Preface

Maxillofacial Reconstruction

Many oral and maxillofacial surgeons have been inspired to enter the field because of the reconstructive aspects of this specialty. This aspect of oral and maxillofacial surgery (OMS) has continued to grow through the use of new and innovative techniques, such as navigation, virtual surgery, and microvascular techniques. There are new and better biomaterials that continue to allow us to push the envelope of the reconstructive field. This allows us to offer our patients improved results.

There are many different types of insults to the human body that can result in facial defects. These insults include trauma from motor vehicle accidents, high-velocity weapons, and blunt objects. Surgical resection of diseased tissue due to neoplasms, infection, and necrosis is commonplace in the field of medicine and dentistry. Many of these defects involve both the hard and the soft tissue and are challenging to reconstruct. They require not only surgical skill but also knowledge of the normal and abnormal anatomy, knowledge of various surgical techniques, and available technologies that can help improve outcomes.

This issue of the Oral and Maxillofacial Surgery Clinics of North America focuses on reconstructive techniques for the maxillofacial region. Although there are some articles that are more heavily weighted toward acute trauma, the area that we have attempted to address is the delayed management of acquired facial defects and deformities. Each article addresses an anatomic subunit of the facial region and discusses techniques that can be used to reconstruct these areas. Both soft and, when appropriate, hard tissue problems are discussed. The last article addresses the use of navigation because it continues to grow in its application in resection and reconstruction.

I would like to dedicate this issue to my many mentors that have inspired me and previous and future generations in the area of maxillofacial reconstruction. As a resident I was inspired by my dedicated faculty, Dr Victor Matukas, Dr Charles A. McCallum, Dr Peter D. Waite, Dr Thomas Jones, Dr John Ballard, and my chief residents, Dr Gary Hudson, Dr Phillip Mitchell, and Dr “Joe” Mack. They nurtured and inspired me to become an OMS faculty member. As a young faculty member, I was mentored and inspired by many in the field of OMS, too numerous to mention, each of whom I consider a giant in their own way. Now, many of my own residents, some of whom are featured in this issue, inspire me to learn more with their dedication to teaching the next generation and pushing the envelope in the field of OMS. I hope this issue will impart some knowledge to the reader and help inspire you in your chosen career path and to improve patient care and inspire the next generation.

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