

Technical note

Koken nasoalveolar moulding splint to facilitate mandibular bony infill after marsupialisation of lower jaw lesion

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Available online 23 August 2019

Keywords: Healing; Marsupialisation; Nasoalveolar splint; Odontogenic cyst; Odontome; Bony infill

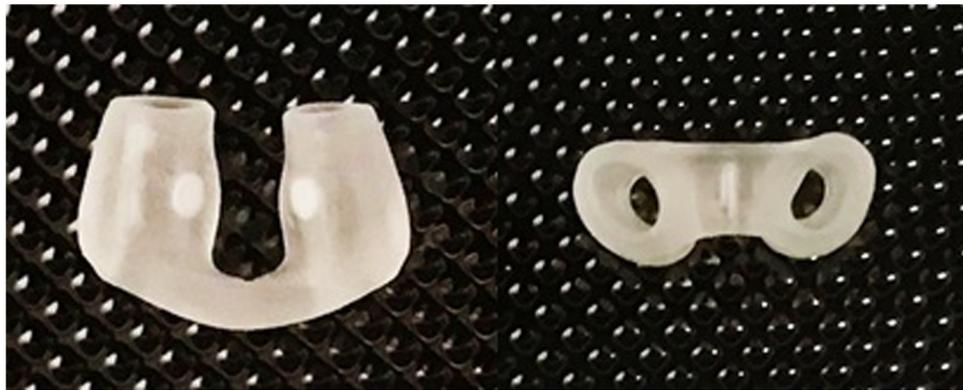


Fig. 1. The Koken nasoalveolar moulding splint (nostril retainer) showing the two ports.

Marsupialisation is a valuable and well-recognised method of treating large odontogenic cysts. A number of methods have been described to maintain patency for irrigation, and these range from nasopharyngeal airways to customised splints.^{1,2}

We present a modification using a nasoalveolar moulding splint (Koken), which is often used (sometimes contentiously) in the orthopaedic management of nasal deformities associated with cleft lip.³ This double-lumen silicone

splint is adaptable and can be obtained in a variety of sizes. It is readily available in theatre, can be sutured in place, and is radiopaque. It also has the benefit of two ports, which allow the through-flow of saline when irrigating the cavity (Fig. 1).

Figs. 3 and 4 show its use in a 7-year-old boy who presented with a large complex odontome in the left mandibular ramus. The radiographic appearance of the lesion is shown before treatment (Fig. 2) and after (Fig. 4).

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Fig. 2. Radiographic appearance of a large complex odontome and surrounding cystic cavity in the left mandibular ramus of a 7-year-old boy.



Fig. 3. The Koken splint in place.



Fig. 4. Orthopantomogram showing the Koken splint in place and good bony infill after removal of the odontome and part of the surrounding cystic lining 8 weeks after placement. The odontome had been removed 13 weeks before this radiograph was taken.

Conflict of interest

We have no conflicts of interest.

Ethics statement/confirmation of patient's permission

This paper was approved by the ethics and scientific committee of the College of Dentistry at the University of Mosul. The parents or guardians gave their consent verbally for the images to be published.

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