POSTOPERATIVE CORRECTION OF FACIAL DEFECTS USING EPITHESES

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Summary

After some interventions at the face, especially for malignant tumors, remain defects difficult or even impossible to correct by biological means. An alternative for such situation are epithesis, which can replace the lost tissue with the help of alloplastic materials, usually silicon. Epithesis are running in special laboratory and for their success is required accuracy and expertise in the field. In this paper work, we present some cases operated for orbitofrontal-maxillary malignant tumors where the postoperative facial defect was unaesthetic and depressing for the patient. Correction with the help of epithesis improves the local situation and has a positive effect for the mental. For the reasons presented above, we recommend epithesis, having a beneficial role, and for the patients’ social reintegration.

Keywords: tumor, facial defect, epithesis.

Introduction

Surgery of malignant tumors of the face is in general a crippling surgery that affects the patient not only in the anatomical-functional plan but also psychically (Chiricuta, 1986).

In some cases the affected area can benefit from a reconstruction by surgical means, using nearby tissues or from distance, the latter performed by microsurgical methods (Burlibasa, 1983).

When this two process may not be feasible, epithesis can be used, that are made in special laboratory, by trained technicians in this area. Epithesis is actually a prosthesis usually made by silicon that can be processed in the desired goal, to obtain similar shapes and coloring of the replaced tissue. The technicians that perform such epithesis, needs a particular sense of aesthetic, a lot of patience and not least, imagination.

The diversity of epithesis is high, and this method can be use for reconstruction of some organs: nose, ears or some parts such as orbitofrontal-maxillary region (Burlibasa, 1999, Florescu, 1986, Olteanu, 1989, Horch, 1988).

Epithesis that aim the orbitofrontal-maxillary defects resulted from exenteration of orbit with or without partial resection of the maxillary, involves a certain complexity. They should replace the contents of the orbit, anatomical feature such as eyelids, eyeball, the sub-orbital region and sometimes a part of the cheek. These anatomical reconstructed features are having like model the healthy part, endeavoring to achieve a near perfect symmetry both in terms of shape and coloring. Surely there can be a rendering of the lost function. The major achievement is the aesthetic one that by largely masking of the defect gives the patient a degree of comfort in dealing with family and society (*,**,***).

In this paper work, we are going to deal with defects resulted from removal the orbito-maxilar tumors that leaves large defects and severally affects the individual physiognomy.
Clinical cases

1st Case

The patient G.I., 54 years old, operated for an initial skin lesion in the left eye internal corner, in a dermatology service. The intervention was made by cauterization; the healing is made per secundam.

After three months from the cauterization occurred the relapse, which partially included both eyelids, on approximately ¼ on their length. From the ophthalmologic examination it was found outside the lesions described, also an impairment of the eyeball in its internal dial. In this situation a limited intervention, only at the eyelid would have been ineffective, reason for which to respect the oncological principles exenteration of the orbit was carried out. Before the intervention, the patient was asked permission and gave informed consent to perform the surgery. The patient was still active healthcare, and because of this the remained defect after surgery created problems of communication, on aesthetic and psychological plan. In this situation we decided to correct he defects by making an epithesis. This thing was achieved; the epithesis was a success, which meant the evident psychological state of the patient, which allowed the resumption of professional activity. If correcting through epithesis would not have done, the patient was thinking of retirement. (Fig. 1 a-b)

Fig. 1 a) before; b) after

2nd Case

The patient P.I., 72 years old, came at the clinic for an ulcerated lesion of the inferior eyelid that she neglected and treated on her own initiative with ointments and drops.

Noticing the invasion of the eyeball items, the only therapeutic alternative was exenteration of orbit. The intervention was conducted, the defect remained was similar to that of the patient already presented. In this situation was confectioned, based on an impression an epithesis which greatly improved the image and status of the patient. (Fig. 2 a-b)

Fig. 2.a) Before; b) After

3rd Case

The patient, 76 years old operated at a surgery clinic oromaxillofacial Cluj, was send to our clinic for reconstruction by epithesis of the defect resulted from removal of a left orbito maxillary tumor. The post operatory wound has already been healed, was possible the manufacturing of the epithesis, that was a success, and fully satisfied the patient which was seriously marked from the post operatory defect. (Fig. 3 a-b)

Fig. 3 a) before; b) after
4th Case

Patient, 75 years old, operated for a left orbit maxillary tumor. The exenteration of the orbit and the removal of the maxillary tumor were made. The defect remained was accepted by the post operator patient but his consent was conditioned by manufacturing of the epithesis. This was made and completely changed his life condition. (Fig. 4 a-b).

Conclusions

1. The epithesis represents a prosthetic mean of solving the facial defects that cannot benefit of correction with the help of nearby or distant flaps, or whose resolve with this procedure would be particularly difficult.
2. The modern materials used in making this epithesis permit the construction of large fireworks, anatomical and physiognomic effect, without achieving giving back the lost functions.
3. The epithesis are addressed especially for elderly people, where the quality of the tissue is in biological regression, this does not mean epithesis are excluded in certain situations to be used by young people or even by children.

References

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4. The manufacturing of any epithesis requires a thorough study of the patient, a stabilized and enhanced healing of the post operative wound, in order to obtain a more accurate impression and the report between the epithesis and defect not to change after the manufacturing.
5. In the manufacturing of the epithesis, the patient must be present for the numerous stages of their implementation, only in this way details can be obtained and make corrections as close to the existing of integral part.
6. The best materials used for manufacturing the epithesis remain the silicon preparations, easily for modeling and coloring.
7. The means of attachment of the epithesis are of two types:
8. Movable along with the epithesis
9. Fixed type intra bone implant where the epithesis is attached on the principle of suction or some cufflinks.
10. An epithesis can never satisfy the absolute mode the absent parties, but the situation improves considerably and confers the patient a supplementary comfort in addition of post operative mutilation.
11. The advantage of using the epithesis in the post surgical resulted defects is the fact that allows the periodic inspection of the resulted defect and early observation of possible relapse that can benefit in time for an appropriate treatment.
12. The quality of an epithesis is not influence only by the material manufactured but also by the talent of the technician.
13. As much the aesthetic success is higher, the patient morale is much better and allows him for a better integration in the family life and society.

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