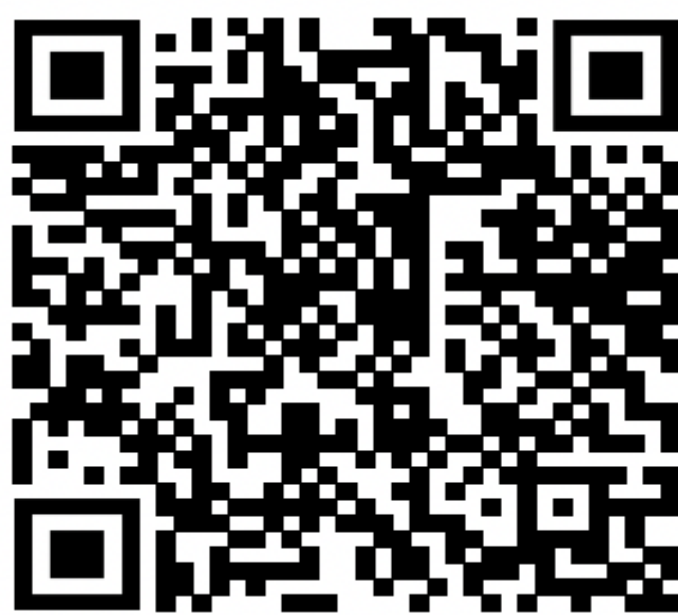
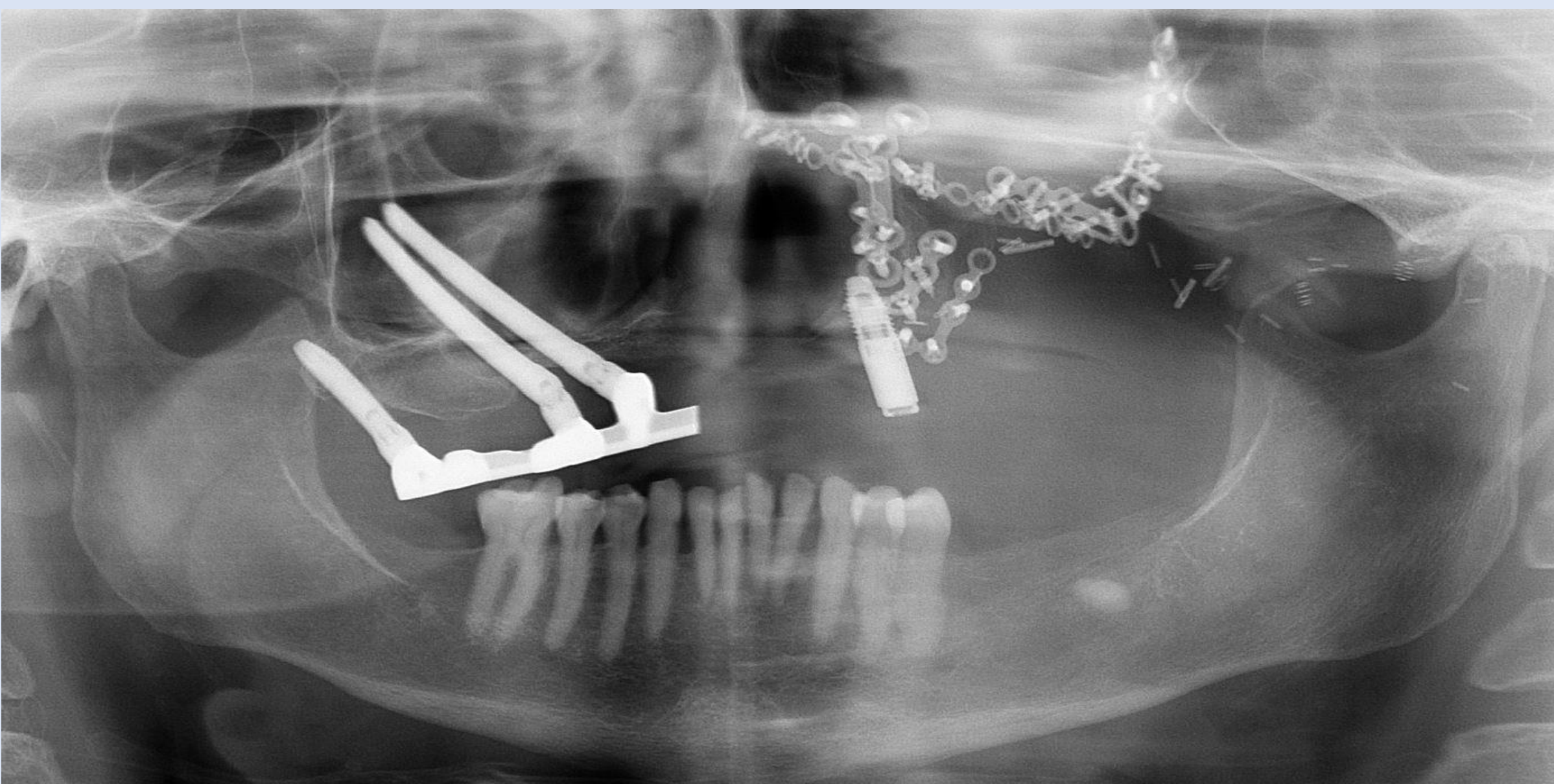




Medical Grade CT Scan of Maxillary Ossifying Fibroma



Panoramic Radiograph Post Free Vascularized Fibula Graft



Panoramic Radiograph After Failed FVFG and Implant Rehabilitation

Introduction

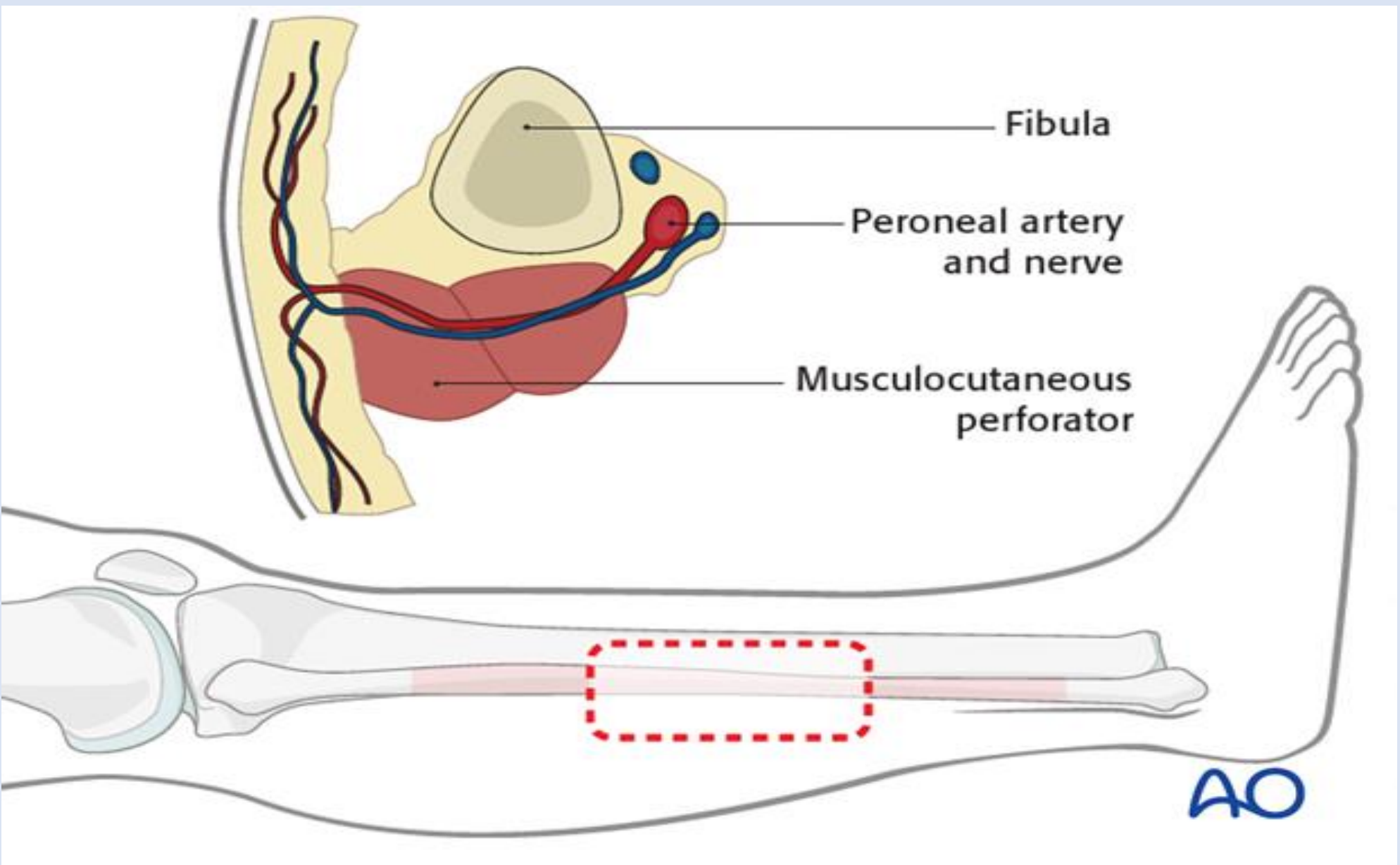
Free vascularized fibula graft (FVFG) has been widely employed in maxillofacial reconstruction due to its advantageous vascular supply and structural properties¹. Recent studies indicate a promising success rate of 91.6% at 10 year follow up, emphasizing the complexities of graft outcomes and surgical strategies for optimal patient care².

Case Presentation

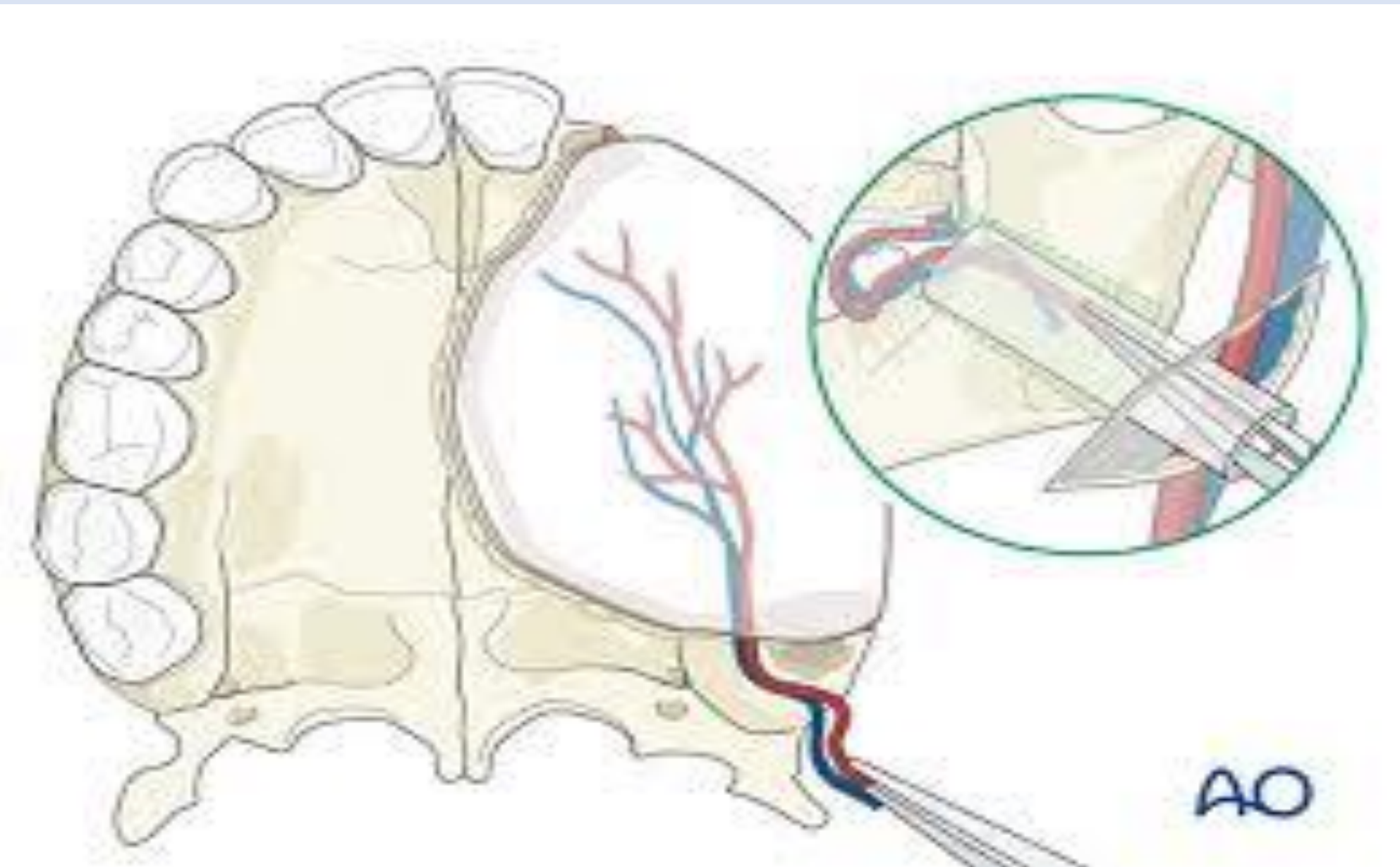
A 42-year-old female patient with a history of maxillary ossifying fibroma underwent resection of the lesion, necessitating maxillary sinus and hard palate reconstruction. A free vascularized fibula graft was harvested from the patient's right fibula and transplanted to the maxillary left defect. Despite initial success, the graft subsequently failed, leading to the presence of a mobile graft segment within the sinus.

Conclusion

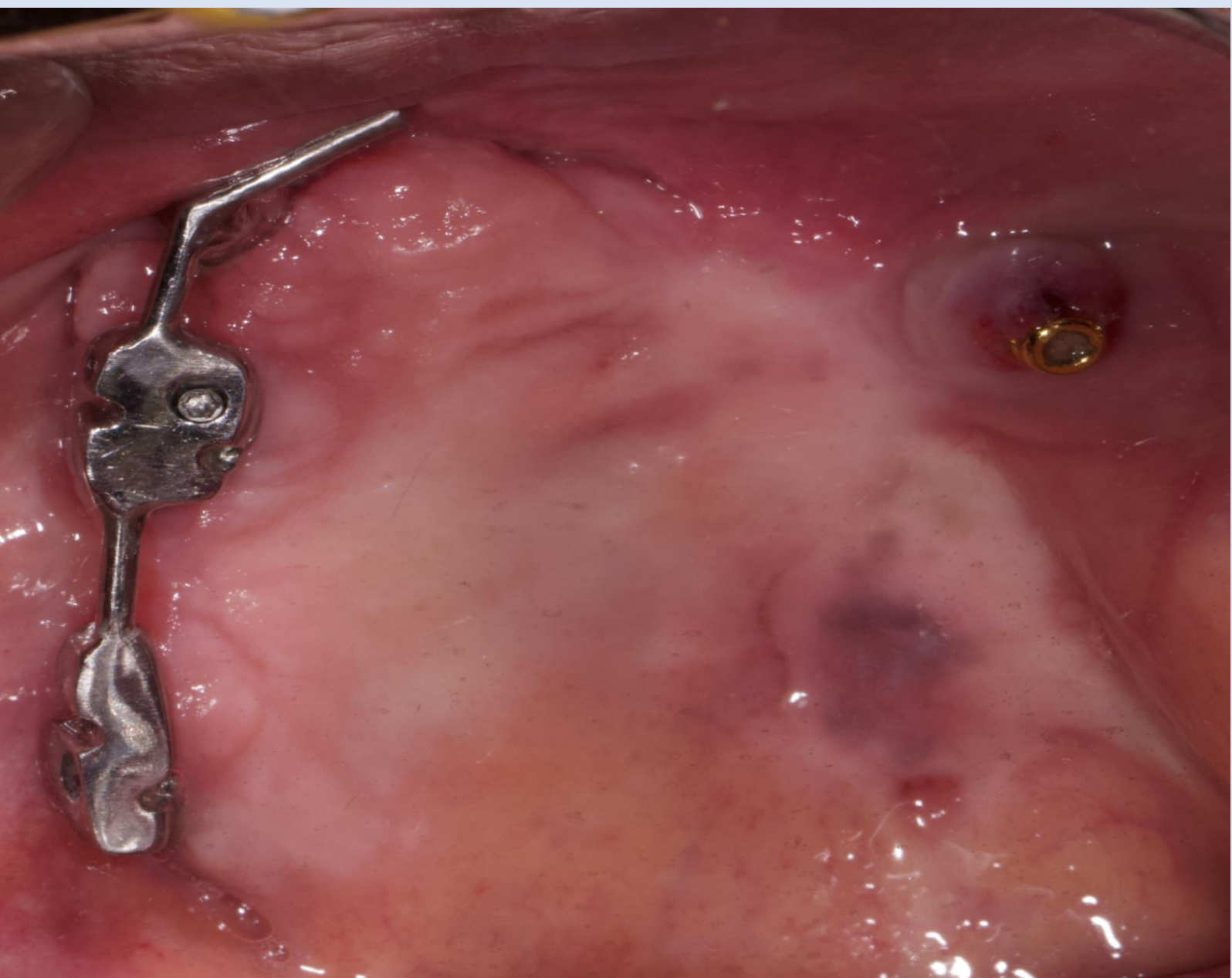
In response to the graft failure, the treatment plan was modified from fixed rehabilitation to a removable approach. The revised plan included the placement of a right pterygoid implant, two right zygomatic implants, and a traditional dental implant. These implants were utilized to support a maxillary bar overdenture. Adapting the treatment plan to incorporate multiple implants supporting a maxillary bar overdenture resulted in a satisfactory outcome for the patient.



Schematic of Osteocutaneous Fibula Flap Harvest



Schematic of Anastomosis of FVFG



Hader Bar with Milled Retentive Grooves



Intaglio View of Maxillary OD Prosthesis



CO with Maxillary OD Prosthesis



Full Smile of Patient Post Treatment