

## Letter to the Editor

# Reply to “A modified sagittal split osteotomy: description of technique”

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Dear Editor,

We read with great interest the article from Bastidas Castillo and Ramirez Naranjo entitled “A modified sagittal split osteotomy: description of technique” [1]. The authors report a new technique of mandibular osteotomy allowing the lengthening of the mandibular ramus while ensuring a large bone contact surface between the two segments. We congratulate the authors particularly for the clarity of their iconographies. We are nevertheless surprised that your article does not refer to the article by Grimaud *et al.* entitled “Vertical ramus elongation and mandibular advancement by endobuccal approach: Presentation of a new osteotomy technique” published in 2017 and currently used in our department [2].

The treatment of PVI can be challenging both for orthodontists and for maxillofacial surgeons. Surgical treatment aims to achieve facial symmetry and normal occlusion, as well as functional and aesthetic outcomes after completion of growth. Various techniques have been described to achieve this goal. If the costo-chondral graft remains the gold standard for the replacement of the temporo-mandibular joint (TMJ), more conventional orthognathic procedures are applied in case of functional TMJ [3]. The vertical ramus osteotomy according to the Caldwell-Letterman technique offers good long-term aesthetic and architectural results [4]. Others orthognathic procedures have been described including the L-inverted osteotomy or the Epker-modified-Wolford osteotomy after complete sectioning of the pterygomasseteric sling [5,6]. Irrespective of the technique used, it must be evaluated with long-term results as long-term relapse is frequently described, thus requiring further procedures.

Another point that needs to be clarified is the osteosynthesis technique used. The endobuccal approach should be preferred as it does not cause facial scarring, but it requires the use of angled material for drilling and screwing. The transjugal approach is an alternative, especially for access to the most inferior and posterior screws.

## References

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