



**“COMPARISION OF USE OF BUCCAL FAT PAD AND NASOLABIAL FLAP
FOR RECONSTRUCTION OF INTRAORAL DEFECTS IN PATIENT WITH
ORAL SUBMUCOUS FIBROSIS”—A COMPARATIVE STUDY**

by

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ABSTRACT

Aim and Objectives:

The aim of this study was to compare the buccal fat pad and nasolabial flap for reconstruction of intraoral defects after release of fibrous bands in patients with oral submucous fibrosis.

Materials and methods:

The proposed study was a comparative study conducted on patients with Oral submucous fibrosis reporting to SDM Craniofacial research centre between 2014 to 2017 who had surgical treatment of oral submucous fibrosis with excision of the fibrous bands and reconstruction with either Nasolabial flap or buccal fat pad.

30 patients of oral submucous fibrosis were involved in the study. Patients were divided into two groups Group I: BFP (no. of patients-15) and Group II: NLF (no. of patients-15). The study consisted of patients of oral submucous fibrosis who underwent fibrotomy and reconstruction for the same.

This study compared the use of buccal fat pad and nasolabial flap for reconstruction of intraoral defects after release of fibrous band in patients with oral submucous fibrosis between group I and group II with following variable:-

1. Preoperative mouth opening in both the groups were recorded in millimetres.
2. Both the groups of patients were subjected for bilateral fibrotomy, coronoidectomy, removal of wisdom teeth, and reconstruction of fibrotomy defect under general anaesthesia with nasal intubation.

3. Post operatively mouth opening was assessed by measuring inter incisal distance after 1, 3, & 6 months.
4. The pre and postoperative oral commissural width were measured in millimetres.
5. The complication encountered during and after the surgery was analyzed.
6. Extraoral scar assessment using Stony Brooke scar assessment scale.

Keywords: Oral surgery

Statistical analysis data was analyzed by using student's t test.

Result:

We found that preoperative and postoperative (6months follow-up) interincisal mouth opening was 12mm and 26.77mm respectively in Group I while in Group II (NLF) the values were 10.60 mm and 37.67 mm respectively showing significant increase in Group II . We found that preoperative and postoperative commissural width in Group I were 52.13mm and 57.60mm respectively while in Group II were 50.67mm and 59.87mm respectively. Extraoral scar (Using Stony Brooke scar assessment scale) was absent in all Group I patients and present in all the patients of Group II, but all the patients accepted the scar without any significant complaint.

Conclusion:

To conclude the findings of the present study which suggested that Nasolabial flap was superior in comparison to the use of buccal fat pad. Although the drawbacks of NLF i.e. extraoral scar and increase in the commissure width and hair growth in male patients were evident which can be minimized and proper counselling will make the patients accept the same. The primary focus of the surgical management remains achieving good mouth opening and relieving of symptoms for a longer duration,

which was achieved with use of NLF. The limitations of the study were lesser number of patients on both the groups and shorter duration of follow up. Hence to conclude we proposed longer follow up study with the use of NLF for the reconstruction of fibrotomy defect in OSMF.

Keywords: Oral submucous fibrosis, Nasolabial Flap, Buccal Fat Pad, Mouth opening.