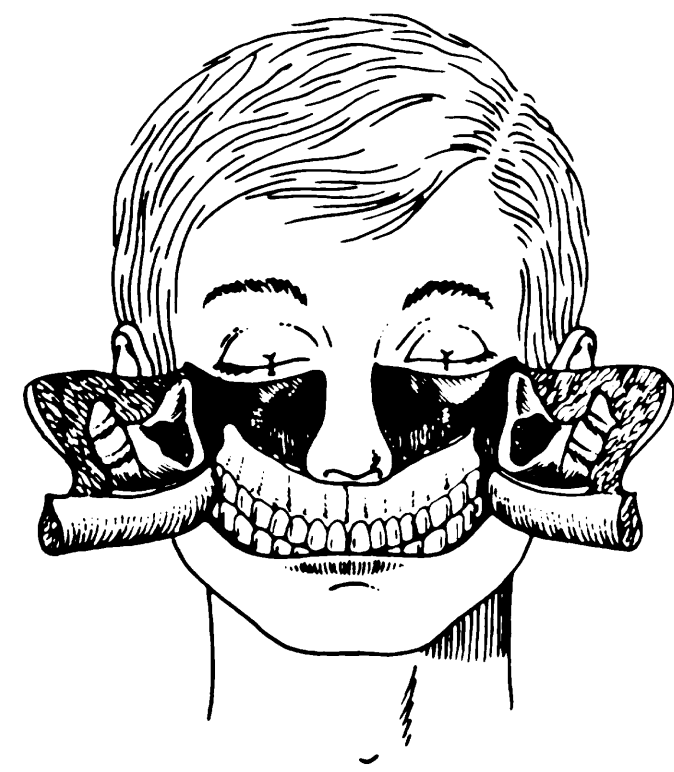


Department of Oral and Maxillofacial Surgery «Miguel Servet Hospital», Zaragoza
TRANSFACIAL ACCES TO THE RETROMAXILLARY AREA AND SOME TECHNICAL MODIFICATIONS

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 DEPARTMENT HEAD

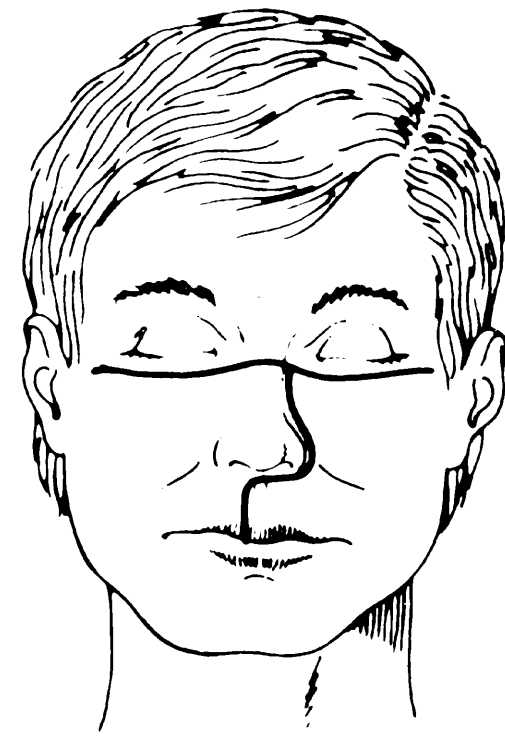


Two pedicle minor bilateral technique

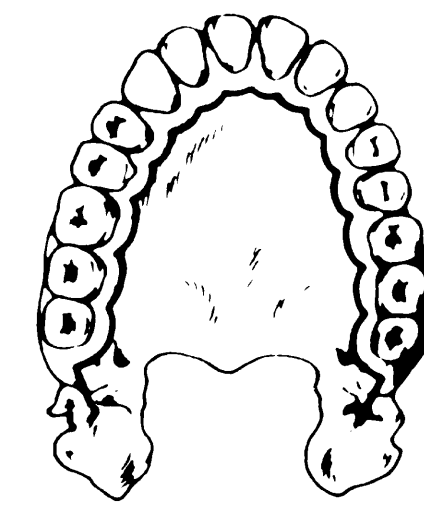
(It does not include the infrastructure of the maxillas).
 The osseous structures which limit the maxillary sinuses are displaced from one side to another.

XXVI
 If necessary the maxillary infrastructures can be luxated or fractures at pterygomaxillary and septal level in this way drop the dental alveolus and palatine portions in bloc, with which the pterygomaxillary area is reached more easily.

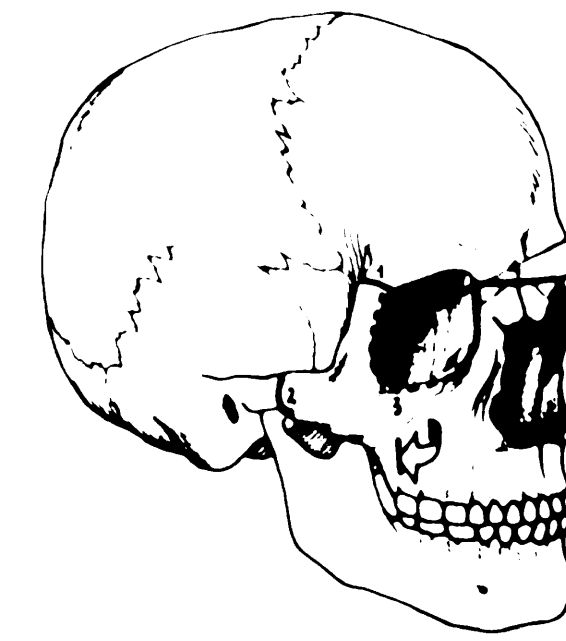
Greater bilateral technique en bloc which includes nasoethmoidal and septal structures pedicled to one side



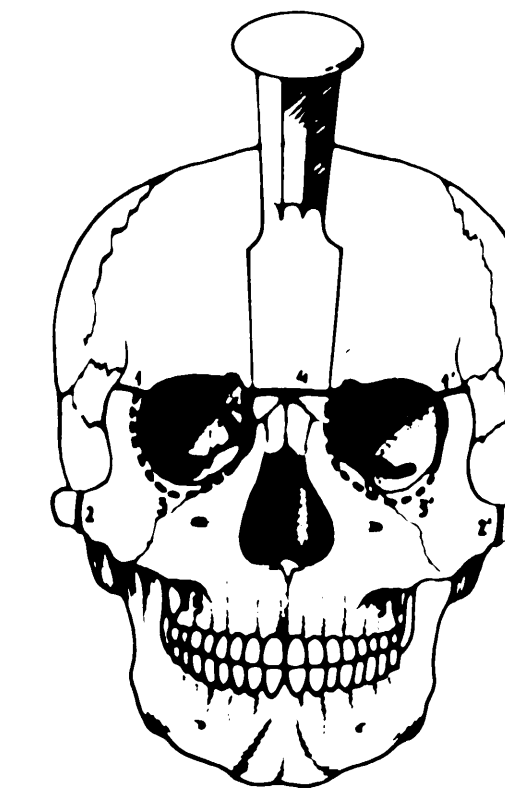
XXVII
 Cutaneous incisions.



XXVIII
 Incision in the palatine fibromucosa which will be unstuck.



XXIX, XXX and XXXI
 Osteotomies 1, 2, 3, 4, 5 and 1', 2', 3', 4', 5'. The disjunction of the ethmoidal and septal structures is obtained with the chisel.

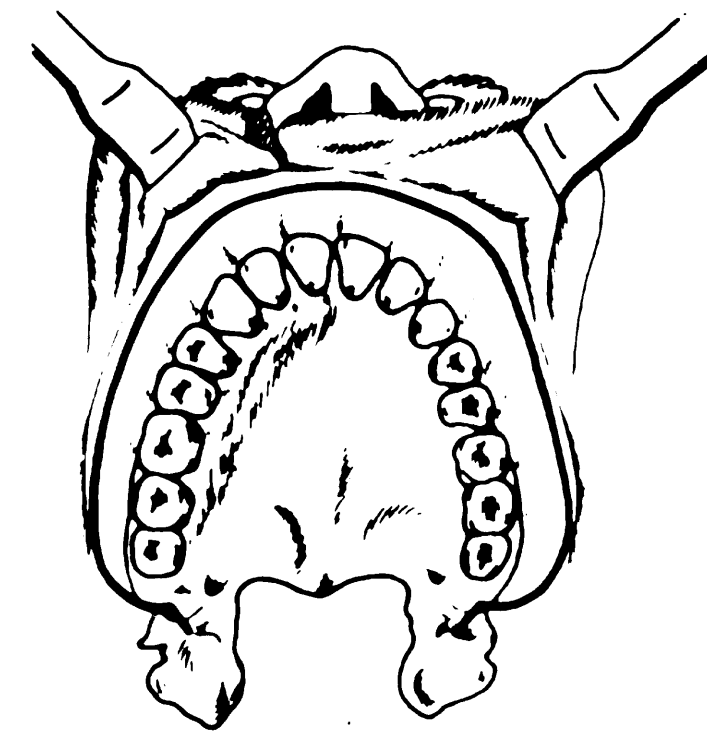


XXXII
 Final aspect. The contents of both maxillas and the nasal and ethmoidal structures are contained in the lateral flaps, specifically in the figure, on the right-hand side.

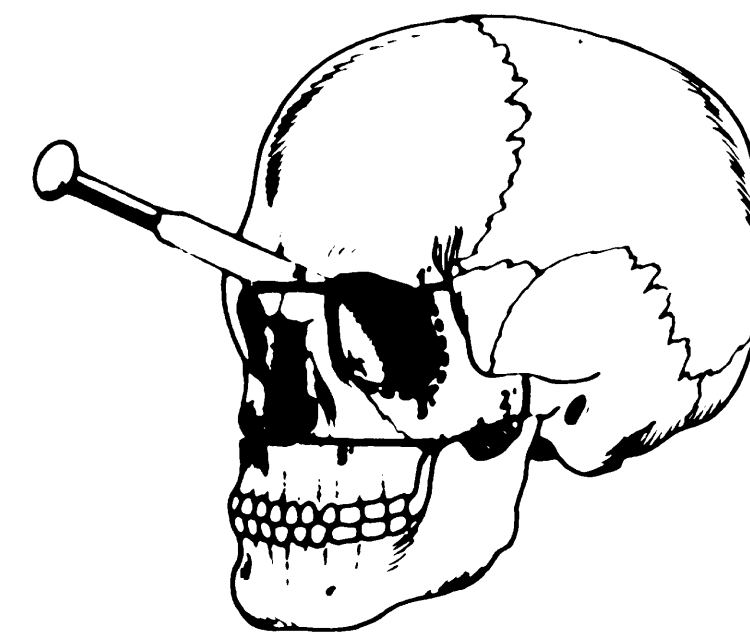
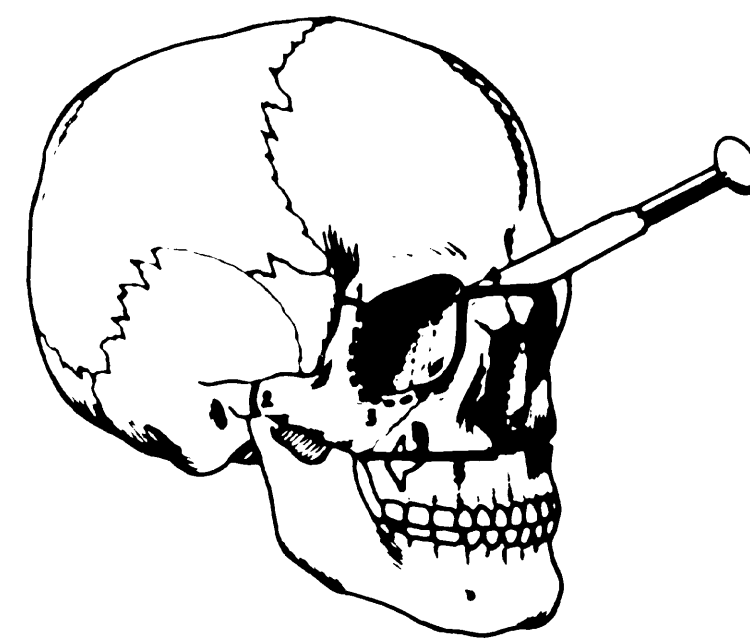
Minor bilateral technique which includes one pedicle nasoethmoidal and septal structures



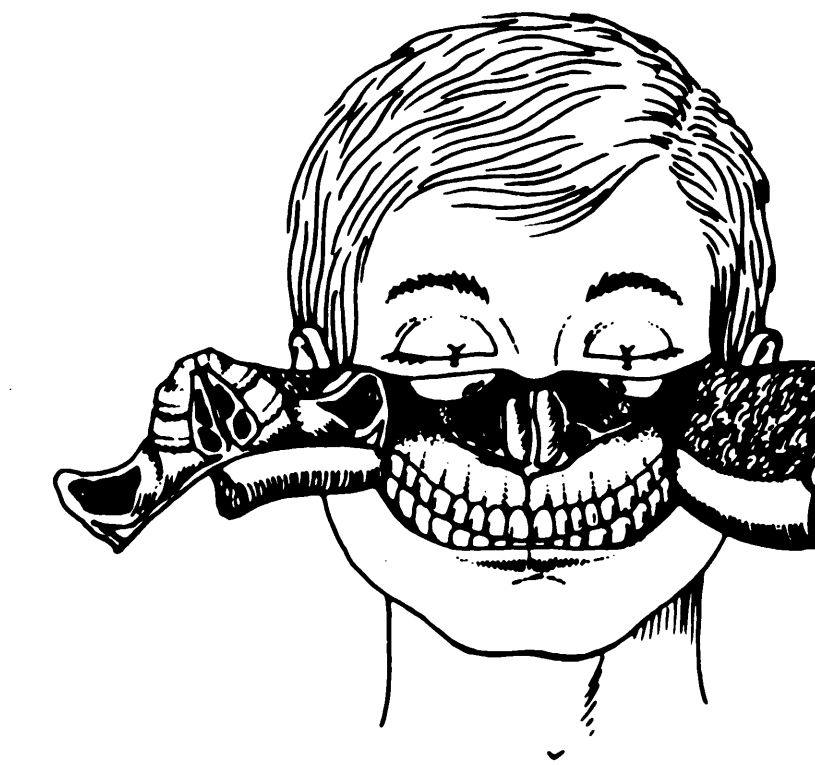
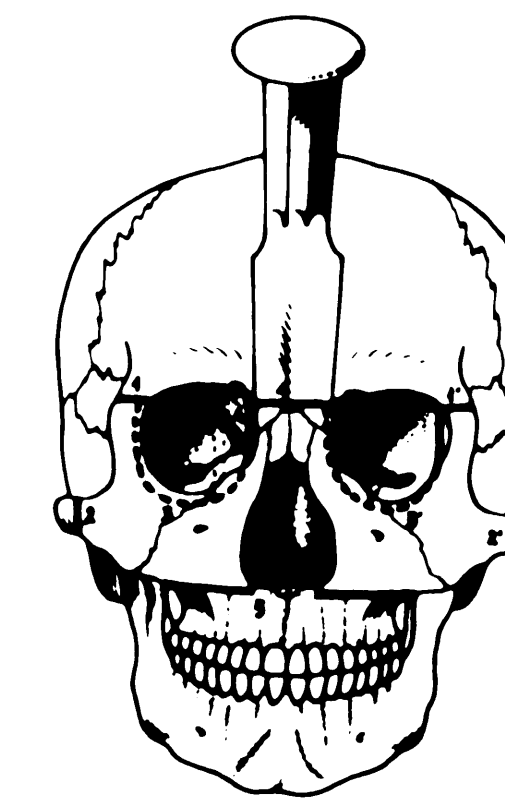
XXXIII
 Cutaneous incisions.



XXXIV
 Incision at the bottom of the vestibular and tuberositary mucosa.

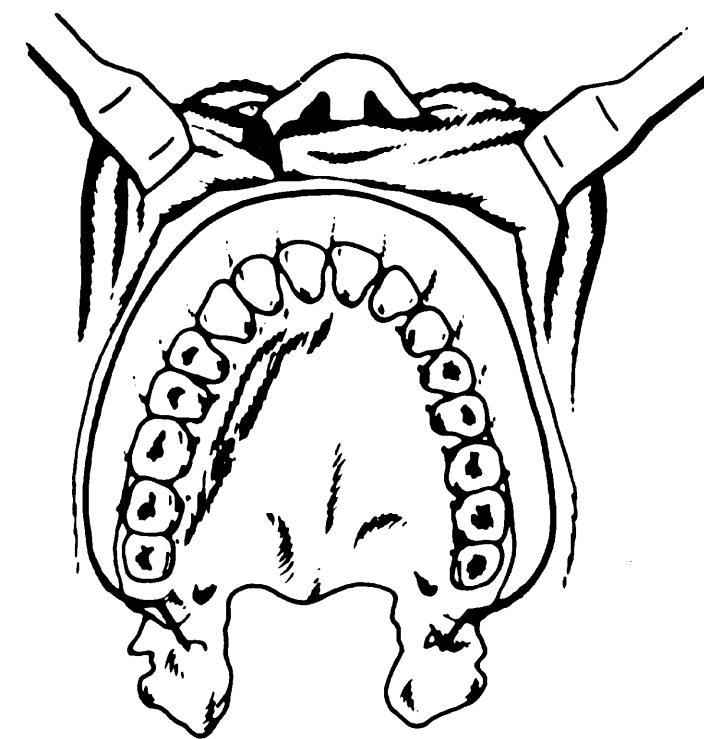


XXXV, XXXVI and XXXVII
 Osteotomies 1, 2, 3, 4, 5, 6 and 1', 2', 3', 4', 5', 6'. The chisel achieves the disjunction at base of cranium level (4) and in the caudal region with another ad hoc, the caudal section of the nasal septum (6).

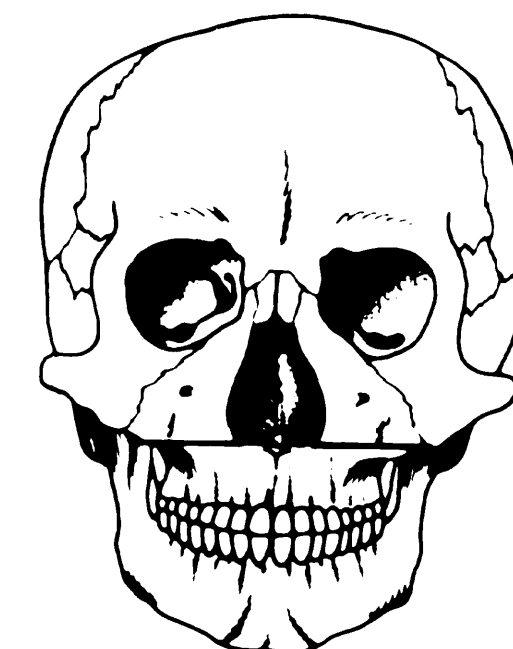


XXXVIII
 Final aspect, the pterygopalatine region remains fixed to the pterygoid structures (if necessary it can be luxated, with which the surgical field is widened), the advantage being that the palatine fibromucosa does not have to be unstuck, with which the surgical traumatism noticeably decreases.

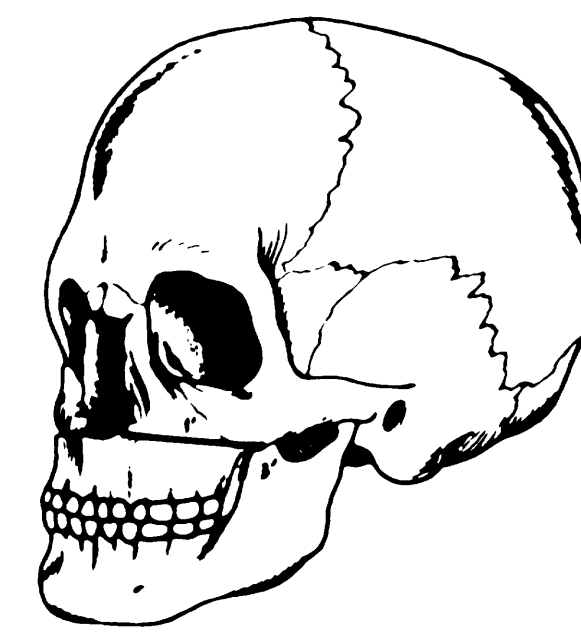
Intraoral technique with supraapical, pterygomaxillary and septal osteotomies



XXXIX
 Line of incision at the base of the vestibule and tuberositary regions.



XL
 Osteotomies 1, 2 and 1'.

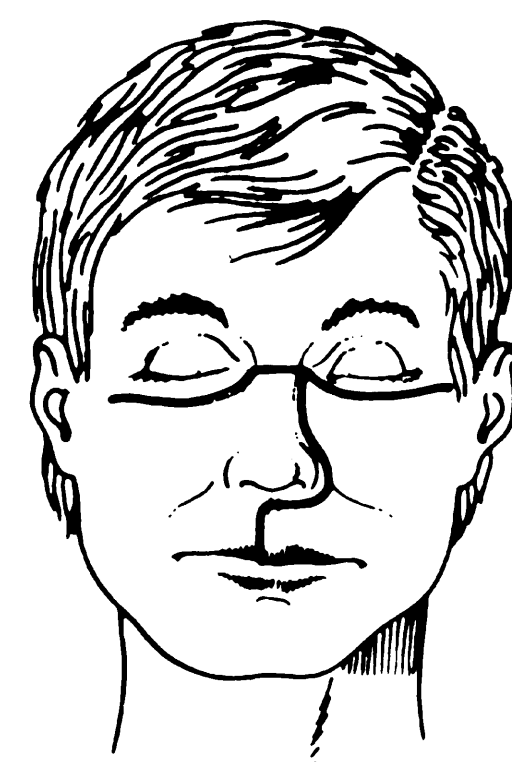


IXL and VIII
 Osteotomies 1, 2, 3 and 1', 3'.

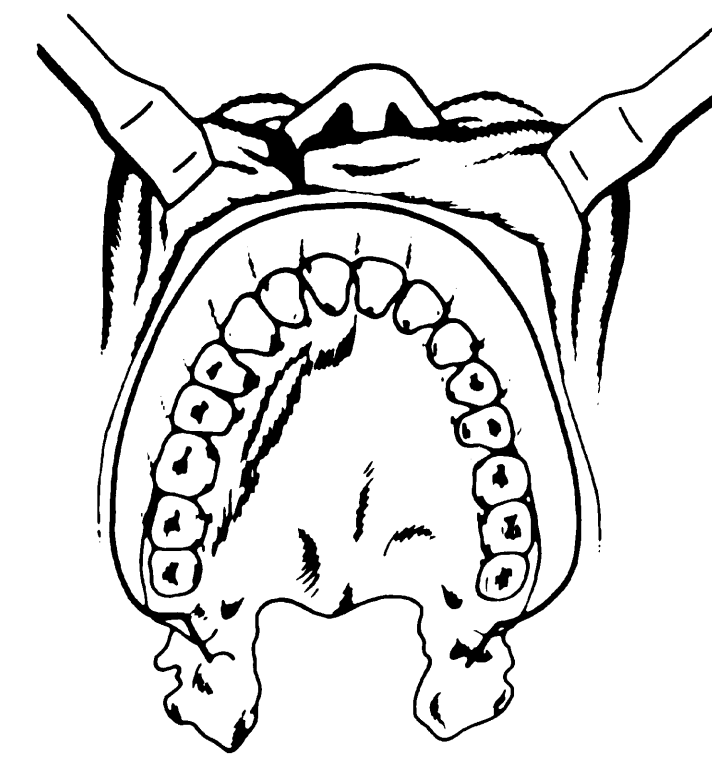


VIII
 Intraoral view of the nasal floor and sinumaxillas, access to the cavum, etc.

Pyramidal technique with the osteotomized block pedicle to the palate



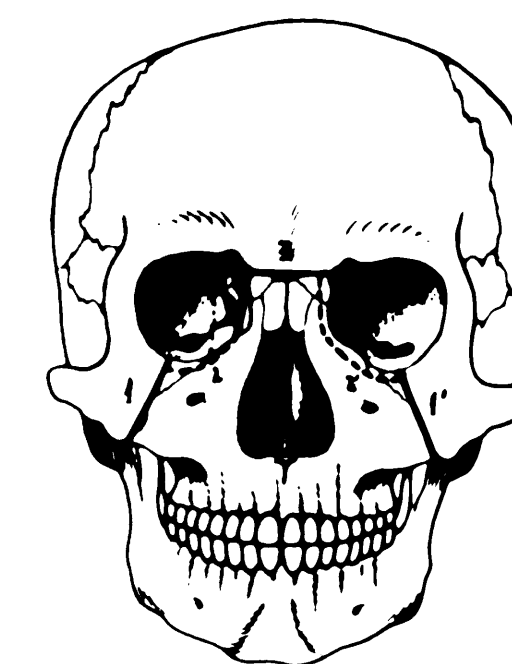
VII
 Incisions at level of the soft parts of the face.



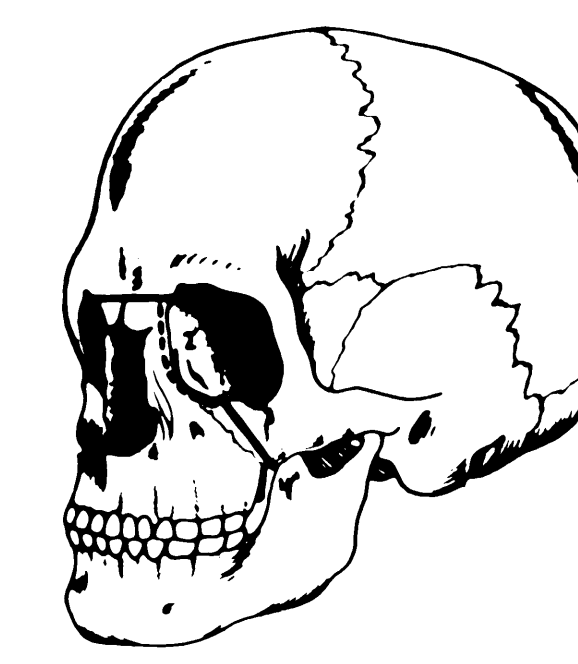
VI
 Incision line at base of the vestibule and tuberositary region.



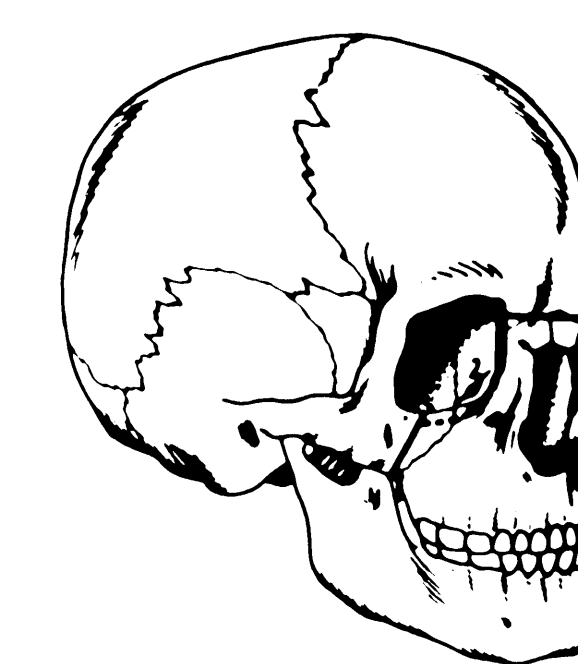
IVL
 Path of the osteotomies.



III
 Osteotomies 1, 2, 3 and 1', 2'. Osteotomies 2, 2', 3, 3' will change their path (fine dots), if we wish to achieve the result shown in Fig. 50.



III and II
 Osteotomies 1, 2, 3, 4 and 1', 2', 3', 4'.



L
 The block dropped, the ethmoidal, esphenoidal region, cavum and pterygomaxilla area is seen.