

ANNUAL PUBLICATIONS

Department of Maxillofacial Reconstruction and Function Maxillofacial Surgery

1993.1.-2000.3.

I. Staffs and Students (April, 1999)

Professor	Teruo Amagasa	
Associate Professor	Hidemi Yosimasu	
Lecturer	Shigeaki Shioiri	Hiroshi Iwaki
	Koji Kino	
Assistant Professor	Kikuo Akashi	Junichi Ishii
	Akihide Negishi	Junji Kobayashi
	Masashi Yamashiro	Syunpei Yamada
	Satoshi Yamaguchi	
Clinical Staff	Tomoaki Shibuya	Hirokazu Nagasawa
	Kazuhiro Yagihara	Tetsuo Suzuki
	Masatsugu Isobe	Narikazu Uzawa
	Miki Sato	Tadashi Wadamori
	Yutaka Sato	Takao Watanabe
	Ichiro Ogura	Shin Iijima
Residents	Junko Suganuma	Takashi Takemoto
	Michiko Tochtani	Go Arai
	Yuichi Kita	Naoko Matsumoto
	Toru Iijima	Maori Kawahara
	Kaori Nakano	Madoka Hiruta
	Marie Matsumoto	
Graduate Student	Hiroyuki Yoshitake	Kazuto Kurohara
	Hidehiko Noji	Yasuyuki Michi
	Takeshi Miyakura	Yoshiyuki Mochida
	Shinichi Hashimoto	Hiroyuki Nemoto
	Takayuki Ishikawa	Atiphan Pimkahaokham
	Myint Shwe	Katsuya Aikoh
	Koichi Nakakuki	Syunya Nagaoka
	Hiroshi Matuura	Noriyuki Yamamoto
	Ryoma Nakao	Ruchanee Sulingcarnboriboon
	Kanya Kaizu	Yoshinari Takeuchi
	Yoshinori Hashimoto	Mariko Fujimoto
	Yasuhisa Hokazono	Daisuke Miyagisi
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Reserch Student	Akiko Kobayashi	Masanori Takarada
	Hidetaka Miyazaki	Ikuko Kiyosaki
	Tetsuharu Matsumaru	Shinya Kosaka
	Tomonori Fujimoto	Takashi Mishimagi
	Shigeru Aoyama	Takashi Takemoto
	Kazuyo Takahashi	Mayuka Tatsumi
	Yosuke Odakura	Mare Kagehara
	Genji Kamiya	Eiji Kudo
	Kazumichi Kuwabara	Minako Morita
	Masahiro Akiyama	Reina Sato
	Kayoko Takagi	Hidemasa Haruta
	Toshihiro Fukuda	Toru Matsumoto
	Yoko Yamada	Junichiro Yoshioka
	Shigeharu Yoshida	Yutaka Kobayashi

Takayuki Sato	Masashi Yamane
Shigeto Kaneko	Takayuki Komiyama
Eiichiro Sasaki	Yasufumi Niinaka
Takao Watanabe	Masahiro Mori
Yoshinobu Nakai	Hideki Endo
Kazuko Sato	Hiroyuki Wake
Rushi Zya	Chizuko Komuro
Mariko Nagase	Kensuke Nakano
Kodo Sasaki	Toshihisa Shibuya
Takahiro Kikuchi	Masashi Sato
Shinichiro Hirao	Masafumi Mimura
Hikaru Suzuki	Fumiaki Sato
Atsuto Sugaya	Nobuyuki Kawase
Yasushi Hirata	Syoko Kimijima
Kazuhiko Suzuki	Koji Fujinami
Naohiko Okada	Hiroshi Ishii
Hiroya Ito	Atsushi Kumakiri
Masako Kawaguchi	Riri Sato
Hitoshi Ishikawa	Maiko Sato
Manabu Takaesu	Koichi Manita
Shigeru Iijima	Chiharu Komuro
Atsuko Marumo	Yoshitsugu Terauchi
Kiyoshi Kikuchi	Toshiaki Yamanaka
Machiko Kawasaki	Takamitsu Kamiya
Yohei Kawasaki	Junko Mitamura

II. Educational Outline of Graduate Course

Postgraduate students in Maxillofacial Surgery (PSMSs) are to learn or acquire as shown below,

- 1 . Clinical characteristics of maxillofacial and oral diseases (MFODs), and also pathological and radiological findings of MFODs.
- 2 . How to diagnose, how to treat and how to evaluate prognosis of MFODs.
- 3 . Dental and medical skills.
- 4 . Ability to understand patient's thinking and anxiety.
- 5 . From above training, PSMSs find out some clinical problems of MFODs or some basic questions of structure or mechanism in biology, and start research about it.
- 6 . How to do research, how to do dissolve any problems about research, and discover what wanted.

III. Research Subjects

1) Oral malignant tumor

About 60 patients with malignant tumors of oral and maxillofacial region is referred to our department every year. We treat these patients mainly by surgery. We have been investigated the results of our treatment by statistical analysis according to some aspects. For good prognosis, early diagnosis and treatment is important. We have been investigated the characteristics of early stage cancer, particularly transformation from leukoplakia. We also have been done quantitative analysis of consistency, color and surface roughness of tumor to apply these results to diagnosis. And, image diagnosis using CT, MRI and ultrasonography is reserached to detect metastasia and region of disease. The quality of life (QOL)after operation is always discussed. From this point of view,we have been used free flaps with micro surgery for reconstruction after wide resection from 1987, and evaluate articulation and mastication to aim at better reconstruction and get better QOL of patients.

2) Temporomandibular disorder

Since 1980, we have been investigating basic findings of temporomandibular joint (TMJ) histologically and biochemically, and clinical features of temporomandibular disorders (TMD) patients. We made clear the histological structures of the inner wall of the joint cavity, fibrous covering on the mandibular condyle and the temporal components of the TMJ. We found the articular disc to insert into the lateral and medial pole of the mandibular condyle and not to the posterior aspect of the condyle where were believed to

be the attachment area of the disc until then. Biochemically, we analyzed the tissue of articular disc, synovial membrane and fibrous covering of bone, and made clear the constitutions of glycosaminoglycans in the tissues of TMJ. The results suggested the articular disc might be an analogue of muscle tendon biochemically. Clinically, we have been researched assessments of patient's characteristics, pain conditions and treatment outcomes, and reported rare conditions of TMJ diseases. Recently, we have been carried out the survey of anxiety and depression on the patients including TMD patients. The results suggested that the anxiety and depression would associate with their disability but not with pain intensity itself.

3) Cleft lip and palate

Some surgical methods of secondary bone grafting for cases of bilateral cleft lip and alveolous were devised and reported. Preoperative and postoperative assessment of periodontal tissues were performed in case of secondary bone grafting (J. Jpn. Cleft Palate Assoc. 24(2)277, 1999).

Velopharyngeal function was analyzed using cephalometric rentogenography with contrast media , the criteria for selection of speech appliances for cases of velopharyngeal incomplete was reported.

Selection of surgical technique of pharyngeal flap operation based on preoprative assessment of velopharyngeal function using using cephalometric rentogenography with contrast media and fiberscopy was shown to be useful.

4) Jaw deformities

Technical factors of the surgical procedure and facial asymmetry significantly affect the quantity and quality of temporomandibular joint symptom (Jpn J Oral Maxillofac Surg 39(3): 254-261, 1993). According to the study on the alterations of skin sensation in lower lip and chin area after orthognathic surgery, the threshold of the younger patients tended to improve smoothly than the older. The patients with a shorter set-back or advance distance had a slighter sensory distribution and recovered more smoothly than those with a longer distance (Jpn J Stomato Soc 63(1): 131-152, 1996). As for autologous blood transfusion for orthognathic surgery, considering for the acceleration of hemopoiesis stimulated by blood collection, liquid stored autologous transfusion was recommended, avoiding use of hemodilutional autologous transfusion alone (Jpn Soc Jaw Defomity 6: 233, 1996) .

We developed intraoral method for bicortical screw fixation in sagittal splitting ramus osteotomy, that was as good for stability of mandibular position as extraoral method (Jpn Soc Jaw Defomity 8(2): 139-140, 1998). Intraoral reverse L osteotomy had a lower frequency of sensory abnormality in lower lip and chin area than sagittal splitting ramus osteotomy (Jpn Soc Jaw Defomity 9(2): 89, 1999)

5) Bone

We have been reseached about bone regeneration using bone morphogentic proteins or bone marow stromal cells and evaluated their effect, for diseases with bone defects in maxillofacial region (JOMS, 57 : 695-698, 1999, JBMM, 18 : 292, 2000). In addition, we analysed the effect of bone regeneration by the distraction method timely for clinical application.

6) Gene

- Oral squamous cell carcinoma promotes angiogenesis via expression of VEGF and upregulation of their receptor KDR/flk-1 expression in endothelial cells (Oral Oncology, 36(1): 81-88, 2000).
- nm23-H2/NDP kinase B protein dose have metastasis suppressor activity for human oral SCC cells (Clinical Cancer Research 5(12): 4301-4307, 1999).
- DNA copy number changes on these specific chromosomal regions might be associated with tumor cell differentiation, tumor size, and lymph node metastasis (The 16th Annual Meeting of the Jap. Soc. Oral Tumor Association, 1998).
- One of tumor suppressor gene(s) contributing to the progression of oral squamous cell carcinoma resides on 3p25-pter (The 52ed Annual Meeting of the Jap. Stomatological Society, 1998).
- Functional study using microcell fusion indicates that the putative tumor suppressor gene(s) playing a critical role in human oral SCC carcinogenesis located on 3p21.2-p21.3 and 3p25 (Cancer Genet. Cytogenet. 107: 125-131, 1998).

IV. Publications (January, 1993-March, 2000)

A. Original Articles

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- 11) Honda E., Ohbayashi T., Sasaki T., Kino K.: Simultaneous multilayer arthroctomography of the temporomandibular joint using photostimulable phosphor computed radiography. *Dentomaxillofac Radiology* 26: 304-311, 1997.
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- 15) Ishibashi K., Shibata T., Yoshizawa N., Oka T., Sato K., Kino K., Amagasa T., Murakami K., Iizuka T., Kakudo K., Shirasu R., Ogawa N.: Clinical evaluation of NK-433 (centrally acting muscle relaxant, loperisone hydrochloride) on temporomandibular joint arthrosis. I: Phase II Clinical study. *J. Jpn. Soc. TMJ.* 7:110-127, 1995. (in Japanese)
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- ultrasonograms and pathologic findings. J Med Ultrasonics, 27(3): 219-23, 2000 (in Japanese).
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