

Experiences from the use of Fibrinkleber in oral and maxillofacial surgery. [Greek]

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Abstract:

The combination of highly concentrated fibronogen, thrombin, clotting factor XIII and fibrinolytic inhibitor aprotinin, represents a new biological, haemostatic and adhesive system as "Fibrinkleber". Its way of action is the same as phase II of coagulation mechanism and its result is due to the formation of a strong and extensive fibrin clot. Because of the presence of aprotinin, that inhibits fibrinolysis, this clot remains for a longer period. A fast haemostasis and a maintenance of tissues in contact is attained and the healing becomes easier and accelerated. In addition, Fibrinkleber is completely resorbable and has very good tissue compatibility, contrary to synthetic adhesives. Regarding experimental results the fibrin adhesive system has been applied in 58 clinical cases with the indications: 1. convocation of fistulas introoral or extraoral 2. as biological band 3. extraoral fixation of skin grafts, used in areas with poor possibility of other kinds of skin fixation 4. in cases with clef lip and cleft palace 5. in combination with bioceramic materials 6. in combination with lyo-dura for reconstruction of orbita-floor fractures. We believe that the fibrinkleber cannot help a bad surgical technique nor replace a well made stitch of a wound. It is however possible to: 1. improve the surgical result (normal epithelization of the open intraoral wounds) 2. to shorten the duration of the surgery (dermatic grafts without any stitching) 3. accelerate the healing phases of a surgical wound 4. allow the modification of surgical techniques, when this is possible (convergence of fistulas etc).