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## Botulinum toxin-treatment of temporomandibular joint disorders

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Temporomandibular joint is a ginglymoarthrodial joint performing hinge and rotational movements. This complex unit is made up of bone, muscles, ligaments, etc. Nature has created this joint so beautifully that for whole of a person's life it bears masticatory forces, muscular forces and other para functional forces. Different surveys over the time, have detected a high prevalence of temporomandibular joint disorders. Nowadays, young individuals are becoming more sufferers of TMDs. With times various treatment modalities have been advocated. Botulinum toxin A is a neurotoxin which blocks the release of acetyl-choline at pre-synaptic vesicles in neuro-muscular junctions, making its action non functional and thus inhibiting muscular contraction. It is being used successfully in medical conditions like blepharospasm, bladder overactivity, etc., and its role in treatment of refractory cases TMDs are very promising.

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## Facing challenges in maxillofacial skeletal deformities

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Surgical correction of the maxillofacial skeletal deformity is to restore normal Esthetic and function, while minimizing potential negative short-term and long-term sequelae. The surgical correction of maxillofacial skeletal deformities includes the reconstructive procedures that correct deformities of the maxilla, mandible; facial skeleton and associated soft tissue structures. The etiology of maxillofacial skeletal deformities may be either congenital or acquired. Deformities may be evident at birth or may manifest during subsequent growth and development, creating functional, degenerative, cosmetic and/or psychological problems. The timing of corrective surgery can be critical and may occur during or after completion of growth. Orthodontic consultation and treatment in conjunction with surgical correction are frequently necessary and highly favorable in most cases. Radiographic evaluation prior to or following treatment is critical, but should be used as clinically indicated. Treatment planning can involve single or multiple separate, staged surgical and nonsurgical treatments. Other nonsurgical specialties may also be helpful or necessary for completion of treatment in more complicated cases. Therefore, treatment planning is very important in order to reach the optimum goals but in some cases the surgeon may face challenges during the set up of the treatment plan. In this presentation, there will be guidance how to manage complex cases with some learning points and tips for the operative and surgical techniques. Several difficult cases had been selected such as ; Binder Syndrome , long face syndrome , bilateral cleft lip and palate with different treatment plan modalities in a problem solving manner.

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