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Research Article

USE OF BUCCAL FAT PAD FLAP FOR ORO ANTRAL FISTULA; AN EXPERIENCE ON FIFTEEN PATIENTS

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ABSTRACT

Oro antral communication or fistula most commonly occurs due to extraction of upper maxillary molars including upper second premolars. There are various flaps for closure like buccal advancement flap, palatal pedical flap, and buccal fat pad flap etc. buccal fat pad is the excellent flap due to its excellent vascularisation and no loss of vestibular depth. We have so far operated 15 patients for oro antral fistula using this buccal fat pad flap with no failure.

Patients and methods: A prospective study on fifteen randomly selected with age from 16 to 70 with fresh or old oro antral communication were closed with pedicle buccal fat pad flap. And every communication was closed using single flap without advancing the buccal flap thereby no loss of vestibular depth.

Conclusions: buccal fat pad flap is a versatile flap for closure of oroantral communication with high success and with no loss of vestibular depth.¹

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INTRODUCTION

Oro antral communication is a common complication in dento alveolar surgery and if left untreated results in number of severe complications like chronic sinusitis, multiple polyps with sometimes pus in the sinus and resultant necrosis of bone².

Sometimes malignancy of maxillary sinus, removal of large cyst or resection of large tumor involving maxilla, osteomyelitis of maxilla may lead to oro antral communication³. Material and methods: fifteen patients were operated for oro antral communication in the department of oral and maxillofacial surgery government dental college jammu. The patients were aged between fifteen years to seventy years. The cause of communication was extraction and one patient which were fifteen years it was due to disimpaction of premolar. Among fifteen patients two patients were already operated with buccal advancement flap and was having recurrence. All patients were medically without co morbidity except one which was having Parkinsonism. The procedure was done under local anesthesia. A vertical releasing incision was given mesial to the communication and after reflecting full thickness flap a vertical incision was given above second molar and buccinators was bluntly divided. Then after doing blunt dissection buccal fat pad was harvested passively without damaging the capsule. Then the flap was advanced to palatal side and sutured with 4-0 vicryl. The flap was left uncovered

without advancing the mucosa. The releasing incision which was placed anterior to second molar was sutured such that it rests only there where it was previously thereby maintaining the vestibular depth. Patients were put on augmentin 625 with nasal decongestant and some pain killer. Among fifteen patients, two patients where having chronic fistula. In these two patients sinus lavage was done by doing caldwal luc using metrenadazole for one week.



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The size of buccal fat pad is fairly constant among individuals, regardless of the body weight and fat distribution⁶.



RESULTS

Of the fifteen patients all healed uneventfully without recurrence. Pre operatively communication was diagnosed with positive valsalva and nasal regurgitation of fluids.

DISCUSSION

Nature has provided us the best reserves as if he was aware of the operative complications. One among them is the buccal fat pad. He has put the buccal fat pad with respect to the maxillary molars and maxillary sinus as if he was aware of the complication of maxillary molar removal. This is the most versatile flap as compared to other local flaps in terms of healing and with less donor site post operative morbidity⁴. The use of buccal pad fat in closure of oro antral communication was first documented by egyptie in 1977 and has been used successfully in numerous cases since. The BFP is a biconvex disc of vascularised fat lying behind the zygomatic arch. There are four processes, the buccal process, the pteregoid process, the superficial process and deep temporal process. These extend from the main body to the surrounding tissue spaces such as pteregomandibular space and the infratemporal space⁵. The arterial supply to the BFP depends on small branches of maxillary, and superficial branches of deep temporal arteries.

CONCLUSION

Buccal fat pad should be the primary consideration while treating oro antral communication. It has got excellent potential for epithelization. And there is no vestibular depth loss.

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