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TOPIC - "Glabella Implant – An advanced Oncology Tool "

The aim of this presentation is to emphasize on the tripodization of the implant reconstruction for post resection cases rehabilitation and achieving better prognosis. Resection aim to successfully eliminate the disease part of orofacial region results in the orofacial defect resulting in the negative impact on the patient quality of life, functionally and psychologically. Masticatory and speech activity is at-most affected as of oroantral / oropharyngeal communication resulting these patients as "forgotten patients" if the orofacial rehabilitation of such patient is not completed.

Such patients have very extensive bone loss where the vestibular space is also compromised which results in difficulty to restore them with retentive removable functional obturator prosthesis. Dental implants are the only method / means to provide and restore obturator/ prosthesis with masticatory functional units. But when there is marked atrophy post resection, leading to deficient zygomatic bone, pterygoid apophysis, maxillary palatal bone and all the alveolar bone , placement and retention of the implants gets difficult questioning the long term prognosis of the construction. Reconstruction with free vascularized autogenous grafts also get difficult as to retain them some amount of healthy native bone is necessary, other than the associated comorbidities.

The construction with quad zygomas prognosis may be questionable with as the original protocol of zygoma introduced by Prof. Brenmark to have at-least 2 rigid fixtures splinted with zygomas to overcome the flexural property associated with long zygoma implants fixed only at one end of zygoma bone .

Here the speaker has done work on implants engaging the glabella and splinting the implant with zygomatic / pterygoid implants which ever possible, thus creation Tripodization enhancing the prognosis of the construction. The concept of "tripodization" is logically explained by BURCH 1980, when three contact point is produced , the forces are directed axially thereby eliminating potential damaging the off-axis forces for the system / construction.

Glabella implant placement should be under category for craniomaxillofacial implantology, here the author has achieved all the placements flapless keeping the procedures least traumatic for the patients