TIBBIYOT
TA'LIMI & INNOVATSIYALARI

O'ZBEKISTON RESPUBLIKASI
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- 14.00.03 - Endokrinologiya;
- 14.00.04 - Otorinolaringologiya;
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- 14.00.09 - Pediatriya;
- 14.00.10 - Yuqumli kasalliklar;
- 14.00.11 - Dermatologiya va venerologiya;
- 14.00.12 - Tibbiy reabilitologiya;
- 14.00.13 - Nevrologiya;
- 14.00.14 - Onkologiya;
- 14.00.15 - Patologik anatomiya;
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- 14.00.19 - Klinik radiologiya;
- 14.00.20 - Tibbiy genetika;
- 14.00.21 - Stomatologiya;
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- 14.00.23 - Hamshiralik ishini tashkil etish;
- 14.00.24 - Sud tibbiyoti;
- 14.00.27 - Xirurgiya;
- 14.00.28 - Neyroxirurgiya;
- 14.00.41 - Xalq tabobati;
- 14.00.35 - Bolalar xirurgiyasi;
- 14.00.34 - Yurak-qon tomir xirurgiyasi

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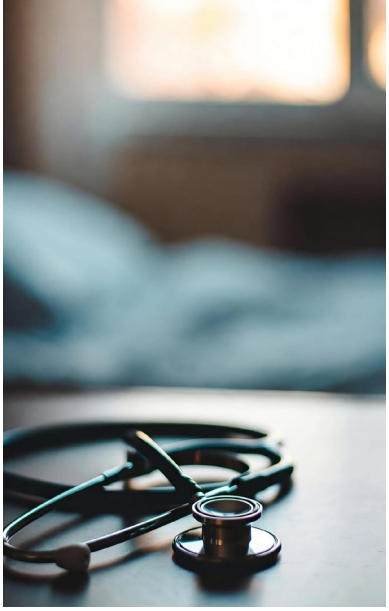
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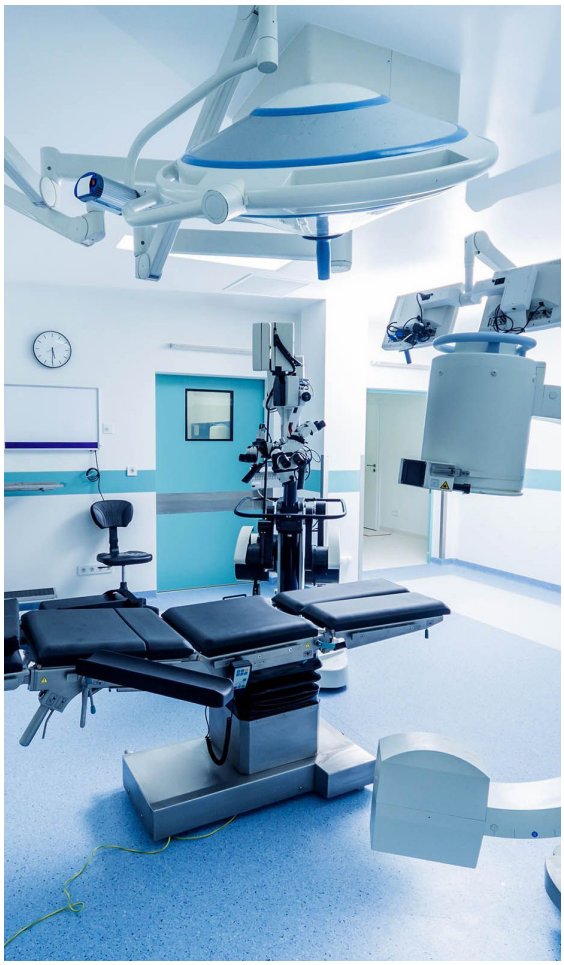
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CLINICAL EXPERIENCE WITH A FLEXIBLE NYLON OBTURATOR IN A PATIENT WITH AN ACQUIRED MAXILLARY DEFECT

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Abstract: The article presents a clinical case of prosthetic rehabilitation of a 42-year-old female patient with an acquired maxillary defect following surgical treatment of ameloblastoma. A flexible nylon obturator was fabricated to restore the separation between the oral and nasal cavities and improve the patient's functional condition. A combined digital-conventional protocol was used: an initial 3D scan was performed to obtain a digital model and design an individualized impression tray, followed by a definitive silicone impression. The fabricated obturator was evaluated clinically for retention, stability, adaptation, speech, mastication, swallowing, and patient comfort. Subjective satisfaction was assessed using a visual analogue scale. The flexible nylon obturator demonstrated satisfactory adaptation to the anatomical configuration of the defect, adequate retention and stability, and favorable functional and subjective outcomes. The presented clinical approach may be considered a practical option for the prosthetic rehabilitation of selected patients with acquired maxillary defects.

Key words: maxillary defect; obturator prosthesis; flexible nylon; thermoplastic denture; maxillofacial prosthetics; prosthetic rehabilitation; clinical case.

Annotatsiya: Maqolada ameloblastoma sababli jarrohlik yo'li bilan davolashdan so'ng orttirilgan yuqori jag' nuqsoni yuzaga kelgan 42 yoshli ayol bemorni ortopedik protezlash orqali davolashning klinik holati keltirilgan. Og'iz va burun bo'shliqlari o'rtasidagi ajralishni tiklash hamda bemorning funksional holatini yaxshilash maqsadida moslashuvchan neylon obturatordan foydalanildi. Davolash jarayonida kombinatsiyalangan raqamli va an'anaviy protokol qo'llanildi: dastlab raqamli modelni olish va individual qoshiqni loyihalash uchun 3D skanerlash amalga oshirildi, so'ngra yakuniy silikon qolip olindi. Tayyor obturator klinik jihatdan retensiya, barqarorlik, nuqson sohasiga moslashuvi, nutq, chaynash, yutish hamda bemorning qulayligi mezonlari bo'yicha baholandi. Subyektiv qoniqish darajasi vizual analog shkalasi yordamida aniqlandi. Moslashuvchan neylon obturator nuqsonning anatomik konfiguratsiyasiga qoniqarli darajada moslashgani, yetarli retensiya va barqarorlikni ta'minlagani hamda funksional va subyektiv jihatdan ijobiy natijalarni ko'rsatgani aniqlandi. Taqdim etilgan klinik yondashuv orttirilgan yuqori jag' nuqsonlari bo'lgan tanlangan bemorlarda ortopedik protezlashning amaliy usullaridan biri sifatida ko'rib chiqilishi mumkin.

Kalit so'zlar: yuqori jag' nuqsoni; obturator protez; moslashuvchan neylon; termoplastik protez; yuz-jag' protezlash; ortopedik protezlash; klinik holat.

Аннотация: В статье представлен клинический случай ортопедического лечения 42-летней пациентки с приобретённым дефектом верхней челюсти, возникшим после хирургического лечения амелобластомы. Для восстановления разобщения ротовой и носовой полостей и улучшения функционального состояния пациентки был изготовлен гибкий нейлоновый обтуратор. В процессе лечения был применён комбинированный цифровой и традиционный протокол: первоначально выполнено 3D-сканирование для получения цифровой модели и проектирования индивидуальной оттискной ложки, после чего получен окончательный силиконовый оттиск. Изготовленный обтуратор был клинически оценён по показателям ретенции, стабильности, адаптации к области дефекта, речи, жевания, глотания и комфорта пациентки. Субъективная удовлетворённость оценивалась с использованием визуальной аналоговой шкалы. Гибкий нейлоновый обтуратор продемонстрировал удовлетворительную адаптацию к анатомической конфигурации дефекта, достаточную ретенцию и стабильность, а также благоприятные функциональные и субъективные результаты. Представленный клинический подход может рассматриваться как практический вариант ортопедического лечения отдельных пациентов с приобретёнными дефектами верхней челюсти.

Ключевые слова: дефект верхней челюсти; обтураторный протез; гибкий нейлон; термопластический протез; челюстно-лицевое протезирование; ортопедическое лечение; клинический случай.

INTRODUCTION

Acquired maxillary defects may result in significant functional and aesthetic impairments, including disturbances of speech, mastication, swallowing, and separation of the oral and nasal cavities [1,2]. Obturator prostheses are an important method of prosthetic rehabilitation for patients with acquired maxillary defects and can contribute to the restoration of oral function and improvement of quality of life [3,4]. The choice of prosthetic material and design depends on the size and location of the defect, the condition of the remaining teeth and tissues, and the requirements for retention and stability [1,5]. Flexible thermoplastic materials, including nylon, have been proposed as an alternative to conventional rigid acrylic resin in selected clinical situations because of their flexibility and ability to engage anatomical undercuts [6,7].

This clinical report describes the prosthetic rehabilitation of a patient with an acquired maxillary defect using a flexible nylon obturator. The clinical stages of examination, treatment planning, impression taking, fabrication, fitting, and functional adaptation of the prosthesis are presented. Particular attention was paid to retention, stability, patient comfort, speech, mastication, and the ability to restore separation between the oral and nasal cavities. The use of a flexible nylon obturator provided satisfactory adaptation to the anatomical characteristics of the defect and allowed functional prosthetic rehabilitation. Flexible thermoplastic obturators may therefore represent a useful treatment option for selected patients with acquired maxillary defects, although their clinical indications and long-term performance require further investigation [6,7].

LITERATURE REVIEW

Rehabilitation of maxillary defects caused by tumor resection, trauma, or congenital anomalies remains a complex challenge in prosthodontics. Obturator prostheses are widely used to restore the separation between the oral and nasal cavities and to rehabilitate mastication, speech, swallowing, and facial esthetics [1,2]. The prosthetic management of these patients requires careful planning and an individualized approach to achieve predictable functional and psychological outcomes [3,4]. The weight of an obturator prosthesis is an important factor affecting patient comfort and retention. As the extension of the prosthesis increases, its weight may lead to gravitational displacement and reduced retention. Hollow obturators have therefore been introduced to reduce prosthesis weight while maintaining adequate extension into the defect [5]. Various materials, including wax, salt, sugar, and ice, have been used to create hollow spaces during conventional processing; however, these techniques may be time-consuming and may not provide uniform wall thickness or predictable internal geometry [6,7].

Digital technologies have significantly advanced prosthetic rehabilitation. Computer-aided design and computer-aided manufacturing (CAD/CAM) workflows enable accurate digital design and fabrication of complex prostheses and have been increasingly applied to maxillofacial prosthodontics [8]. Digital hollowing techniques allow more precise control of the wall thickness and internal geometry of an obturator, potentially resulting in lighter and more predictable prostheses [8]. Polyetheretherketone (PEEK) is a high-performance thermoplastic material that has attracted increasing attention in prosthodontics because of its favorable mechanical properties, low density, and biocompatibility. Its application in maxillofacial prosthodontics, including obturator prostheses, has been described in clinical reports [9,10]. The combination of PEEK with CAD/CAM technology may provide advantages in terms of weight reduction, accurate fabrication, and adaptation to complex anatomical defects [10].

Recent clinical reports have demonstrated the feasibility of combining digital design with conventional prosthodontic procedures in the fabrication of maxillary obturators. Such hybrid digital-analog workflows may be particularly useful in complex clinical situations where a completely digital approach is not always practical [11]. Despite these developments, clinical evidence regarding the use of CAD/CAM-milled PEEK-supported hollow obturators remains limited. Therefore, the present clinical report describes the fabrication and clinical application of a CAD/CAM-milled PEEK-supported hollow obturator for the rehabilitation of a patient with an acquired maxillary defect.

RESEARCH METHODOLOGY

A clinical case of prosthetic rehabilitation was performed in a 42-year-old female patient with an acquired maxillary defect following surgical treatment of ameloblastoma. The patient was examined six months after surgical intervention. Based on the clinical examination, the defect was classified according to the Aramany classification of maxillary defects. The presented defect corresponded to **Aramany Class I**, characterized by a unilateral maxillary defect extending toward the midline with preservation of the remaining dentition on the contralateral side [fig 1].



Figure 1. Clinical view of the acquired maxillary defect six months after surgical treatment of ameloblastoma.

The prosthesis was clinically fitted and evaluated for adaptation, retention, stability, comfort, and functional performance. Particular attention was given to the obturator seal within the defect area, the relationship of the prosthesis with the remaining teeth and soft tissues, and the patient's ability to speak and perform masticatory movements. The patient was instructed regarding the insertion, removal, hygiene, and maintenance of the prosthesis. The distinctive feature of the presented clinical protocol was the combination of digital intraoral scanning with conventional definitive silicone impression procedures. This approach allowed preliminary anatomical information to be obtained digitally and subsequently used for individualized tray fabrication, while the final silicone impression provided detailed registration of the complex defect anatomy. Similar hybrid approaches combining intraoral scanning and conventional impression techniques have recently been proposed for challenging maxillary prosthodontic situations [fig 3].

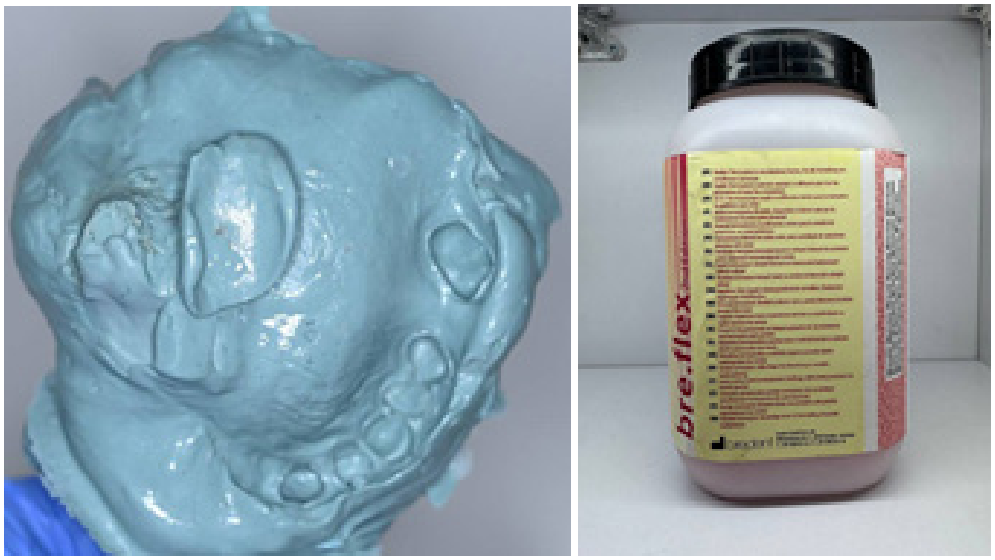


Figure 2. Definitive silicone impression of the maxillary defect and the thermoplastic nylon material used for fabrication of the flexible obturator prosthesis.

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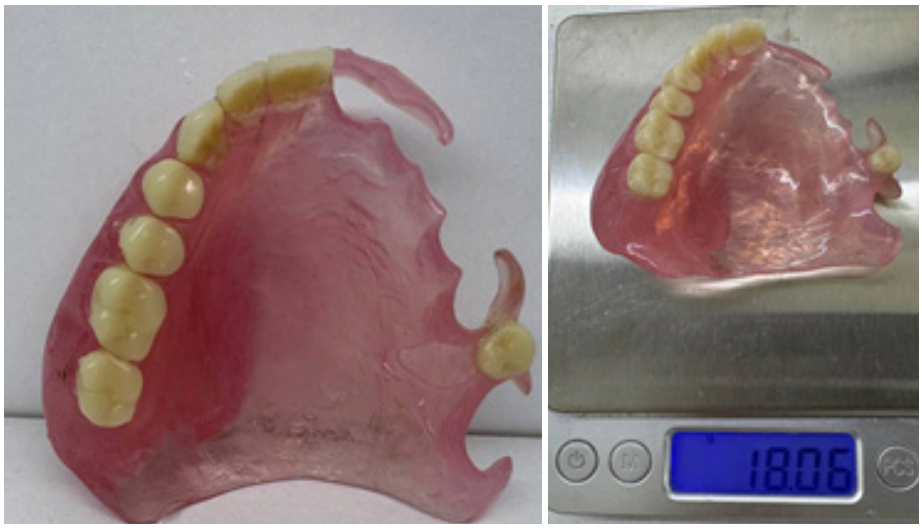


Figure 3. Fabricated flexible nylon obturator prosthesis: intraoral surface and occlusal view, with measurement of the prosthesis weight.

Written informed consent for prosthetic treatment and the use of clinical photographs for scientific publication was obtained from the patient.

ANALYSIS AND RESULTS

Following fabrication and clinical placement, the flexible nylon obturator demonstrated satisfactory adaptation to the anatomical configuration of the acquired maxillary defect. The prosthesis showed adequate retention and stability during functional movements, without clinically significant displacement during speech or mastication. The adaptation of the obturator to the defect area was assessed using a silicone-based indicator material. The examination demonstrated close contact between the obturator surface and the tissues surrounding the defect, without areas of excessive pressure or clinically significant gaps. The silicone indicator was also used to identify areas requiring minor adjustment of the prosthetic surface. Functional evaluation included assessment of retention, stability, speech, mastication, swallowing, and patient comfort. A water leakage test was performed to assess the effectiveness of closure of the communication between the oral and nasal cavities. No clinically significant leakage of liquid into the nasal cavity was observed after appropriate adaptation of the obturator. Speech function was evaluated using standardized speech tasks, including pronunciation of individual sounds, words, and short phrases. After insertion of the obturator, the patient demonstrated improved speech intelligibility and reduced nasal air escape. The patient was able to pronounce the tested words and phrases with greater clarity compared with the pre-prosthetic condition.

Masticatory function was assessed using functional chewing tests. The patient reported improved ability to chew food on the intact side of the dentition and improved overall comfort during mastication. Swallowing was also subjectively improved following closure of the maxillary defect. Patient-reported outcomes were assessed using a visual analogue scale (VAS), with higher scores corresponding to greater satisfaction and better perceived functional performance. The assessment included comfort, retention, speech, mastication, and overall satisfaction with the prosthesis. The patient reported a positive subjective response to the flexible nylon obturator, particularly regarding comfort, ease of insertion and removal, and functional adaptation. The low weight of the prosthesis was considered an additional clinical advantage. The fabricated obturator weighed approximately 18.05 g, which contributed to patient comfort and reduced the sensation of a heavy prosthesis during use. At the clinical follow-up, no significant mucosal trauma, pressure-related ulceration, or clinically evident instability of the prosthesis was observed. The patient was able to independently insert and remove the obturator and was instructed regarding oral and prosthesis hygiene. Overall, the clinical evaluation demonstrated satisfactory retention, adaptation, functional performance, and patient acceptance of the flexible nylon obturator in the presented case. Prosthetic rehabilitation of acquired maxillary defects remains a complex clinical task because the defect may affect mastication, swallowing, speech, and the separation of the oral and nasal cavities. Successful obturator treatment therefore depends not only on the material used but also on accurate registration of the defect, prosthetic design, retention, and adaptation to the patient's individual anatomy. Previous studies have demonstrated that patient satisfaction with obturator prostheses is closely related to speech function, mastication, swallowing, comfort, and social interaction.

CONCLUSION

In the present case, the use of a flexible nylon material provided several clinically relevant advantages. Its flexibility allowed adaptation to anatomical undercuts of the defect and facilitated insertion and removal of the prosthesis. Similar advantages of flexible materials have been reported in clinical reports of maxillary obturator rehabilitation, particularly in situations where conventional rigid designs may present difficulties with adaptation or patient comfort.

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TIBBIYOT
TA'LIMI & INNOVATSIYALARI

2026. № 8

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