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Prosthetic Rehabilitation by Casted Denture with Modified Reducted Base Fabricated after Chemotherapy

Case Report

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Introduction

Introduction. After completion of chemotherapy, the invent of prerequisites allow fabrication of denture and rehabilitation of occlusion and oro-facial system's function.

Objectives

Case report. The patient N.L. aged 64 yrs., was inspected at the University Clinic of dental prosthetic in Belgrade. She submitted the confirmation on completion of chemotherapy, after removing of tumour.

The fabrication of partial casted denture was indicated in prosthetic therapy of the upper jaw. The denture was initially designed respecting remaining teeth in the upper jaw, with particularly designed base of the denture respecting shapes and form of palatal tissues (figures 1-6). Mastication, speech and swallowing were rehabilitated in this patient (figure 7). There were not pathologic changes in her mouth, at recall (figure 8).





Fig. 1: After polishing casted framework was Fig. 2: Wax rims positioned in the mouth





Fig. 3: Determination and verification of vertical dimension, established maxillomandibular jaw relation record and interocclusal relationship with wax-rim record

Fig. 4: The try-in appointment and patient's acceptance of the arrangement of artificial teeth





Fig. 5: The casted maxillary partial denture positioned in the mouth of a patient in oppening position

Fig. 6: The casted maxillary partial denture in the mouth of a patient in occlusion





Fig. 7: The casted maxillary partial denture Fig. 8: Situation in a mouth in recall in function of oro-facial system

Discussion

In the significant number of cases breast cancers could expose metastasis to distanced bone hard tissues (1). A one of the bones in which metastases could develop are maxilla as well as mandible. Breast cancer's metastases in jaws stay on the consequences. Because of the presence of metastases, structure of a bone should be disordered, malignant osteoporosis is developing, and loosening of teeth could be accelerated.

Up-to now, significant number of breast cancers' metastases to bone could be medically treated (2-12). Before initiation of prosthetic-oral rehabilitation of patients of this kind it should have been important to focus two parameters: weather each hazard of tumours' recidivism could be pronounced, and what kind of medical therapy was conducted, or was conducting at the moment of initiation of oral cleanliness with prosthetic rehabilitation.

In this woman patient bisphosphonates were implicated within chemotherapy, in spite of the fact that in dental and medical literature some of the experts advocated different and certain unfavourable comments on bisphosphonate therapy of jaws (13-17). In the case of this woman patient, bisphosphonates showed very successful medication which influenced regularity of secondary mineralization of cancellous bone of her upper jaw. As the clinical result, fortifying of the remaining teeth in the jaw has happened.

Casted denture should have been considered in prosthetic therapy of this patient because of the reason that casted denture could have prevented loosening of teeth in the bone, and it could have reinforced the positions of the teeth after fortifying (figure 1 and figure 5).

Casted denture for the upper jaws should have been usually designed with massive and moderately extended palatal bar, or with anterior and posterior palatal bars (18-21). In the case of this woman patient palatal bar was significantly reduced and designed as much as anterior in position. This prevented redundant forces to previously changed structure of osseal palatal supporting tissue of her maxilla. Moreover it should have been free of Ni (nicle) to avoid inflammatory and allergic reactions of supporting tissue and denture. For this patient Co-Cr-Mo alloy has been provided in the fabrication of the denture.

Fabrication of attachments and designing attachments in the casted denture for this woman patient seemed to be redundant and ineffectual.

Conclusion

Partial casted denture for upper jaw, when designed in accordance with shape of supporting tissues after chemotherapy, is successful mode of treatment of partially edentulous patients after surgery and removal of tumour.

- 1. Coleman R.E. Skeletal Complications of Malignancy. Cancer, 1997,80(suppl 8), pp. 1588-1594.
- Hillner B.E., Ingle J.N., Chlebowski R.T., Gralow J., Yee G.C., Janjan N.A., et al. Update on the Role of Bisphosphonates and Bone Health Issues in Women With Breast Cancer. Journal of Clinical Oncology, 2003, Vol 21, Issue 21 (November), pp.4042-4057.
- 3. Anonymus. Bisphosphonate medications and your oral health. JADA., 2006 Vol 137, p.1048.
- 4. Van Poznak C. Managing bone mineral density with oral bisphosphonate therapy in women with breast cancer receiving adjuvant aromatase inhibition. Breast Cancer Research 2010, Vol12, pp.110-112.
- Brufsky AM, Bosserman LD, Caradonna RR, Haley BB, Jones M, Moore HCF, et al. Zoledronic Acid Effectively Prevents Aromatase Inhibitor-Associated Bone Loss in Postmenopausal Women with Early Breast Cancer Receiving Adjuvant Letrozole: Z-FAST Study 36-Month Follow-up Results. Clinical Breast Cancer. 2009;9(2):77-85.
- Cramer JA, Lynch NO, Gaudin AF, Walker M, Cowell W. The effect of dosing frequency on compliance and persistence with bisphosphonate therapy in postmenopausal women: A comparison of studies in the United States, the United Kingdom, and France. Clinical Therapeutics. 2006;28(10):1686-94.
- Gnant M, Mlineritsch B, Luschin-Ebengreuth G, Kainberger F, Kassmann H, Piswanger-Solkner JC, et al. Adjuvant endocrine therapy plus zoledronic acid in premenopausal women with early-stage breast cancer: 5-year follow-up of the ABCSG-12 bonemineral density substudy. Lancet Oncology. 2008;9(9):840-9.
- Gnant M, Mlineritsch B, Stoeger H, Luschin-Ebengreuth G, Heck D, Menzel C, et al. Adjuvant endocrine therapy plus zoledronic acid in premenopausal women with early-stage breast cancer: 62-month follow-up from the ABCSG-12 randomised trial. Lancet Oncology. 2011;12(7):631-641.
- 9. Hines SL, Mincey BA, Sloan JA, Thomas SP, Chottiner E, Loprinzi CL, et al. Phase III Randomized, Placebo-Controlled, Double-Blind Trial of Risedronate for the Prevention of Bone Loss in Premenopausal Women Undergoing Chemotherapy for Primary Breast Cancer. Journal of Clinical Oncology. 2009;27(7):1047-53.
- 10. Hines SL, Sloan JA, Atherton PJ, Perez EA, Dakhil SR, Johnson DB, et al. Zoledronic acid for treatment of osteopenia and osteoporosis in women with primary breast cancer undergoing adjuvant aromatase inhibitor therapy. Breast. 2010;19(2):92-96.
- Lester JE, Dodwell D, Purohit OP, Gutcher SA, Ellis SP, Thorpe R, et al. Prevention of Anastrozole-Induced Bone Loss with Monthly Oral Ibandronate during Adjuvant Aromatase Inhibitor Therapy for Breast Cancer. Clinical Cancer Research. 2008;14(19):6336-42.
- 12. Markopoulos C, Tzoracoleftherakis E, Polychronis A, Venizelos B, Dafni U, Xepapadakis G, et al. Management of anastrozoleinduced bone loss in breast cancer patients with oral risedronate: results from the ARBI prospective clinical trial. Breast Cancer Research. 2010;12(2) (article numberR24):1-12.
- 13. American Dental Association Council on Scientific Affairss. Dental management of patients receiving oral bisphosphonate therapy; Expert panel recommendations.JADA, 2006, vol 137, pp 1144-1150.
- 14. Bamias A., Kastritis E., Bamia C. et al. Osteonecrosis of the jaw in cancer after treatment with bisphosphonates : incidence and risk factors. Journal of clinical Oncology, 2005, vol 23, pp.8580-8587.
- 15. Basu N., Reid D.M. Bisphosphonate associated osteonecrosis of the jaw.Current opinion in otolaryngology and head and neck surgery. 2005, vol 13, no 4, pp 217-221.
- 16. Lenz J.H., Steiner-Krammer B., Schmidt W. et al. Does avascular necrosis of the jaws in cancer patients only occur following treatment with bisphosphonates. J Cranio-maxillofacial surgery, 2005, vol 33, pp395-403.
- 17. Masoodi N.A. Oral bisphosphonates and the risk for osteonecrosis of the jaw. BJMP., 2009, vol 2, no 2, pp.1-15.
- Tyson K., Yemm R., Scott B. Understanding Partial Denture Design. University Press, Oxford, Section 1.6., ISBN 978-0-19-851092-5.
- 19. Carr A.B., Brown D.T. Major and minor connectors. In:McCracken's Removable Partial Prosthodontics, Elsevier, Mosby, St Louis, 12th Edition, 2011, Chapter 5, pp29-56.
- 20. Graber G., Haensler U., Wiehl P., Rateitschak K. Removable Partial Dentures (Color Atlas of Dental Medicine) 2, Thieme Medical Publishers, 1988, ISBN 9780865772762.
- 21. Stratton R.J., Weibelt F.J. An Atlas of Removable Partial Denture Design. Quintessence Publishing Co., Chicago, 1988, ISBN 9780867151909.

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Poster Faksimile:



ROTETSKO ZBRINJAVANJE SKELETIRANOM PROTEZOM S MODILIKOVANOM REDUKOVANOM BAZOM POSLE

PROSTHETIC REHABILITATION BY CASTED DENTURE WITH MODIFIED REDUCTED BASE FABIRICATED AFTER CHEMOTHERAPY -CASE REPORT

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Used. Pozatišen i handeopiji jesteren postijen meljen zareheblikterin ektorije i futkrije or -facijalneg stimm, postoljatjompotez, Introduction. After completion of cherrotherapy, the invent of presequisites allow fabrication of dentue and rehabilitation of ceclusion and ore-facial system's function.

Nilaz slučeja Parijankinja NL, stan 64 god je pogledanu Klnici za semiolešku pretelku. Pariankinja je prizžila neliz ozavčenoj harotenciji prše opinoje turum India nam ježna k preijslne skaletnic protezeu gonjoj kreatoj ulici. Protezaje zasčeni prem proteslimpinodomizdom rostčinu proteze sa pradmi drike sanomina un kon jetila pilag čem chlikumpca. Protezmu kolpacije tilage saleh litozane frokeje žadanje oblikumpca. Protezmu kolpacije tilage saleh litozane frokeje žadanje potru i gutarje Zir seme kontroline proglada nje bilo potok Skih promen u usimu

Case report. The patient NL, aged 64 yrs, was inspected at the University elinic of dental prosthetic in Belgrade. She submitted the confirmation on completion of elemetherapy, after timerous tissue removal. The fabrication of partial casted denture was indicated in her upper jaw. The denture was initially designed respecting remaining teeth in the upper jaw, with particularly designed base of the denture respecting shapes and form of patial tissues. Mistication, speech and swallowing were rehabilitated in this patient. There were not pathologic dranges in her mouth, at recall.

Ziključak Skolation proteznu ganjoj vilici, citilizazan teke da bade pologačene postojačina nastrina krvima, je ospećan vidad skilitacije krezalova posle ovazaje tarma

Conclusion Partial casted denture for upper jaw, when designed in accordance with shape of supporting tissues after cherrotherapy, is successful mode of treatment of partially edentulous patients after supervised removal of turnor.





