

OP-12

Surgical Obturator Post Hemimaxilectomy e.c Palatal Squamous Cell Carcinoma

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ABSTRACT

A male patient, 44-years-old, came to Dental Hospital Universitas Airlangga at the referral from General Hospital Dr Soetomo Head and Neck Surgery Department due to recurrent palatal squamous cell carcinoma. The patient needs surgical obturator to support hemimaxilectomy. Six months ago, the patient was diagnosed with localized squamous cell carcinoma of the maxilla so that a partial maxillectomy was performed on the anterior maxillary region. Three months later, He complained persistent ulcerated lesion in the mucolabial area of the maxillary fold and suspect as recurrence of the previous carcinoma. Treatment plan: Surgical obturator. Multidiscipline discussion forums were performed to determine the plan for tissue removal and the prosthodontist designed the surgical obturator. The design was made utilizing the retention of the remaining 17 and 27 teeth with Adams clasps. In this case, mechanical retention was achieved by a wire, which attached to the zygoma bone. The artificial teeth were performed only in the anterior area for aesthetic reason while in the posterior only a plate due to minimize the masticatory loading. The surgical obturator has the aim of shortening recovery time, supporting the formation of an intraoral defect, and improving the psychological aspects of the patient due to the defect after surgery so that the patient is ready to return to his social environment and increasing the patient's confidence.

Keywords: surgical obturator, hemimaxilectomy, maxillofacial prosthesis, carcinoma