New method for intraoperative occlusal restauration in mandibular angle fractures treatment using two modified reduction forceps

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Abstract
The treatment of mandibular angle fractures presents several possibilities for fixation methods and surgical approaches which can be intraoral or can be accessed through the skin. An important point would be intraoperative occlusal restauration. We present a method that replaces the traditional form using an erich bar and which, in our view, is a fast and effective method for intraoperative occlusal restauration.

Descriptors: Inter Maxillary Fixation (IMF); Occlusion; Arch Bar Fixation.

INTRODUCTION
Intraoperative occlusal restauration is an important step in the surgical treatment of fractures of the gnathic bones. Traditionally this occlusal restauration is done with the use of Erich Bars, but recently other methods have emerged that are faster and safer for the surgeon12. Mandibular angle fractures are frequent and when open surgery for their reduction and fixation is indicated, they can be accessed intra or extra orally.

TECHNIQUE
Occlusion is maintained by manual pressure. We use two modified forceps3 that are positioned in the interproximal space of upper and lower bicuspid bilaterally (Figure 1). Once the occlusal restauration is achieved, the fracture is accessed and the entire treatment is completed in a conventional manner. We recommend use of bicusps or molars, as they usually have good periodontal implantation and it is possible to check the key occlusion in the canines and molars.

DISCUSSION
This technique, we indicate when a mandibular angle fracture is the surgical objective. The start is made with manual reduction until the forceps are adjusted. We always recommend detect a neutral condylar position in the articular fossa. If for any reason mainly lack of teeth for occlusal checking, we recommend the traditional technique using erich bar. In cases with fractures in the body and other dentate areas, we ever use the Erich bar because in our understanding that the main advantage is it neutralizes the tension zone. A clinical trial is now recommended to check the effectiveness of this technique.

REFERENCES
CONFLICTS OF INTEREST
The authors declare no conflicts of interests.

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