



# JOURNAL OF ORAL AND MAXILLOFACIAL SURGERY

Official Journal of the [American Association of Oral and Maxillofacial Surgeons](#)

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### DESCRIPTION

This monthly journal offers comprehensive coverage of new techniques, important developments and innovative ideas in **oral** and **maxillofacial surgery**. Practice-applicable articles help develop the methods used to handle **dentoalveolar surgery**, **facial injuries** and **deformities**, **TMJ disorders**, **oral cancer**, **jaw reconstruction**, **anesthesia** and **analgesia**. The journal also includes specifics on new instruments and diagnostic equipment and modern therapeutic drugs and devices. *Journal of Oral and Maxillofacial Surgery* is recommended for first or priority subscription by the Dental Section of the Medical Library Association.

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The investigators hypothesized [insert hypothesis statement].

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*Methods:* This can be as short as 5 or 6 declarative sentences:

The investigators implemented a [insert type of study design]. The sample was composed of [describe eligible sample]. The predictor variable was... The outcome variable was... Other study variables were... Descriptive and bivariate statistics were computed and the P value was set at .05.

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The results of this study suggest [insert key conclusion(s)]. Future studies will focus on [insert future research plans as indicated].

Abstract Example (Hypothesis driven patient-oriented research)-

Comparative Effectiveness of Maxillomandibular Advancement and Uvulopalatopharyngoplasty for the Treatment of Moderate to Severe Obstructive Sleep Apnea

Scott B. Boyd, DDS, PhD, Arthur S. Walters, MD, Yanna Song, MS, Lily Wang, PhD

#### *Purpose*

To directly compare the clinical effectiveness of maxillomandibular advancement (MMA) and uvulopalatopharyngoplasty (UPPP)—performed alone and in combination—for the treatment of moderate to severe obstructive sleep apnea (OSA).

#### *Patients and Methods*

The investigators designed and implemented a retrospective cohort study composed of patients with moderate to severe OSA (baseline AHI >15). The predictor variable was operative treatment and included MMA, UPPP, and UPPP followed by MMA (UPPP/MMA). The primary outcome variable was the apnea-hypopnea index (AHI) measured preoperatively and 3 months to 6 months postoperatively. Other variables were grouped into the following categories: demographic, respiratory, and sleep parameters. Descriptive and bivariate statistics were computed.

#### *Results*

The sample was composed of 106 patients grouped as follows: MMA (n = 37), UPPP (n = 34), and UPPP/MMA (n = 35) for treatment of OSA. There were no significant differences between the 3 groups for the study variables at baseline, except for AHI. Surgical treatment resulted in a significant decrease in AHI in each group: MMA (baseline AHI, 56.3 ± 22.6 vs AHI after MMA, 11.4 ± 9.8;  $P < .0001$ ), UPPP/MMA (baseline AHI, 55.7 ± 49.2 vs AHI after UPPP/MMA, 11.6 ± 10.7;  $P < .0001$ ), and UPPP (baseline AHI, 41.8 ± 28.0 vs AHI after UPPP, 30.1 ± 27.5;  $P = .0057$ ). After adjusting for differences in baseline AHI, the estimated mean change in AHI was significantly larger for MMA compared with UPPP (MMA AHI, -40.5 vs UPPP AHI, -19.4;  $P < .0001$ ). UPPP/MMA was no more effective than MMA ( $P = .684$ ).



### *Conclusion*

The results of this study suggest that MMA should be the surgical treatment option of choice for most patients with moderate to severe OSA who are unable to adequately adhere to CPAP.

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