Letters to Editor

The use of bone wax for protection from sharp ends of interdental wires

Sir,

Mechanical irritation interdental loop wiring and intermaxillary fixation causes inflammation of oral mucosa, marginal gingiva and lips is virtually unavoidable in maxillofacial surgery.

Filippi et al. compared different types of splints (composite wire splinting, button bracket splinting, resine splinting and titanium trauma splinting) by means of irritation on gingival mucosa and lips. In their experimental study, they found that more irritation was caused by button bracket splints on lips and by resine splint on gingival mucosa.

We thought of using bone wax in order to cover the protrusive components of wires [Figure 1]. In this way, we aimed to attenuate the mechanical irritation of intraoral mucosa and gingiva. Furthermore, it is obvious that this will also improve oral hygiene.

Bone wax, which is made of softened beeswax, has been widely used for haemostasis in orthopaedic surgery, neurosurgery, cranio-facial surgery and cardiothorasic surgery.

Rarely bone wax causes side effects, some of which are inhibition of bone healing, increased infection rates and chronic inflammatory reactions.

These side effects are observed in the in vivo utilisation of bone wax. Besides, we did not encounter reports on the external use of bone wax, such as in covering the protrusive components of wires, in the literature.

Repetitous use of bone wax during splinting may be regarded as a drawback. On the other hand, it is a low-cost material that could be easily obtained and applied by the patients whenever necessary.

We recommend the use of bone wax as it is a practical and efficacious method to prevent mucosal injury from wires.

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REFERENCES


Modified right-angled forceps for Gigli’s wire saw retrieval during osteotomy

Sir,

The Gigli’s wire saw is routinely used during amputations and osteotomies and the retrieval of the wire saw is done with a variety of instruments such as Kocher’s forceps and right-angled artery forceps, etc. As these instruments are not

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specifically meant for this purpose, both the wire saw loop and the retrieving instruments are bound to get damaged or worn out quickly, thereby decreasing their effectiveness. To avoid this, we devised a modified right-angled forceps that has a slot meant specifically for the saw loop [Figures 1–3]. The angle is also gently curved so as to easily negotiate around the posterior aspect of the bone, followed by easy retrieval of the wire saw loop from one side to the other side of the bone. We used this modified right-angled forceps for fibular osteotomies during mandible reconstruction and found that it was far more efficient than any other instrument in retrieving the Gigli’s saw and ensured good longevity of both the Gigli’s saw loop as well as the modified right-angled forceps.

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