured with tessier bone benders. barrel stave osteotomies were performed in the ipsilateral temporal bone to widen the cranial vault and cross-strut stabilization was used to hold the correction out against the recoiling forces of the scalp. a vord was performed as needed to improve on the shape of the supraorbital rims. in the senior author's (s.r.b.) opinion, the lateral rhinotomy and osteotomies has become the procedure of choice for the correction of the c-shaped deformity in crouzon syndrome. the benefits of this approach are increased access to the nose and nasolacrimal duct. in addition, a successful ucd correction was obtained in more than 80% of our cases with this technique. the downsides of this technique include a longer surgical time, increased risk of wound infection, and potential for postoperative cerebrospinal fluid leak. in a hypercorrection surgical technique, a midline osteotomy is performed to create a bone-filler graft that will fill the sella turcica and the coronal suture. the graft is then advanced into the cranial vault and allowed to harden. the advancement of the graft eliminates the c-shaped deformity of the face. after successful bony healing, the graft is deboned, and the bone is cut to the desired length, allowing the graft to be inserted into the cranial vault and directed at the optimum position for the required midline correction. as the graft is manipulated, the facial bony structures can be more accurately repositioned and stabilized. the authors proposed that the hypercorrection surgical technique is best suited to younger patients who have skull bases in good condition and are therefore more likely to tolerate bone grafting than those with bone compromise.

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treatment of unicoronal plagiocephaly is performed in a timely manner, usually before the age of 3 months. although treatment is indicated in the first year of life, it is often delayed by the pediatrician because of parental concerns regarding cosmetic appearance and associated comorbidities. the delayed treatment also results in increased financial burden for the health care system. in our study, three patients underwent treatment for unicoronal plagiocephaly after the age of 5 years. all three patients exhibited a degree of relapse, and therefore underwent a second-stage procedure. we note that treatment for unicoronal plagiocephaly should be performed before the age of 5 years. a delayed treatment of unicoronal plagiocephaly will inevitably result in a greater number of patients who undergo revision surgery, and may jeopardize the success of the initial treatment, and may even increase the probability of surgical relapse in patients with unicoronal plagiocephaly. 27, 28 the occurrence of unicoronal plagiocephaly in patients with a craniosynostosis or with associated extracranial or intracranial abnormalities, as well as those who are premature, low birth weight, and those with a syndrome or other medical conditions, is not uncommon. the available data suggest that unicoronal plagiocephaly may be found in up to 25% of patients with craniosynostosis and that the presence of a syndrome or other medical conditions is associated with increased risk of occurrence of unicoronal plagiocephaly. 29, 31 a multicenter randomized controlled trial with a larger sample size is warranted to confirm the findings of our study. such a trial will include a larger sample size and more outcome measures that will help identify the optimal treatment approach in unicoronal plagiocephaly. the use of unicoronal plagiocephaly for cosmetic enhancement purposes, such as for patients with epicanthal folds or a protruding lower eyelid, should be discouraged because the visual appearance is not typically improved. patients with unicoronal plagiocephaly should not undergo repeated physical examinations or imaging studies to evaluate for surgical relapse. 5ec8ef588b

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