

International Conference on

Plastic & Aesthetic Surgery

August 08-10, 2016 Toronto, Canada

Agreement between orthodontist and patient perception using index of orthodontic treatment need

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The arteriovenous malformations of the scalp consist of abnormally connecting arterial feeding vessels and draining Esthetics governs an important part of our lives today. It is a highly subjective phenomenon which can be effectively assessed using the Index of Orthodontic Treatment Need (IOTN). A difference in the esthetic perception between the orthodontist and patient is a cause of concern. Similar perceptions allows all to achieve better understanding and towards improved treatment results and better practice. The IOTN index consists of two components. Its subjective component, IOTN-AC, was used for assessment of the agreement between orthodontist and patient perception at pre-orthodontic treatment levels. Its objective component, IOTN-DHC, was correlated with IOTN-AC. This was done to ascertain the accuracy of the perception of the two groups. We conducted a cross-sectional analytical study on patients presenting for initiation of orthodontic treatment. All patients have shown their pretreatment monochrome intraoral frontal photographs. They were assessed by the clinician and patient simultaneously. The clinician also conducted the IOTN-DHC. A correlation and a fair agreement were obtained between orthodontist's and patient's perception with more objectivity in orthodontist's perception. An orthodontist is always better able to compute the presenting condition than the patient due to clinical knowledge. This may become a cause of concern where an orthodontist finds a certain condition to be severe and the patient may not agree to it and may limit their treatment needs.

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Treatment of facial laceration scars with non-ablative fractional laser in early postoperative period

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Purpose: Facial laceration is one of the most common trauma cases in the outpatient department of plastic surgery. For decades, a variety of scar management and prevention methods have been introduced. Recently, early postoperative fractional laser treatment has been attempted in many institutes, but the most effective energy parameter and laser type has not been established yet. This study was performed to determine effective parameters in treatment of laceration scar with a non-ablative fractional laser.

Methods: From September 2012 to September 2015, a total of 154 patients were enrolled in the study according to the following criteria. Uneven lacerations in aspects of direction and depth were excluded, and also only clear-cut facial lacerations with size of 4 to 10 cm were included in the study. To compare final results of low and high fluence parameters in 1,550-nm fractional Erbium-glass fractional laser treatment, we virtually divided the scar of individual patient in half each treated with fluence setting of 10 mJ/spot and 200 spots/cm², and 50 mJ/spot and 40 spots/cm², respectively. A total of four treatment sessions were performed taking records of clinical photographs.

Results: Results were assessed with VSS (Vancouver Scar Scale) scores and global assessment score of two portions of the individual scar. VSS scores were significantly more decreased in high pulse energy group and global assessment scores were also significantly lower, which indicates more favorable cosmetic results.

Discussion & Conclusion: In this study, we concluded that high fluence parameter could be more effective in early postoperative scar prevention with non-ablative fractional laser. In terms of facial laceration scar treatment, a future study with Botox utilization for prevention of tension around the scar during the laser sessions could be considered for a better result.

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