Palatal Obturator

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Abstract

Carcinoma of maxillary sinus is a common sinonasal tract tumor. Malignant tumors of Sinonasal tract constitutes less than 1% of all malignancies in the body and about 3% of head and neck cancers. This case report describes the case of carcinoma of maxillary sinus, which is rehabilitated with obturator.

Introduction

Patient with carcinoma of maxillary sinus usually presents with pain and swelling in the maxilla. Treatment of malignant neoplasm of hard palate involves surgical resection followed by rehabilitation with prosthesis. The rehabilitation of patient with carcinoma of maxillary sinus involving underlying maxilla requires coordination of interdisciplinary medical team. Palatal obturators may be used alone or in combination, integrating plastic reconstructive surgery. One of the main problems with an obturator maxillary prosthesis is its weight. In extensive cases, the defects over a certain size, the force of gravity prevails over the capacity of retention of the substructures. This article reports the management of a patient with maxillary resection, rehabilitated with an obturator.

Methods

A 65-year-old woman reported to the dental clinic with chief complaint of pain in upper right back teeth region since 6 weeks. Patient was diagnosed having carcinoma of maxillary sinus. Treatment was planned with the team of surgeons and prosthodontist. Tumour was surgically resected (figure-2) with involved underlying maxillary bone. 2 weeks after maxillary resection, wound had started epithelizing. The palatal prosthesis given at this stage was without teeth as mucous membrane was very fragile. This delay of adding the teeth reduced the chances of irritation that could affect the surgical healing site. After 2 months wound was almost healed. Palatal prosthesis was fabricated in combination with soft tissue mask on buccal side for retentive purpose and stability of the obturator. (figure-5,6) Prosthesis was inserted into patient’s mouth with an adequate peripheral seal.

Discussion

A maxillary-palatal defect may have serious consequences as far it concerns the relationship between form and function: inability to chew and swallow, disorders in phonation and important psychological implications. Resection is the treatment for neoplasm, bone grafting is not recommended because the blood supply to the graft area is compromised. Hence, in these patients, obturators are the favoured method for filling the defect. Fabrication of an obturator prosthesis depends on the application of basic prosthodontic principles that are used in the treatment of patients without maxillary defects. The defect, in conjunction with the remaining structures, must be used to provide support, retention, and stability of an obturator prosthesis. The retentive design is critical in the sub-total maxillectomy patient who has lost extensive supportive and retentive structures in resection procedure. In dentate patients, primary retention, support, and stability of an obturator depends on the number and distribution of remaining teeth. With resection of the hard tissue, the weight of the obturator is balanced bilaterally by providing acrylic resin mask on the contralateral side of the defect.

Conclusion(s)

The treatment achieved restoration of the lost functions which satisfied the patient, restoring his self confidence and enhancing his quality of life. Applying the obturator was successful and may be considered as an alternative to more complicated surgical technique.

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