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Editorial

Advancing the Frontiers of Oral and Maxillofacial Surgery

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Marked by the confluence of dentistry and medicine with advancing surgical technology, Oral and Maxillofacial Surgery (OMS) encompasses a wide range of practices including complex craniofacial surgical reconstructions, oncologic reconstructions, and trauma surgery. With the dynamic nature of this subspecialty, it is important to look back on its achievements, challenges, and how other fields may contribute towards its advancement.

OMS has experienced tremendous change in the past few decades. Computer-assisted surgical planning, 3D printing of custom implants, and other methods that fall under minimally invasive surgery are enhancing OMS and patient care as a whole. For example, orthognathic surgery is one of the most transformed areas due to virtual surgical planning. Surgeons can perform every step of the surgery in a virtual environment which greatly reduces both the time, and the effort required during the actual surgery, leading to better functional and aesthetic outcomes and reduced postoperative recovery time. Moreover, new approaches in tissue engineering and regenerative medicine are emerging as solutions for augmenting existing techniques for reconstructing bony and soft tissue defects instead of using traditional methods involving grafts.

Foremost, these advancements pose new challenges. The introduction of new technologies must be accompanied by comprehensive training to avoid skill gaps among the surgeons. In addition, the exorbitant price of some intraoperative navigation systems may limit its use, especially in underserved regions. As a journal, we welcome proposals aimed at developing and implementing advanced OMS care to more cost-efficient solutions and devised methods tailored for wide OMS service access.

Another important screaming issue is the head and neck cancer malignancies OMS surgeons have to deal with. An OMS surgeon is crucial to the oncologic resection and reconstructive surgery, routinely performing these procedures with a team that includes an oncologist, a radiologist, and a prosthodontist. Immunotherapy and targeted therapies are on the rise which means that OMS practitioners must integrate modern oncology subspecialties into their practice multidisciplinary relations. We urge manuscripts focusing on the impact and the effectiveness of tumour resection with advanced reconstructive techniques, especially those that involve quality-of-life measures in the outcomes.

Trauma continues to be an essential aspect of OMS practice with maxillofacial injuries being particularly challenging because of their psychological and functional aspects. The burden of facial trauma from traffic accidents and violence highlights the lack of unified preventative measures and standards. We will focus on the biomaterials for fracture fixation, as well as on the longitudinal studies on post trauma intervention outcomes in our upcoming issues.

Moreover, the boundaries of TMJ disorders and chronic orofacial pain as well as their surgical management remain within the purview of OMS. We incorporate the clinical aspects of orofacial surgery with the behavioural approach to enhance patient care, although arthroscopy and joint replacing have expanded treatment options, the causes of TMJ disorders are still multifaceted and require a holistic approach. The OMS community will benefit from the incorporation of clinical and behavioural sciences.

As editors, our focus is still to offer a rigorous atmosphere of scientific debate in maxillofacial surgery. We actively invite our worldwide network of researchers, educators, and clinicians to introduce innovative approaches in systematic and case reviews, as well as original research that surpasses the existing knowledge frontiers. We look forward to working together and changing, for the better, the narrative on access to research-informed care in Oral and Maxillofacial Surgery.