We were warmly received by Professor Gaggl who organised surgical cases on the 30th April followed by a scientific meeting on the 1st May 2015. Professor Gaggl had a department with three operating theatres and 24 beds available to him. He demonstrated the use of a free femoral head bone flap for maxillary reconstruction.

The scientific day was entertained to the following presentations

**L Oldham – Facial Injuries of Richard III.**

Laurie Oldham had undertaken extensive research into Richard III who was sometimes called the ‘Maligned King’ because he had such a dreadful reputation. He was the younger brother of Kind Edward IV who had died at the age of 42. Richard III was killed at Bosworth Field in a battle with Henry Tudor and the French and was buried by monks. The grave of Richard III was found with psychic help with approximately 1% chance of success. Richard III was found to have scoliosis and had died from a fatal halband blow.

**A Sadler – How to publish for little or next to nothing.**

Andrew Sadler gave an excellent presentation about the options for publishing with independent publishers. He said that printing has made independent publishing a reality as you can print from PDF files and therefore it is possible to print just one book at a time. Specialist books have small audience and by publishing one book at a time it is possible to change sections as developments occur. He discussed various formats for publishing such as LuLu, Createspace and IngramSpark.

**M Gilhooly – Surgical approaches to the retro maxillary space.**

Mick Gilhooly explained the historical surgical approaches such as Le Fort I down fracture for juvenile angiofibromas but most cases such as this would now be treated using endoscopic approaches and embolization. He went on to discuss alternmir maxillary swing which he described in 1986 for deep lobe parotid tumours. Attia 1984 described a mandibular swing anterior to the mental foramen. Mick described the double mandibular osteotomy although he personally prefers the vertical subsigmoid approach.

The University of Salzburg then presented a number of papers about concept in traumatology.

**J Hachleitner.** He described the functional dynamic bridging space in atrophic mandibles. They use an extra oral approach with intraoperative IMF. They use lag screw for primary fixation and then a TFDBP for stabilisation. He presented a study of 25 patients from 1995 with long term stability of 100%.

**Professor C Krenkel** described lag screw osteosynthesis and his 30 years’ experience. If you use a lag screw without washers there is a risk of splitting the adjacent bone so he
explained the concept of the biconcave washer. He reported that it was possible to change the direction of lag screws by about 20%. He demonstrated the use of transverse lag screws in anterior maxillary fractures.

**Dr Hachleitner** reported a study of 315 patients over ten years who had undergone fractured mandible fixation with lag screws and or mini plates. He then went on to report the stability of using lag anchor screws in mandibulotomy fixation in cancer surgery. They studied 39 patients with T2/T4 tumours. The majority of patients received three lag screws to obtain stability. He reported there were no complications in a series of 27. He reported that anchor screws seemed to show a biomechanical advantage compared to mini plates from a study on cadavers.

**D Singh** gave a presentation on sinus endothesis for blow out fractures. He presented a technique of using a prosthesis to stabilise the orbital floor from below. Silicone cast had been taken from cadavers to produce three different sizes for use with patients. A window is cut in the lateral sinus wall and a small hole made from the medial wall into the nose. Fluid is placed into the device at low pressure to avoid damage to the sinus lining and the prosthesis is removed through the nose after 4-5 weeks.

**Professor Gaggl** presented a talk on special concepts and reconstructive surgery. He presented a series of options for reconstruction of the mandible and maxilla. He will use dynamic plates if only soft tissue reconstruction is necessary but favours the DCIA when bone reconstruction is needed. He emphasised the importance of cosmetic reconstruction. He will often use the fibula free flap for subtotal resections and or atrophic jaws. For reconstruction of the chin he presented the scapular and latissimus dorsi flap with chimeric reconstruction possibly using DCIA and ALT. For the ascending ramus and TM joint the transfer of the second phalangeal bone from the foot has been used.

In the maxilla in complete maxillectomy he would favour using scapular tip but another option is a combination of DCIA with the medial femoral condyle flap.

He went on to discuss nasal reconstruction with forehead flaps and prosthesis. He discussed a small free flap from the pre auricular area for alar defects. For calvarial defects the medial femoral condyle flap can be used.

**P Schacher** he explained the management of cleft lip and palate in Austria. There were approximately 120-130 new borns per year in Austria with CLP. There are four centres who manage these patients including Salzburg. Patients also come into Salzburg from Bavaria in Germany and the South Tyrol. He explained that the surgical management had changed in the early 2000’s. They now do pre surgical orthodontics. The lip was repaired at 4-6 months and the soft and hard palate repaired at 9-12 months. Previously the soft palate was repaired at 18 months and the hard palate at 3-5 years. They undertake bone grafting at age 9-10 and followed by orthodontics. He explained that pregnancy diagnosis was more common now and therefore the mother and family were supported by psychologist and the cleft nurse. They use the passive plate designed by Hotz to close the gap and in the lip. Repairs were
either using the Pfeifer technique or Pfeifer wave-line procedure. The wide cleft was closed with a triangular flap by Randall (Tennison).

S Enzinger he presented work, using endodistraction. He demonstrated the device designed by Professor Krenkel used for lengthening he alveolus. He also discussed the medial femoral condyle flap for reconstruction of the maxilla before implants and the use of immediate implants at the time of ablative surgery. He went on to demonstrate the use of capping as a new alternative to apical root resection. Demonstrated several cases where the root face is prepared with an ultrasonic tip and the titan cap is placed using ionomer cement.