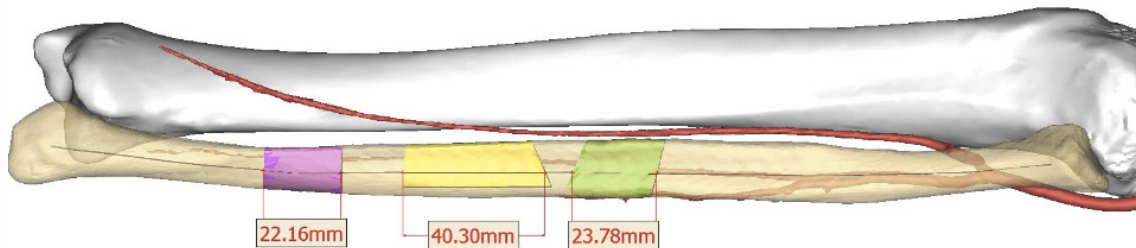
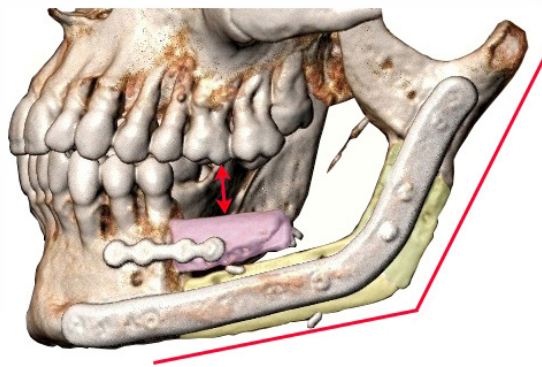


Journal of Diagnostics and Treatment of Oral and Maxillofacial Pathology

9 2026



The cover images indicate the key direction of the journal and highlight an article titled “The ‘Beveled One-and-a-Half-Barrel’ Fibula Transplant with Virtual Surgical Planning and CT-Guided Implant Surgery for Prosthetic Rehabilitation in Posterior Mandible Defects: A Pictorial Essay” by Olindo MASSARELLI and Silvio Mario MELONI. The article was published in Volume 6, Issue 3.

This is a monthly, gold open access, peer-reviewed journal. It is the first Ukrainian publication dedicated exclusively to Oral and Maxillofacial Surgery, established in 2016. The Editor-in-Chief is Oleksii Tymofeiev (Kyiv, Ukraine).



TANTUM VERDE®



**QUICK RELIEF FROM PAIN
AND INFLAMMATION IN THE
MOUTH AND THROAT¹**

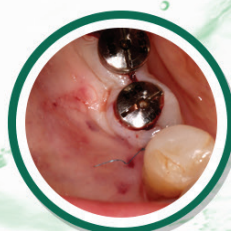
**AN INTEGRAL COMPONENT OF THE TREATMENT
OF PAIN AND INFLAMMATION IN THE ORAL CAVITY
IN DOZENS OF COUNTRIES WORLDWIDE!²**



Reg. № UA/3920/01/01

**LOCAL ANESTHETIC
AND ANTI-INFLAMMATORY
EFFECT¹**

- **JAWS FRACTURES³**
- **IMPLANTS PLACEMENT⁴**
- **WOUNDS OF ORAL CAVITY⁵**



SUMMARY OF PRODUCT CHARACTERISTICS

NAME OF THE MEDICINAL PRODUCT. Tantum Verde 0.15% mouthwash. **QUALITATIVE AND QUANTITATIVE COMPOSITION.** Each 100 ml contains: active ingredient: benzydamine hydrochloride 0.15 g (equivalent to 0.134 g of benzydamine). **Therapeutic indications.** Treatment of symptoms such as irritation/inflammation including those associated with pain in the oropharyngeal cavity (e.g. gingivitis, stomatitis and pharyngitis), including those resulting from conservative or extractive dental therapy. **Posology and method of administration.** Pour 15 ml of Tantum Verde mouthwash into the measuring cup, 2-3 times per day, using it either at full concentration or diluted. If diluted, add 15 ml of water to the graduated cup. Do not exceed the recommended dosage. **Contraindications.** Hypersensitivity to benzydamine or to any of the excipient. **PHARMACOLOGICAL PROPERTIES. Pharmacodynamic properties.** Pharmacotherapeutic group: Stomatologic drugs; other agents for local oral treatment. ATC code: A01AD02. Clinical studies demonstrate that benzydamine is effective in relieving suffering from localised irritation of the mouth and pharynx. In addition, benzydamine possesses a moderate local anaesthetic effect. **Pharmacokinetic properties.** Absorption. Absorption through the oropharyngeal mucosa is demonstrated by the presence of measurable quantities of benzydamine in human plasma. These levels are insufficient to produce systemic effects. **Distribution.** When applied locally, benzydamine has been shown to accumulate in inflamed tissues where it reaches effective concentrations because of its capacity to penetrate the epithelial lining.

Information about medicines. Information for health care professionals for use in professional activities.

1. Інструкція для медичного застосування лікарського засобу Тантум Верде®, розчин для ротової порожнини, РП № UA/3920/01/01, затверджено Наказом МОЗ України № 1789 від 04.08.2020.

2. <https://www.angelinipharma.com/>

3. Тимофеев А.А. и др. "Особенности гигиены полости рта для профилактики воспалительных осложнений при переломах нижней челюсти". Современная стоматология 2015;1(75):52-8.

4. 4.5. Tymofieiev O.O. et al. Prevention of inflammatory complications upon surgeries in maxillofacial region. J Diagn Treat Oral Maxillofac Pathol. 2017;1:105-12.

Clinical and CT images are courtesy of: Ievgen Fesenko (Department of Surgical Dentistry and Maxillofacial Surgery, PHEE "Kyiv Medical University", Kyiv, Ukraine), Oleg Mastakov (Private Practice, Pink Bright Studio, Kyiv, Ukraine)



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About the Journal

SEPTEMBER 2026 • VOLUME 10 • ISSUE 9
www.djournal.org

Official Title

Journal of Diagnostics and Treatment of Oral and Maxillofacial Pathology

Official Title in Ukrainian

Журнал діагностики та лікування оральної і щелепно-лицевої патології

Standard Abbreviation: ISO 4

J. Diagn. Treat. Oral Maxillofac. Pathol.

Acronym

JDTOMP

International Standard Serial Number (ISSN)

ISSN 2522-1965 (online)

Aims & Scope

This is a monthly open access and peer-reviewed oral and maxillofacial surgeons. The journal is focused on trauma, microvascular and jaw reconstructive surgery, dental implants, salivary gland tumors/diseases, TMJ lesions, virtual surgical planning, implementation of ultrasonography into the practice of oral and maxillofacial surgeons.

Editorial Board (EB) Composition

- EB shows significant geographic diversity representing 41 opinion leaders from 17 countries: Brazil, Canada, Greece, Hong Kong (SAR), China, Hungary, India, Indonesia, Israel, Italy, Poland, Slovak Republic, Spain, Ukraine, United Arab Emirates, United Kingdom, and United States.
- The majority of the EB Members have a discernible publication history in Scopus, Web of Science, and journals with a high impact factor.
- The publication records of all EB members are consistent with the stated scope and published content of the journal.
- The journal has several full-time professional editors.
- Gender distribution of the editors: 12.20% women (5 persons), 87.80% men (36 persons), 0% non-binary/other, and 0% prefer not to disclose.

Frequency

12 issues a year (since January 2020)

Publishing Model

The *Journal of Diagnostics and Treatment of Oral and Maxillofacial Pathology* is a fully online-only open access and peer-reviewed publication.

Open Access

This journal is licensed under the CC BY-NC-SA license.

Types of Peer Review

The journal employs “double blind” and open reviewing.

Article Publishing Charge (APC)

The APC in this journal is 519 Euro (\$590 USD) and 259 Euro (\$295 USD)(excluding taxes) depending on the article's type. Details at website: www.djournal.org.

Types of Articles Currently Published by the Journal

Editorials/Guest Editorials/Post Scriptum Editorials, Images, Case Reports/Case Series, Original Articles, Review Articles, Discussions, Paper Scans (*synonyms*: Review of Articles, Literature Scan), Book Scans (*synonym*: Book Reviews), Letters to the Editor (*synonym*: Letters), and Viewpoints.

State Registration in the Ministry of Justice of Ukraine

Registration: Jul 28, 2016 (Certificate: KB № 22251-12151 P)

Re-registration: May 21, 2019 (Certificate: KB № 23999-13839 ПП)

Re-registration: Aug 10, 2021 (Certificate: KB № 24951-14891 ПП).

State Registration in the National Council of Television and Radio Broadcasting of Ukraine

- The journal is registered as print media (Decision of 2024, April 11, No. 1225). The identifier of print media R30-04318.
- The journal is registered as online media (Decision of 2024, April 25, No. 1454). The identifier of online media R40-04708.

Journal is Included in

Encyclopedia of Modern Ukraine, Google Scholar, National Repository of Academic Texts, Register of Scientific Publications of Ukraine (also known as Ukrainian Scientific Periodicals or Register of Scientific Professional Publications of Ukraine), ResearchGate, Scilit, and Vernadsky National Library of Ukraine

Co-Founders

1. Shupyk National Healthcare University of Ukraine (formerly known as Shupyk National Medical Academy of Postgraduate Education).
2. Private Higher Educational Establishment “Kyiv Medical University.”
3. OMF Publishing, Limited Liability Company.

Publisher

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Crossref Membership

OMF Publishing, LLC is a member of Publishers International Linking Association, Inc. which doing business as a Crossref. OMF Publishing's active membership: From February 2017 to present.

Digital Object Identifier (DOI) of the Journal

10.23999/j.dtomp

Official Journal of the Association

Ukrainian Association for Maxillofacial and Oral Surgeons

Ukrainian Association for Maxillofacial and Oral Surgeons (UAMOS)

Address: 4-A Profesora Pidvysotskoho Street, Kyiv 01103, Ukraine.
Tel., fax: +38 044 528 35 17.

Website: www.uamos.org.

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INSTRUCTION for medical use of the medicinal product **TANTUM VERDE®**

Composition:

active substance: benzydamine hydrochloride;
100 ml of solution contains benzydamine hydrochloride 0.15 g;

excipients: ethanol 96 %, glycerol, methyl parahydroxybenzoate (E 218), flavor (menthol), saccharin, sodium hydrocarbonate, polysorbate 20, Quinoline Yellow (E 104), Patent Blue V (E 131), purified water.

Pharmaceutical form. Oromucosal solution.

Basic physical and chemical properties: a clear green liquid with a typical mint flavor.

Pharmacotherapeutic group. Stomatological preparations. Other agents for local oral treatment.
ATC code A01A D02.

Pharmacological properties.

Pharmacodynamics.

Benzydamine is a non-steroidal anti-inflammatory drug (NSAID) with analgesic and antiexudative properties.

Clinical studies have shown that benzydamine is effective in the relief of symptoms accompanying localized irritation conditions of the oral cavity and pharynx. Moreover, benzydamine has anti-inflammatory and local analgesic properties, and also exerts a local anesthetic effect on the oral mucosa.

Pharmacokinetics.

Absorption through the oral and pharyngeal mucosa has been proven by the presence of measurable quantities of benzydamine in human plasma. However, they are insufficient to produce any systemic pharmacological effect. The excretion occurs mainly in urine, mostly as inactive metabolites or conjugated compounds.

When applied locally, benzydamine has been shown to cumulate in inflamed tissues in an effective concentration due to its ability to permeate through the mucous membrane.

Clinical particulars.

Indications.

Symptomatic treatment of oropharyngeal irritation and inflammation; to relieve pain caused by gingivitis, stomatitis, pharyngitis; in dentistry after tooth extraction or as a preventive measure.

Contraindications.

Hypersensitivity to the active substance or to any other ingredients of the product.

Interaction with other medicinal products and other types of interaction.

No drug interaction studies have been performed.

Special warnings.

If sensitivity develops with long-term use, the treatment should be discontinued, and a doctor should be consulted to get appropriate treatment.

In some patients, buccal/pharyngeal ulceration may be caused by severe pathological processes. Therefore, the patients, whose symptoms worsen or do not improve within 3 days or who appear feverish or develop other symptoms, should seek advice of a physician or a dentist, as appropriate.

Benzydamine is not recommended for use in patients hypersensitive to acetylsalicylic acid or other non-steroidal anti-inflammatory drugs.

The product can trigger bronchospasm in patients suffering from or with a history of asthma. Such patients should be warned of this.

This medicinal product contains small amounts of ethanol (alcohol), less than 100 mg/dose.

For athletes: the use of medicinal products containing ethyl alcohol might result in positive antidoping tests considering the limits established by some sports federations.

Tantum Verde®, oromucosal solution, contains a flavoring (menthol), which in turn contains benzyl alcohol, cinnamon alcohol, citral, citronellol, geraniol, isoeugenol, linalool, eugenol and D-limonene which can cause allergic reactions.

Use during pregnancy or breast-feeding.

Pregnancy

There are no clinical data from the use of Tantum Verde®, oromucosal solution during pregnancy.

During the third trimester of pregnancy, systemic use of prostaglandin synthetase inhibitors may induce cardiopulmonary and renal toxicity in the fetus. At the end of the pregnancy prolonged bleeding time in both the mother and child may occur, and labour can be delayed.

It is not known whether systemic Tantum Verde®, oromucosal solution exposure reached after topical administration can be harmful to an embryo/fetus.

Therefore, Tantum Verde®, oromucosal solution should not be used during pregnancy unless clinically indicated. If used, the dose should be kept as low as possible and the duration of treatment as short as possible.

Breastfeeding

No adequate data are currently available on the use of benzydamine in breastfeeding women. Excretion of the product into breast milk has not been studied. The findings of animal studies are insufficient to make any conclusions about the effects of this product during breastfeeding. The potential risk for humans is unknown. Tantum Verde® should not be used during breastfeeding.

Effects on reaction time when driving or using machines.

When used in recommended doses, the product does not produce any effect on the ability to drive and operate machinery.

Method of administration and doses.

Pour 15 mL of Tantum Verde® solution from the bottle into the measuring cup and gargle with undiluted or diluted product (15 mL of the measured solution can be diluted with 15 mL of water). Gargle 2 or 3 times daily. Do not exceed the recommended dose.

Children.

The product should not be used in children under 12 years due to a possibility of ingestion of the solution when gargling.

Overdosage.

No overdose has been reported with benzydamine when used locally.

Intoxication is only expected in case of accidental ingestion of large quantities of benzydamine (> 300

mg). Symptoms associated with overdose of ingested benzydamine are mainly gastrointestinal symptoms (the most frequent gastrointestinal symptoms are nausea, vomiting, abdominal pain and oesophageal irritation) and symptoms of the central nervous system (dizziness, hallucinations, agitation, anxiety and irritability).

Very rarely, in children, excitation, convulsions, sweating, ataxia, tremors and vomiting have been reported after the oral administration of benzydamine dosages (in hundred times higher than possible doses of this dosage form). Such acute overdose requires immediate gastric lavage, treatment of fluid/salt imbalance, symptomatic treatment, and adequate hydration.

Adverse reactions.

Within each frequency group, the undesirable effects are presented in order of their decreasing seriousness.

Adverse reactions are classified according to their frequency: very common ($\geq 1/10$); common ($\geq 1/100$ to $<1/10$); uncommon ($\geq 1/1,000$ to $<1/100$); rare ($\geq 1/10,000$ to $<1/1,000$); very rare ($<1/10,000$); frequency unknown (cannot be estimated from the available data).

Gastrointestinal disorders: rare - burning mouth, dry mouth; unknown - oral hypesthesia, nausea, vomiting, tongue edema and discoloration, dysgeusia.

Immune system disorders: rare - hypersensitivity reaction, unknown - anaphylactic reaction.

Respiratory, thoracic and mediastinal disorders: very rare - laryngospasm; unknown - bronchospasm.

Skin and subcutaneous tissue disorders: uncommon - photosensitivity; very rare - angioedema; unknown - rash, pruritus, urticaria.

Nervous system disorders: unknown - dizziness, headache.

TANTUM VERDE® contains methyl parahydroxybenzoate, which can cause allergic reactions (including delayed-type reactions).

Reporting suspected adverse effects

Reporting of adverse reactions after the registration of a medicinal product is important. This makes it possible to monitor the benefit/risk ratio when using this medicinal product. Medical and pharmaceutical workers, as well as patients or their legal representatives should be notified of all cases of suspected adverse reactions and lack of effectiveness of the medicinal product through the Automated Pharmacovigilance Information System at the link: <https://aisf.dec.gov.ua>

Shelf life. 4 years.

Storage conditions.

Do not store above 25°C. Keep out of the reach of children.

ADVERTISEMENT

Packaging.

120 mL or 240 mL of solution in a bottle with a measuring cup; 1 bottle per cardboard box.

Dispensing category.

Over-the-counter medicinal product.

Manufacturer.

Aziende Chimiche Riunite Angelini Francesco A.C.R.A.F. S.p.A.

Location of the manufacturer and its business address.

Via Vecchia del Pinocchio, 22 – 60131 Ancona (AN), Italy.

State Registration

SEPTEMBER 2026 • VOLUME 10 • ISSUE 9
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Міністерство юстиції України
СВІДОЦТВО
про державну реєстрацію
друкованого засобу масової інформації

Серія KB № 24951-14891 ПП

«Журнал діагностики та лікування оральної і щелепно-лицевої патології»
(назва видання державною мовою)
«Journal of Diagnostics and Treatment of Oral and Maxillofacial Pathology»
(назва видання іншою мовою (мовами))

Вид видання журнал
(газета, журнал, бюлетень, збірник, альманах, календар, дайджест)

Статус видання вітчизняне
(вітчизняне, спільне)

Мова (мови) видання змішаними мовами: українська, англійська

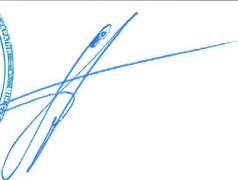
Вид видання за цільовим призначенням наукове, науково-виробниче
(громадсько-політичне, наукове, навчальне, інформаційне, рекламне (понад 40 відсотків обсягу одного номера – реклама), еротичне тощо)

Обсяг, періодичність 23,1 ум. друк. арк., формат А4 (210x297мм), 1 раз на місяць

Сфера розповсюдження та категорія читачів загальнодержавна, зарубіжна
лікарі-стоматологи-хірурги; лікарі ультразвукової діагностики, лікарі-рентгенологи, лікарі-патологоанатоми, студенти, лікарі-інтерни, слухачі, аспіранти, докторанти, наукові, науково-педагогічні та педагогічні працівники закладів вищої освіти та наукових установ

Засновник (співзасновники) Національний університет охорони здоров'я України імені П.Л. Шупика (код за ЄДРПОУ 01896702), Приватний вищий навчальний заклад «Київський медичний університет» (код за ЄДРПОУ 16478809), Товариство з обмеженою відповідальністю «ОМФ ПАБЛІШІНГ» (код за ЄДРПОУ 40493077)

Програмні цілі (основні принципи) журнал присвячений сучасним проблемам діагностики і лікування в хірургічній стоматології та щелепно-лицевій або тематична спрямованість хірургії

Перший заступник Міністра  **Євгеній ГОРОВЕЦЬ**

10.08.2021
(дата реєстрації)



FIGURE 1. Certificate of State Re-Registration of the Print Mass Media (journal) in the Ministry of Justice of Ukraine as of 2021. The *Journal* was registered for the first time in 2016 under the title *Diagnostics and Treatment of Oral and Maxillofacial Pathology*. The next re-registration took place in 2019.

State Registration

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ВИТЯГ*
З РЕЄСТРУ СУБ'ЄКТІВ У СФЕРІ МЕДІА - РЕЄСТРАНТІВ

Виданий ТОВАРИСТВУ З ОБМЕЖЕНОЮ ВІДПОВІДАЛЬНІСТЮ «ОМФ ПАБЛІШИНГ», м. Київ, код ЄДРПОУ 40493077
(найменування суб'єкта у сфері медіа, код згідно з ЄДРПОУ)

Ідентифікатор медіа R30-04318

Логотип, позивні або назва медіа «Журнал діагностики та лікування оральної і щелепно-лицевої патології» / «Journal of Diagnostics and Treatment of Oral and Maxillofacial Pathology»

Суб'єкт у сфері друкованих медіа, вид друкованого медіа –журнал
(суб'єкт, що здійснює мовлення без використання радіочастотного спектра (лінійне медіа, вид та технологія мовлення), суб'єкт у сфері аудіовізуальних медіа на замовлення (нелінійний медіа-сервіс, технологія, що застосовується для надання сервісу), провайдер аудіовізуальних сервісів (технологія, що застосовується для надання доступу), провайдер платформ спільного доступу до відео (технологія, що застосовується для надання сервісу), суб'єкт у сфері друкованих медіа (вид друкованого медіа), суб'єкт у сфері онлайн-медіа (вид онлайн медіа))

Рішення від 11.04.2024 № 1225
(дата і номер рішення Національної ради про реєстрацію; дата і номер рішення про внесення останніх змін до Реєстру)

М. П.
Перший заступник голови
Валентин КОВАЛЬ

Відповідальний секретар
Олена НІЦКО



* до введення в дію Електронного кабінету (за вимогою суб'єкта)

A

FIGURE 2. The *Journal* is registered by the National Council of Television and Radio Broadcasting of Ukraine as print media **(A)** (Decision of April 11, 2024, No. 1225) and online media **(B)** (Decision of April 25, 2024, No. 1454). The identifier of print media is R30-04318 and the identifier of online media is R40-04708. **(Fig 2 continued on next page.)**

State Registration

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УКРАЇНА

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EDITORIAL

Leadership Development for the New Generation of Maxillofacial Surgeons - Part 2: Leadership Training in a Meaningful Action

Evangelos G. Kilipiris

ABSTRACT

Leadership training should be formally integrated into medical and residency training programs, equipping modern maxillofacial surgeons with the necessary skills and experience to lead successful healthcare organizations. The second part of this series shows some currently implemented practices with their limitations. A novel pathway to leadership training is described that primarily addresses physicians' issues, based on current evidence. Some creative training activities and critical skills that need to be cultivated during these programs, such as emotional intelligence and targeted mindset shifts, including pause for reflection, shared purpose, and patient-centered care, are highlighted. This journey is long and requires a strong commitment, but it is the only strategy forward to build effective healthcare organizations that meet the 21st-century patient needs.

KEY WORDS

Leadership training, physician leadership, formal education, holistic view, physician-leadership pipeline

Deputy Co-Editor in Chief.

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Investing in personal leadership skills and fostering strong leadership at all levels should be a top priority for healthcare organizations [1]. Currently, sound evidence shows that leadership skills positively influence both patient and healthcare organization outcomes, underscoring the need for leadership training to be formally integrated into medical and residency curricula.

In 2022, the American Association for Physician Leadership published a “white paper” demonstrating that physician leadership is more valuable and critically needed today [2]. Physician leaders are the catalyst connecting the hospital’s sharp end-the frontlines of care-with the blunt end-the leadership, and trainees want to develop leadership skills formally. Hospitals with higher-rated leadership practices have been shown to deliver higher-quality care, better clinical outcomes, lower morbidity and mortality rates, and higher patient satisfaction. Seven of the top 10 U.S. hospitals, ranked by U.S. News & World Report, are run by physicians, underscoring the need to recognize physicians as leaders and to rethink medical education to include leadership alongside clinical training.

Today, few broad leadership training frameworks serve as formal avenues for physicians to learn fundamental leadership skills, such as leading teams, coaching, and developing others. However, these training programs offer little in the way of true leadership training because they lack the authentic experience needed to help young doctors develop the leadership skills they will need. For example, the dyad model, in which senior physicians are paired with business executives to run an organizational unit, has limitations because it leads to resource duplication, inefficiencies, confusion, and conflicting messages, delays decision-making, and doesn’t fully prepare doctors to be organizational leaders [3]. Looking to India, the National Medical Council has established Graduate Medical Education Regulations, recognizing the key leadership role of medical graduates in leading healthcare organizations [4]. However, the vast majority of teaching activities do not offer leadership training programs, and the very few existing classes are highly theoretical.

So, the lesson for leadership education is clear: create programs that emphasize that, to be a maxillofacial surgeon and a physician, you have to lead. Medical schools and residency training programs should modify curricula to include

leadership skill development at all levels of training. This should be as rigorous as the development of clinical reasoning or procedural skills and should focus on designing a practice that maximizes physicians’ capabilities. Productivity, cost effectiveness, and satisfaction will follow.

A training program that addresses issues that matter to physicians and is grounded in evidence. A promising way to design such a program is to bring an influential group of physicians together to discuss the skills they are interested in developing and to involve them in the program’s design [5]. We should structure a course that allows physicians to learn from one another, that is tailored to their organization’s unique roles, culture, and challenges. We can promote peer-to-peer training to bring together leaders facing similar challenges.

Formal education on these topics could take the form of dedicated didactics during residency training, skill-building activities, and a longitudinal, multi-year program, as leadership content and practice continue to evolve. The development of objective evaluation and assessment systems will be critical to effectively measure leadership skills, enabling maxillofacial surgery units to build an evidence base for leadership development in medicine. An interesting example is the evaluation of surgical residents’ medical knowledge and leadership abilities in a simulated tactical field setting. The military is highly disciplined in its leadership training, and we can get impactful lessons. For example, to address this gap, the Vanderbilt Department of Otolaryngology cooperated with the Navy Reserve Officers’ Training Corps (NROTC) by inviting them to learn about leadership topics [6].

Leadership training should be made an organizational priority, and we should carve out a career path for younger physicians with leadership potential and create a well-designed development pipeline so that maxillofacial surgeons emerge ready to lead large institutions effectively. However, to enable the successful development of leadership skills among maxillofacial surgeons, leadership training programs must be seen not as a diversion from patient care or a compromise of a clinician’s commitment to put the patient first, but as just as important as teaching and academic research [7].

The maxillofacial surgeons will build the capacity to lead beyond the clinical enterprise, with a more holistic view of the institution’s needs. Practicing

physicians interact with patients and already have training in the human element of the work, both for those receiving care and for those who provide it [8]. Still, the interactions tend to be episodic and individually focused, with the surgeon clearly in charge. In addition, most physicians have been trained to keep emotion out of the job and are not comfortable showing vulnerability in the workplace. As a result, their daily work experience doesn't adequately prepare them to manage complex workplace relationships and be seen as authentic leaders.

Building a physician-leadership pipeline will allow them to cultivate their emotional intelligence skills, relationship management, and ability to manage and develop others, to focus on the underlying interests of the groups, to practice having a learning mindset that will help them to figure out how the other physician sees the world, to allow doctors find the support they need to meet performance goals while also creating sustainable, rewarding jobs, to create environments for their colleagues where they feel more capable, to accelerate the daily job satisfaction, and to afford more flexibility and creativity.

Strong leaders are much more successful in nurturing capable physicians. With the right mindset, approach, and orientation, they can lead the maxillofacial surgery system in a better direction, informed by clinical science and organized to serve the interests of patients and clinicians who care for them. Some targeted mindset shifts can significantly improve the outcomes of physicians in leadership roles. They should not expect others to do their job, in contrast to a surgeon focused on patient care, who aims to establish the correct diagnosis and formulate the appropriate treatment plan through a visible and an invisible group of people who have been trained to work in that particular way. Many physicians fail to realize that, in most organizations, vision is cheap and implementation is king [9]. They fail to get started on new projects or initiatives because they lack a team, rather than realizing they are the team.

In complex situations, they should lead with inquiry, pausing to reflect on the question being asked and integrating as much data as possible into decision-making. Leadership is slow, unlike frontline clinical work. In surgical emergencies, there isn't time to think, and maxillofacial surgeons are presented with incomplete information in a complex, high-stakes situation requiring quick decision-making. Taking time to understand how

organizational decisions are actually made can help physicians produce meaningful results.

Similarly, medical students and surgical residents learn to apply the language of medicine and surgery; as they transition into leadership, they should deliberately learn key leadership concepts and terminology. Creating teams with strong social capital through regular interactions and clear ways of working together will make them more effective and better equipped to do the important work that allows their organizations to thrive. They can bring physicians' voices into the conversation, enhance the value of care, reinforce the message of shared purpose, focus clinicians' attention in a positive direction grounded in that shared purpose, and remind all physicians of the need for empathy and compassion. They can design incentives that reward leadership and collaboration, inspire everyone to enhance patient care, and guide the transformation of healthcare by organizing delivery around patients' needs. These maxillofacial surgery leaders will organize care around the needs of patients rather than physicians, combine innovation at the front lines of healthcare with the leadership that creates the environment in which such ideas spread, and make explicit that they share and will act on the aspiration of altruism. These new leaders will use outcomes and performance metrics as motivational tools to organize their colleagues and drive improvements.

A pipeline like this can help healthcare organizations recruit early-career physicians, develop their skills, move them into key leadership positions over time, and identify and address leadership skill deficits early. Maxillofacial surgery needs to reflect on perpetuation, which requires training to be continually upgraded to anticipate future needs. These leadership-focused training efforts for young maxillofacial surgeons should align with the cultures of our larger medical schools and teaching hospitals.

However, supporting the growth of this new generation of leaders who can promote strategic and cultural alignment amid rapid healthcare change takes time and commitment [10]. In addition, any group working to implement leadership training within a healthcare organization must be mindful of the broader organizational culture and prepared to overcome inertia and, at times, active resistance to effect behavior change.

Because in this constantly changing healthcare ecosystem, the needs of patients, like the children

with craniosynostosis, remain the same. They present with the deformity, their parents worry, and they hope to be effectively cured. Meeting their needs is what healthcare is about. But to bring the concept of patient-first care from abstraction to a robust organizational strategy, a new generation of maxillofacial surgery leaders is needed.

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EDITORIAL

A Recap of the Inaugural 2026 Manhattan Meeting: Contemporary Approaches to Aesthetic Face and Jaw Surgery

Ievgen I. Fesenko

ABSTRACT

History is written by people. And the history of surgical specialties is written by people who passionately love their specialty. One manifestation of such love and passion is organizing meetings for colleagues. The inaugural Manhattan Meeting, titled “Contemporary Approaches to Aesthetic Face and Jaw Surgery,” was just such a Symposium. Hosted by Hanna Face and Jaw on June 26–27, 2026, at the Park Lane New York, this exclusive event fostered face-to-face academic dialogue between global faculty and international clinicians. Finally, the editorial details the meeting's core topics, participant demographics, and sponsors, alongside a comparative analysis of Article Processing Charges (APCs) and overall event participation costs.

KEY WORDS

Meeting, face, jaws, maxillofacial surgery, facial transplantation, article processing charge

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EDITORIAL

*Find a group of people who challenge and inspire you,
spend a lot of time with them, and it will change your life.*

—Amy Poehler

USA actress, comedian, and podcaster

The landscape of maxillofacial and facial plastic surgery is experiencing a profound paradigm shift—one where the historic boundaries between hard-tissue reconstruction and soft-tissue aesthetics have completely dissolved. This evolution was on full display at The Manhattan Meeting 2026, titled “Contemporary Approaches to Aesthetic Face and Jaw Surgery” (Fig 1). Hosted by Hanna Face and Jaw from June 26–27, 2026, at the Park Lane New York overlooking Central Park, this premier, highly exclusive symposium gathered an elite group of international clinicians to explore how coordinated bony and soft-tissue interventions produce unparalleled, durable surgical results. Due to venue configurations inside the historic hotel, the event strictly maintained a intimate 50-person capacity, creating a rare, ultra-premium learning dynamic where every participant had direct, face-to-face

access to global faculty.

Under the leadership of Chairman Dr. Todd Hanna, MD, DDS, FACS, and co-chairs Dr. Mark J. Bronsky, DMD, MS and Dr. Natalie Plana, MD, the inaugural event established a highly academic yet practical forum for interdisciplinary dialogue.

Bridging the Structural Divide

For decades, orthognathic surgery focused primarily on occlusion and functional skeletal relationships, while soft-tissue rejuvenation operated in a separate aesthetic domain. As highlighted throughout the symposium's lectures, modern facial surgery now demands an integrated approach. The course outline comprehensively mapped this synergy, deep-diving into topics such as airway-centered orthognathic workflows, custom facial skeletal implants, and advanced deep plane face and neck lifting.

A primary highlight of the educational program was a live surgical demonstration that seamlessly wedded these concepts. Attendees observed a complex procedure combining hard and soft tissue facial aesthetics executed via virtual surgical planning

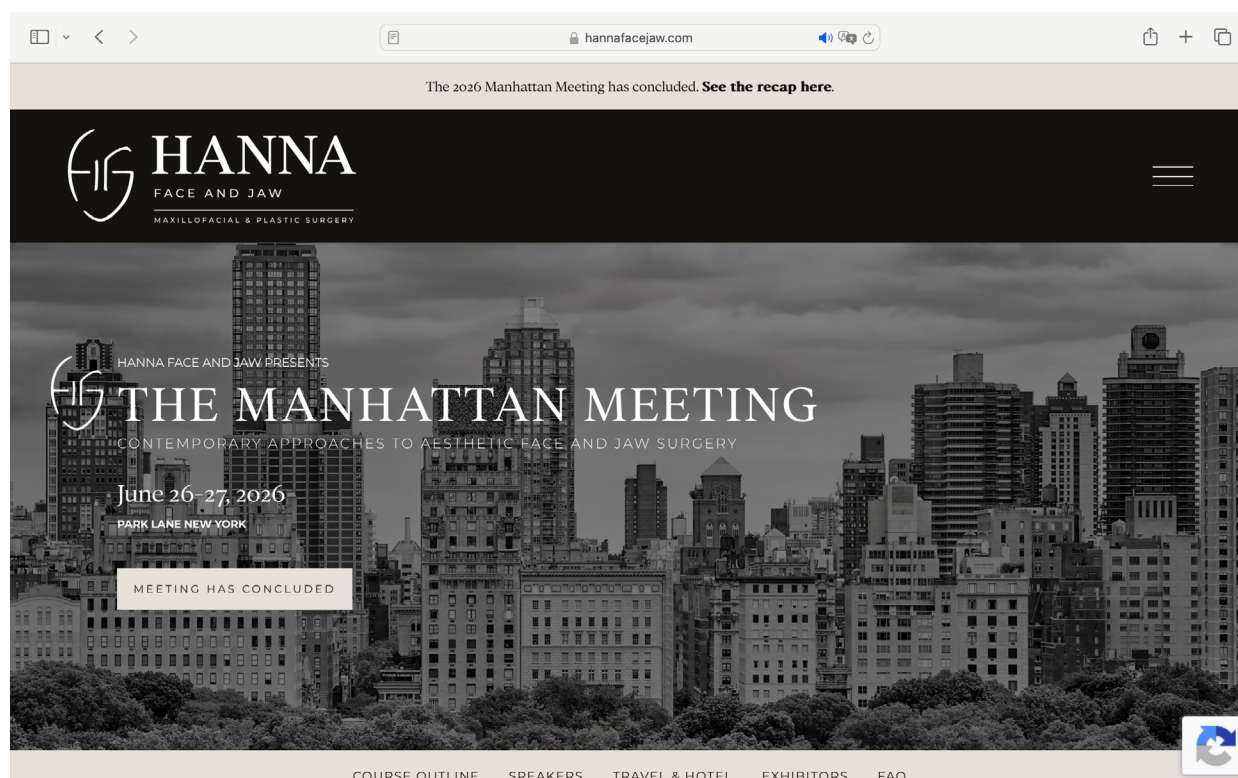


FIGURE 1. Screenshot from the Meeting's webpage: <https://hannafacejaw.com/the-manhattan-meeting-2026/> [1].

(VSP) and custom patient-specific hardware. The interactive format allowed real-time questions and answers (Q&A) with the operating suite, providing a rare window into intraoperative judgment and the precise balancing of hard-tissue advancements with soft-tissue draping.

Keynote and Panel Insights

The faculty roster read as a *who's who* of craniomaxillofacial and aesthetic innovation:

- Dr. Eduardo D. Rodriguez, MD, DDS, FACS (Keynote Speaker): The pioneer of facial transplantation delivered a powerful address reinforcing that aesthetic excellence is fundamentally inseparable from complex structural reconstruction. His philosophy emphasized that harmony between bone and soft tissue is what truly restores expression and human identity.
- Dr. Sam Rizk, MD, FACS and Dr. Ben Paul, MD: Brought unparalleled expertise from the New York facial plastic surgery landscape, detailing precision-driven workflows for deep plane facelifts, rhinoplasty, and periorbital rejuvenation.
- Dr. Robert Radu Ilesan, MD, DMD, PhD (Switzerland): Expanded on the digital future, showcasing how AI-enhanced CMF workflows, automated segmentation, and non-ionizing virtual planning are creating safer, more predictable outcomes in orthognathic and sleep apnea surgery.
- Dr. Brian Farrell and Dr. Jonathas Claus (Brazil): Addressed the expanding realm of minimally invasive, office-based, and outpatient orthognathic surgery techniques, demonstrating how advanced digital planning shortens recovery without sacrificing structural harmony.
- Dr. Steve Baker and Dr. Clement Kairouz: Rounded out the multi-disciplinary perspective by mapping out the boundaries of facial skeletal contouring textbooks and facially-driven aesthetic dentistry respectively, proving that a perfect smile must be built in harmony with the surrounding facial envelope.

The Interdisciplinary Future

The true success of The Manhattan Meeting 2026 lay in its ability to break down traditional specialty silos. By gathering oral and maxillofacial surgeons,

plastic surgeons, orthodontists, and cosmetic dentists under one roof, the symposium underscored that optimal facial aesthetics cannot be achieved in isolation (Figs 2 and 3).

While the 2026 session has concluded, the principles established during these two days will undoubtedly influence surgical planning, digital workflows, and patient care for years to come.

Comparative Analysis: Educational Networking vs. Open Access Publishing Costs

For practicing and academic surgeons, integrating clinical expertise into the global scientific dialogue always involves balancing professional development allocations. Table 1 shows a direct financial comparison between attending The Manhattan Meeting 2026 and the Article Processing Charges (APCs) of leading, peer-reviewed Elsevier journals on ScienceDirect dedicated to publishing clinical case reports.

Analytical Takeaway

This comparative analysis demonstrates a striking financial parity: the cost of a single Open Access publication in a niche medical journal is nearly identical to the full registration fee for an exclusive, premium international symposium in New York City.

- Publication (APC): An investment of \$1,520–\$1,790 secures a permanent digital footprint in scientific literature, contributing to long-term academic metrics, indexing, and the author's h-index.
- The Symposium (The Manhattan Meeting): An investment of \$1,800 provides “active,” dynamic clinical capital. Instead of a static page in a database, the clinician walks away with real-world, unedited surgical solutions (such as live custom-hardware VSP execution) and the chance to pitch difficult case scenarios face-to-face to pioneers like Dr. Eduardo Rodriguez or Dr. Sebastian Cotofana in an uncrowded 50-seat room.

For the modern surgeon-scientist, these avenues are complementary rather than competitive. The complex case management paradigms and complication-solving frameworks studied at The Manhattan Meeting serve as the perfect catalyst for drafting high-tier Case Reports worthy of submission to these exact open-access journals.



FIGURE 2. Photos from the Meeting: Images from the Meeting's webpage [1]. (A) Eduardo D. Rodriguez, MD, DDS, FACS and Daniel Buchbinder, MD, DMD, FACS. (B) The organizing team. Lectures by (C) Jonathan Claus, DDS, PhD, (D) Mark J. Bronsky, DMD, MS, and (E) Sam Rizk, MD, FACS.



FIGURE 3. Photos from the Meeting: Images from the Meeting's Instagram account [@manhattanmeetinghfj](#) [2]. (A) Discussion at Dr. Hanna's lecture. (B) Lecture by Robert Radu Ilesan, MD, DMD, PhD.

TABLE 1. Cost Comparison.

Expense Category/ Academic Outlet	Specification	Cost (USD)*	Core Value Proposition
The Manhattan Meeting 2026 Registration	Full 2-day pass, catering, live surgery session	\$1,800 (<i>\$1,400 for residents/fellows</i>)	Strict 50-person layout, direct networking, interdisciplinary peer dialogue, and real-time intraoperative Q&A.
APC in <i>Oral and Maxillofacial Surgery Cases</i> [3]	Gold Open Access publication (Scopus CiteScore: 0.6, Q3)	\$1,790	Immediate, permanent, and free global visibility of your research to the entire maxillofacial surgical community.
APC in <i>Otolaryngology Case Reports</i> [4]	Gold Open Access publication (Scopus CiteScore: 0.5, Q4)	\$1,520	Broad indexing across Scopus and DOAJ databases, maximizing reach in ENT and head/neck plastic surgery disciplines.

*Note: APC rates exclude local taxes (e.g., VAT) and reflect current pricing structures listed on Elsevier's ScienceDirect platform.

Q3, Third quartile.

Q4, Fourth quartile.

DOAJ, Directory of Open Access Journals.

Corporate Alliance & Technological Backing

Innovation does not happen in isolation. It thrives when clinical masters collaborate directly with industry engineering partners. The Manhattan Meeting 2026 was made possible through the generous support and exhibition of its official corporate partners:

- DePuy Synthes.
- KLS Martin.
- Zimmer Biomet.
- ZEISS Medical Technology.
- American Orthodontics.
- Canfield Scientific.
- NEK Spine.
- Brumaba.
- Tulip Medical Products.
- L'Atelier Forte.
- ImmersiveTouch.
- Ronin Surgical.
- Black & Black Surgical.
- Align Technology.

These tech and industry leaders showcased the latest biomechanical breakthroughs, diagnostic software, custom hardware arrays, and surgical equipment that will continue to drive patient safety and outcome precision for years to come.

Each symposium has a unique charm, fosters

unpredictable connections, opens new horizons, and inspires new achievements. [5-8]. Wrapping up this meeting in the very heart of New York city, colleagues are already dreaming about the next one.

Alone we can do so little; together we can do so much.

—Helen Keller

USA author, disability rights advocate,
political activist and lecturer

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LETTER TO THE EDITOR

Virtual Reality Hypnosis during Medical Procedures – State-of-the-Art and Future Trends

To the Editor in Chief,

The true beginnings of modern medical hypnosis date back to the second half of the 18th century and the work of Franz Mesmer, which led to the introduction of the term “hypnotism” by James Braid in 1841 [1].

The analgesic effect of hypnosis has a solid foundation in scientific evidence [2], as does the reduction of stress and fear during invasive treatments, both of which have been well-documented for at least half a century [3].

Virtual Reality (VR) - a simulated experience employing a 3D, 360° near-eye Head-Mounted Display (HMD) - has been successfully tested for analgesic and sedative purposes [4-6].

Combining VR technology with hypnosis may offer a solution for developing more standardized and accessible algorithms for intraoperative pain and fear management. Much like a syringe delivering an anesthetic or analgesic, an HMD can deliver a visual projection (including electromagnetic waves, sound waves, and odor plumes) to administer a hypnotic dose for brainwave modulation during medical procedures. Beyond the patient's individual hypnotic predisposition and the quality of the HMD hardware, the specific nature of the visual projection is critical to the effectiveness of the hypnosis. Standard animations, cartoons, or nature views - while potentially relaxing - are insufficient to induce true hypnosis. During invasive procedures, including dental ones, patient immobility is mandatory; therefore, interactive games and hand controllers are prohibited. Consequently, headphones with active noise reduction are indispensable for achieving fully immersive 3D VR.

Future multidisciplinary research may focus on the synthesis of specific movies/sequences of repeating, accelerating image-sound-smell streams for genuine hypnotic induction, projected via monolithic mini-HMD sets comprising visual glasses, audio headphones, and interdiffusion nasal membranes

releasing carefully selected essential oils. It is therefore necessary to distinguish HMDs intended for popular entertainment from those designed for strictly medical applications. In this context, reducing the size and weight of the entire setup is also crucial for patient comfort and, in particular, physician operability.

Keywords

Virtual reality, hypnosis, medicine, procedure

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T. Kupka

Tomasz ‘Tomi’ Kupka

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