

Obturter and post-resection replacement

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Obturter

Prosthetic replacement removable or fixed that closes - wraps perforation mostly on a hard floor into the nasal cavity, or into Antrum Highmori after removal of the tumor in the oral dutine

We make a obturter anchored with the aid of all the anchor elements that exist, even with the aid of implants, or we merely make a total replacement that is anchored by a protrusion into the hole to the hard floor.

Post-resection replacement

Is a replacement that closes the defect in the lower jaw after resection of part of the mandibula due to tumor or injury.

We make a post-resection replacement anchored with the aid of all the anchor elements that exist, even with the aid of implants, or we merely make a total replacement that is lightened at the soft tissue site only and must not touch and transfer pressure at these points.

History and treatment plan I.O examination

Thorough examination of the patient intraorally:

- monitoring of inflamed mucous membranes after radiotherapy (if a mucosal-covered bone or not)
- of fungal coatings reduced saliva content
- of the mucous membrane resivity
- of fluid flowing through the nose
- of the sanitation
- of the mouth bad fonation

History and treatment plan of RTG examination

Thorough examination of the patient X-rays:

- Assessment of the quality of remaining teeth
- Evaluation of the quality of the bone of the jaw fracture (simple, or multiple bone fractures with or without dyslogation)
- Find of bone fragments,
- broken alveols
- broken Le Fort I, Le Fort II, Le Fort III
- broken caput mandibulae
- Find of broken teeth (crowns, roots, multiple fractures of teeth)
- Find cysts
- Find more tumour tissues
- Find unknown bodies in cavities

History and Treatment Plan Biological Teeth Factor 1

Thorough examination of the remaining teeth:

- biological factor
- endo treatment
- periapical cysts
- root length to the clinical part of the tooth
- how to apply them to the patient's life expectancy of the tooth
- which pillar is involved -- one, two, multi-root tooth
- how many pillars are side by side -- whether only solo or group
- we assess the strength of the tooth group

History and Treatment Plan Biological Teeth

Factor 2

Důkladné vyšetření zbylých zubů :

Na základě biologického faktoru uvažujeme o možnosti zhotovení:

- Fixního můstku neseného pouze zuby
- Fixního můstku neseného zuby a implantáty
- Fixního můstku s attachmenty a hybridní snímatelnou náhradou
- Fixního můstku se sponovými krajními korunkami a klasickou snímatelnou náhradou
- Pouze snímatelnou náhradou s jednoduchými sponami pro zachování co nejdéle zbytkových zubů
- Použití pouze radixů a třmenu a hybridní snímatelné náhrady
-

History and treatment plan for bone examination

Thorough bone examination:

Bone quality densities

Lower jaw

- the individual parts of the remaining bone during resection of the lower jaw must always be joined by a titanium splint and then covered with mucous

Upper jaw

- in the upper jaw we monitor the damage to the palate where it hits (only on the palate and antra Higmori small hole or large opening, or missing both the contin and soft palate whole, or missing the hard and soft palate all of the rind).

Impressions of lower reset jaw into silicone



For a **fixed replacement** that we will make, we take the highest quality print mass, mostly silicone into a perforated spoon as well as a **hybrid replacement**.

We can also print alginate on the classic **removable partial and total replacement** in the case of a nearby laboratory.

Upper jaw impressions with perforation on hard and soft palate

For a **fixed replacement** that we will make, we take the highest quality print mass, mostly silicone into a perforated tray as well as a **hybrid replacement**.

For a classic **removable partial and total replacement**, we can also make impression into alginate in the case of a nearby laboratory or into silicone, which is soft, otherwise there is a risk of damaging the patient -- breaking off a thin palate bone.

A perforated tray that must be specially prepared (extended as needed) or mostly lab.technique makes a perforated individual tray. Introduce a swab into the cavity -- Antra Higmori rub slightly with vaselin

Nurse mixes hot water alginate quickly because the patient is not breathing throughout the printing process.

Disinfection is done with a routine, the swab is pasted into the print, and we remove it after impressing.

Registration of interjaw relationships

- Registration of interjaw relationships is done as is the case with classic partially or overall removable replacement
- The emphasis is on modeling from the wax missing part of the vestibular - shaping the patient's face, filling in the missing facial defects with resin.

Design modelling of the construction of the prostheses

- The technician emphasizes primarily the **functionality** of the removable replacement
- For the **retention** of the replacement in the mouth so that the patient can eat
- **Foundations**
- Lighting several slices of wax, where the bone is not and only the mucous membrane is not supported by the bone aesthetics of the particularly frontal section and facial area

Testing of the construction of the prostheses



Testing of the partial denture at wax - articulation



Kyveting, materials

It can be used:

Hard materials:

Classically mixed methyl methacrylate

Injection methyl methacrylate

Polyamide

Soft materials:

Mollosil

Molloplast and Others

Surrendering the replacement and instructing the patient





Thank you for your attention.







