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**Leicester experience in the management of patients with obstructive sleep apnoea with maxillomandibular advancement**

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**Aim:** The purpose of this study was to investigate the improvement of the apnoea-hypopnoea index (AHI) in patients who have undergone maxillomandibular advancement (MMA) with genioplasty for obstructive sleep apnoea (OSA). To our knowledge, no single centre in the UK has reported on a series as large as this.

**Patient and methods:** All patients had formal overnight laboratory sleep assessment prior to referral for surgery and also postoperatively. Patients were deemed to be suitable for surgery if they did not benefit from or could not tolerate non-surgical means of managing OSA. Data of all patients were recorded and stored in a standard format.

**Results:** Forty patients with complete data were included in the study. The mean age of the patients was 41.9 yrs old and mean BMI of 27.2. 39 of 40 (97.5%) patients demonstrated a 50% or greater reduction of their pre-operative AHI, which fell to <20 in these patients. The mean pre-operative AHI of 36.5 decreased to 7.9 post-operatively. The minimum oxygen saturation (Lsat) correspondingly increased from 75.4 to 85.8.

**Conclusion:** The data from our series of patients supports that jaw advancement surgery with genioplasty is effective in treating OSA as evidenced by the significant reduction of the AHI and improvement of the minimum oxygen saturation post-operatively.

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**The importance of lymphovascular invasion in the survival of patient's with oral carcinoma**

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**Introduction:** The presence of lymphovascular invasion in oral carcinoma surgical specimens has a significant impact on survival outcome in oral carcinoma patients.

**Method:** The histopathological reports, demographic details and outcome of 72 consecutive patients treated primarily with tumour resection and neck dissection between 1999 and 2003 were analysed. The data was subjected to statistical analysis to discover the histopathological features of the primary tumour predictive of development of cervical metastases and survival. Analysis of candidate variables was undertaken using the Kaplan - Meier product limit method.

Finally univariate and multivariate analysis was undertaken and a final survival model produced using Cox regression analysis.

**Results:** Univariate analysis showed seven factors to be significant for survival at the 5% level. tumour stage, nodal status, number of cervical metastases, tumour size >4 cm, presence of residual disease, extracapsular spread and adjuvant radiotherapy. Two variables were significant in the multivariate analysis when added to the candidate variable (nodal status). The final Cox survival model consisted of N2 nodal status (relative risk 3.74,  $P=0.005$ ) and lymphovascular invasion (relative risk 2.99,  $P=0.015$ ). The results are presented as a Cox regression survival curve.

**Conclusion:** The survival analysis places greater importance on lymphovascular invasion in the presence of cervical metastases in the prediction of survival than found in previous studies.

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## 5

**Condition-specific quality of life in patients with dentofacial deformities: a comparison of generic and disease-specific measures**

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**Objectives:** To determine the impact of dentofacial deformities and related treatment on quality of life (QOL) of Jordanian patients, and to make a comparison between the generic and specific measures used.

**Study design:** A case-control study was performed involving 143 subjects: 36 before surgery, 35 after orthognathic treatment, 35 who declined surgery (Dec-surg), and 37 control subjects. Their QOL was assessed using the 36-item Short-Form Health Survey (SF-36) and Orthognathic Quality of Life Questionnaire (OQLQ).

**Results:** There were significant differences in OQLQ scores among the 4 groups ( $P<.001$ ). When comparing the presurgery group to other groups: significant differences were found with postsurgery, Dec-surg, and control subjects ( $P<.001$ ). The Dec-surg group showed no significant differences with postsurgery and control groups.

**Conclusions:** Orthognathic surgery has a positive impact on patients' QOL. The condition-specific OQLQ showed better discriminator ability than the generic SF-36, although both measures provide an effective combination to evaluate QOL in patients with dentofacial deformities. More emphasis is required to understand emotional and psychosocial status of patients in addition to their esthetic and functional needs.

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