

V-X Prosthetic treatment at defeats of the hard palate. Post-resection artificial prosthesis.

Defeats of hard palate:

I – congenital

II – acquired

III – developmental – genetic predisposition -growth and development

Effect of cleft palate

- **hearing and speech problems** — lack of velopharyngeal closure leads to escape of air through the nose (nasal speech)
- **Deglutition problems** — greatly impede the feeding, regurgitation and escape of fluids through the nose
- **mastication problems**— impaired due to escape of food through the nasal cavity and due to missing teeth and malocclusion
- **esthetics problems** is effected seriously especially in cleft of palate and lip
- **deterioration of general health**
- **psychological trauma**
- **recurrent infection** of the air ways and middle air etc.

Clinic of hereditary defects of hard palate:

functional changes at the level of stomatognathic system and organism in general

- disorders of function of mastication, swallowing, speaking, breathing etc.
 - inflammation processes in the nose mucosa
 - disorders of coordination of oral cavity and pharynx functions that lead to pathological changed nervous reflexes
 - usually combined with damaging upper lip nose deformations
 - upper jaw is deformed (became flat) in transversal plane and it progresses simultaneously with growing and development of skeleton
 - dental arch is shortened and deformed
 - frontal teeth are crowded, placed on not their proper place, turned around their vertical axes (torqued position), often is observed teeth retention
 - palatal defect has typical position (as usually) – in the region of medial palatal suture
 - at the region of defect mucosa has not scars etc.

Management of cleft palate:

- A) **Surgical closure**
- B) **Prosthetic rehabilitation**
- C) **Orthodontic procedures**

Acquired palatal defects

is lack of continuity of originally intact palatal structures through the whole or partial of its length.

Etiology:

- inflammation processes – osteomyelitis, specific inflammation processes (syphilis or lues, Tbs etc.)
- surgical intervention – tumor removal
 - traumatic fracture of maxilla
 - pathological conditions e.g. osteomyelitis, T.B., syphilis, cocaine abuse etc.
 - bullet wounds etc.

Clinic of acquired defects of hard palate:

not depending on etiological factor:

- damaging function of mastication, swallowing, breathing, speaking etc.;
- presence of cicatrized deformations of the mucosa
- soft tissues at the region of defeat can be:
 - a) with bone base (hard margin)
 - b) without bone base (soft margin).
- can have different position.

Classification of acquired defects of hard palate by Kurleandsky:

- a) defects of hard palate with the presence of teeth on both half of the upper jaw:
 - middle defeat of hard palate
 - defeat on lateral part of hard palate
 - defeat at frontal part of hard palate.

II group:

defect of hard palate with the presence of teeth on one half of upper jaw:

- Middle defect of hard palate
- Complete absence of one half of the maxilla
- Absence of bigger part of the body of upper jaw with presence of teeth on the remain part of the jaw.

III group

– defect of hard palate with complete absence of teeth on the maxilla:

- a) middle defect of hard palate;
- b) complete absence of upper jaw with damaging lower edge of the eye-socket.

IV group:

defects of soft palate or hard palate and soft palate:

- a) cicatrized shortening and displacement of soft palate
- b) defect of soft and hard palate at the absence of teeth on one half of the jaw
- c) defect of soft and hard palate at complete absence of teeth on the upper jaw.

GOALS OF TREATMENT - to restore function (mastication, swallowing, speech)

- to restore normal appearance to the face.

Indications to prosthetic treatment of aquired defects of hard palate:

- refusal of the patient from surgical treatment
- contraindications to surgical treatment
- as intermediate treatment between surgical intervention.

Types of Obturators

Surgical Obturators (modification obturator → short term).

Interim Obturators → post surgery.

Definitive Obturators → long term.

Post surgical management After surgery and even before it's a team work for a rehabilitation of a patient that includes:

- maxillo-facial surgeon

- prosthodontics

- orthodontist

- phyciatrist

- speech rehabilitation specialist

- oncologist

- plastic surgeon specialist