



## Associated relaps factors in Le Fort I osteotomy. A retrospective study of 54 cases

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Résumé en anglais	<p><b>PURPOSE:</b> The Le Fort I osteotomy (LFI) procedure is commonly used to restore morpho-functional balance. The goal of maxillofacial surgeons with this procedure is to achieve occlusal stability. To identify factors associated with relapse after maxillary advancement in cleft lip and palate patients, the one-year post-operative stability of Le Fort I osteotomy was evaluated.</p> <p><b>METHODS:</b> Horizontal and vertical relapse were analysed on lateral cephalograms by retrospectively using tracing paper in an orthonormal landmark in 54 patients undergoing unilateral cleft lip and palate surgery who were monitored at Nantes University Hospital. The lateral cephalograms were performed pre-operatively, immediately post-operatively, and after one year. Several variables were studied such as population data, intra-operative and post-operative surgical treatment, and surgical movement.</p> <p><b>RESULTS:</b> At point A, the subspinale point, the mean advancement during surgery was 4.2 mm, with a relapse of 0.8 mm (20.1%). The mean downward movement was 2.0 mm in 26 patients who had a clockwise rotation of the maxilla, with a relapse of 0.6 mm (28.4%). The mean upward movement was 2.3 mm in 27 patients who had a counterclockwise rotation, with a deterioration of 0.2 mm (7%). A 7-millimetre surgical advancement corresponded to the threshold value beyond which relapse appeared to be significantly greater but still less than two millimetres in 75% of cases.</p> <p><b>CONCLUSION:</b> The degree of advancement appears to be the only variable correlated with the amplitude of the relapse.</p>
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