

Resorbable Plates of Poly (DL-Lactide) for Internal Fixation of Maxillofacial Fracture: An Experimental Study in Dogs

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Abstract

8 dogs were treated with resorbable PDLLA plates for internal fixation of zygomatic arch fractures and mandibular fractures. Histology, tetracycline bone labelling in vivo, X-ray photograph were taken, and compared the bone healing with the mini metal plates. The results showed that: 1. The PDLLA plates had the same effect of internal fixation of mini metal plates. 2. There was no tissue reaction to PDLLA plates. 3. PDLLA plates had degraded into irregular granule after 7 months. It is unknown how long it had disappeared.

Key words: Poly DL-lactide plate internal fixation of fracture

TN 托槽部分唇弓治疗牙脱位

钟自强

上颌切牙位于牙弓前部,若遭受较重的暴力撞击,会引起牙脱位,其治疗以尽力保存牙齿为原则。笔者自 1993 年来对 6 例牙脱位(其中 1 例为全脱位,余均为部分脱位),用 TN 托槽部分唇弓固定,效果良好,现介绍如下。

1 固定方法

1.1 复位 应尽早使脱位牙恢复到正常位置,对完全脱位的年轻恒牙可进行再植。

1.2 粘合托槽 隔湿、酸蚀,用釉质粘合剂将 TN 托槽粘合在牙面上,固位牙数目应大于脱位牙数目。如 1|1 脱位,应在 3|3 上粘合托槽,并注意槽沟应位于同一水平(附图)。



附图 TN 托槽部分唇弓固定法

1.3 弯制部分唇弓 用 0.5 mm 不锈钢丝弯制与牙弓弧度一致的部分唇弓,弓丝两端在靠 3|3 托槽远中弯成小圈,以免弓丝滑动。

1.4 结扎固定 用 0.25 mm 结扎丝将部分唇弓与托槽结扎。先结扎固位牙,后结扎脱位牙,再连续结扎。

1.5 调殆 仔细调殆以消除脱位牙早接触。

一般固定 4 周左右,即可拆除唇弓托槽,脱位牙在复位固定后要定期复查,若发现牙髓已坏死,应及时作根管治疗。

2 讨论

TN 托槽为双圆管,所以结扎丝穿过圆管后结扎稳固,又因为托槽很薄,故异物感小。釉质粘合剂粘接力强,固化时间短,3~5 min 即可将唇弓置入托槽结扎固定。须注意的是隔湿应严密,托槽在牙面上的位置应正确,以免托槽脱落和妨碍唇弓置入槽沟。

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