LETTER TO THE EDITOR

https://doi.org/10.5125/jkaoms.2026.52.2.104
pISSN 2234-7550 · eISSN 2234-5930

Comment on "Evaluation of post-operative skeletal stability after sagittal split ramus osteotomy and contralateral intraoral vertical ramus osteotomy in asymmetric mandibular setback"

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To the Editor,

I read with much appreciation the article, "Evaluation of post-operative skeletal stability after sagittal split ramus osteotomy and contralateral intraoral vertical ramus osteotomy in asymmetric mandibular setback"[1] by Kim and Park. The authors provide valuable data on the stability of this combined surgical approach, specifically when utilizing resorbable fixation for asymmetric mandibular prognathism. The success of the mandibular setback, indicated by the significant B point position change immediately post-surgery (T0 to T1), is encouraging. However, the study's finding of a mean posterior relapse of vertical reference line to B point (VRL-B): P=0.638; horizontal reference line to B point (HRL-B): P=0.191 at the B point during the one-year follow-up period (T1 to T2) concerns me. While this amount of relapse might be clinically acceptable for some patients, the degree of instability observed prompts me to revisit the long-standing debate on fixation materials in orthognathic surgery. The use of resorbable fixation, while advantageous in eliminating the need for removal surgery and mitigating risks associated with permanent metal implants, has often been associated with a higher potential for skeletal relapse compared to rigid titanium fixation[2,3]. The study's reported posterior relapse is a crucial data point that suggests the biomechanical forces acting on the mandible, even with this combination of osteotomies (sagittal split ramus osteotomy/intraoral vertical ramus osteotomy [SSRO/IVRO]), may exceed the retention capacity of the resorbable material during the initial healing phase.

I believe the clinical implication of this finding is that, particularly in cases requiring large asymmetric setbacks or exhibiting high muscular tension, surgeons must carefully weigh the benefits of resorbable fixation against the risk of minor, yet measurable, relapse. This study adds to the evidence base, and I feel there is a pressing need for further randomized controlled trials directly comparing the long-term skeletal stability (beyond one year) of resorbable fixation versus titanium plate fixation specifically for the asymmetric SSRO/IVRO technique. This information is essential for me to provide the most predictable outcomes for my patients with facial asymmetry.

Author's Contributions

The article was written by A.M.

Funding

No funding to declare.

Conflict of Interest

No potential conflict of interest relevant to this article was reported.

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How to cite this article: Mandal A. Comment on "Evaluation of post-operative skeletal stability after sagittal split ramus osteotomy and contralateral intraoral vertical ramus osteotomy in asymmetric mandibular setback". J Korean Assoc Oral Maxillofac Surg 2026;52:104-105. https://doi.org/10.5125/jkaoms.2026.52.2.104