Buccal pad of fat and its applications in oral and maxillofacial surgery: a review of published literature (February) 2004 to (July) 2009

To the Editor:

Your recent article (December 2010) by Singh et al., “Buccal pad of fat and its applications in oral and maxillofacial surgery: a review of published literature (February) 2004 to (July) 2009,” provided an excellent description of the use of this versatile flap in the orofacial region. I would like to bring to notice a further use involving the masking of the temporal contour defect after rotation of the temporalis muscle flap into the oral cavity. I reported the first study of this technique, together with my registrar Jim Brockbank in 1981, involving cadaver measurements, vascular studies in the rhesus monkey, and initial reports of its use in the human subject. The flap enables replacement of the whole hemi-palate or restoration of defects caused by large retro-molar resections. It does, however, leave an unsightly depression in the temporal region. This can be remedied by the implantation of alloplastic materials, but these prove to be somewhat unstable, or by free-fat grafts as from the buttock region, but these tend to resorb quite quickly. It is possible to carefully separate the buccal fat pad, including its temporal extension, from the inferior part of the temporalis flap, which aids rotation of the muscle into the oral cavity. The pedicle of the buccal fat pad is kept intact while the flap is gently manipulated into the dead space left by the muscle transfer. In my experience, the pedicled buccal fat pad does not show significant resorption and is a significant advance on previous masking methods.

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In reply:

We thank Dr. Paul Bradley for his interest in our paper “Buccal pad of fat and its applications in oral and maxillofacial surgery: a review of published literature: (February) 2004 to (July) 2009” and for sharing his own findings. We recognize Dr. Bradley’s initial work on the application of buccal pad of fat to mask the defect caused by the transfer of temporalis muscle for orofacial reconstruction. We want to clarify that our review was time framed for a duration of 5 years, specifically from (February) 2004 to (July) 2009, and there were no articles during this period wherein buccal pad of fat was used for masking contour defects. We have tried to provide a complete spectrum of applications of buccal pad of fat published in that duration and hopefully succeeded in that attempt. The methodology of the literature search has been elaborated to make sure that no such confusions creep up. We think that the findings of the study described by Dr. Bradley in his letter will help the readers to know that this can also be one of the uses of this versatile flap.

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