

Clinical Reports

An unpredictable result from a torus palatinus removal and its treatment: A clinical report

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An 80-year-old white woman reported to the West Virginia University oral and maxillofacial surgery department for evaluation of her oral condition. Clinical examination revealed chronically carious, nonrestorable teeth and a large torus palatinus (30 × 25 × 15 mm) (Fig. 1). After full clinical and radiographic examination, the patient was informed of the need for removal of the teeth and the torus palatinus before fabrication of complete maxillary and mandibular dentures.

Before surgical correction, a maxillary impression was made with irreversible hydrocolloid impression material, poured in stone, and a diagnostic cast was made. On the cast, the teeth and the torus were removed and trimmed as in the planned surgical procedure. A clear methyl methacrylate stent was fabricated to protect the surgical site from trauma and prevent the formation of hematoma beneath the tissues.

After extraction of the remaining natural teeth and sur-

gical removal of the torus with the patient under general anesthesia, a previously fabricated maxillary stent was inserted and lined with a denture tissue conditioner (Coe Comfort, Coe Laboratories, Inc., Chicago, Ill.) to ensure accurate adaptation. Postoperatively, the patient continued wearing the maxillary stent to prevent trauma and the formation of hematoma on the palatal mucosa.

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Fig. 2. Intraoral, maxillary arch, postsurgical intervention.

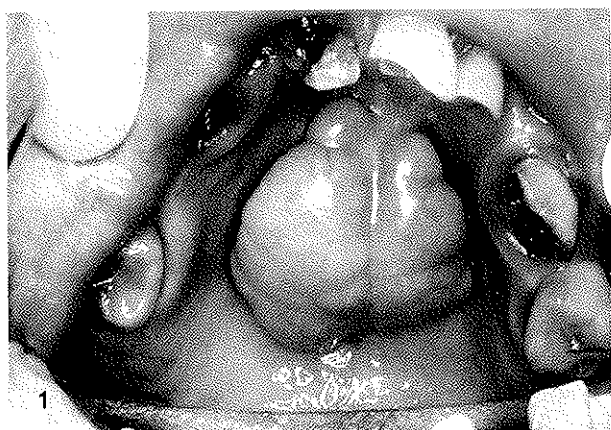


Fig. 1. Intraoral, maxillary arch before extraction and removal of torus palatinus.

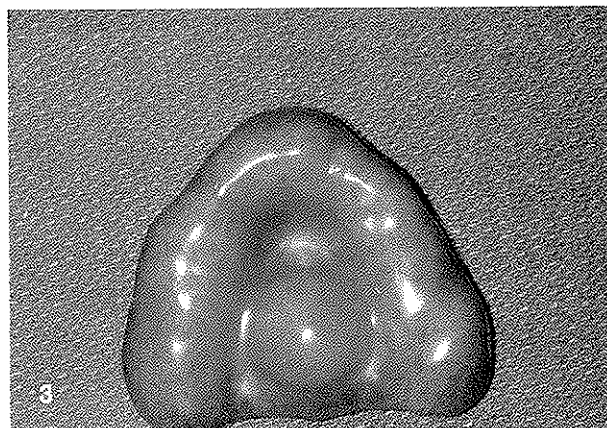


Fig. 3. Maxillary base plate with torus palatinus in place.

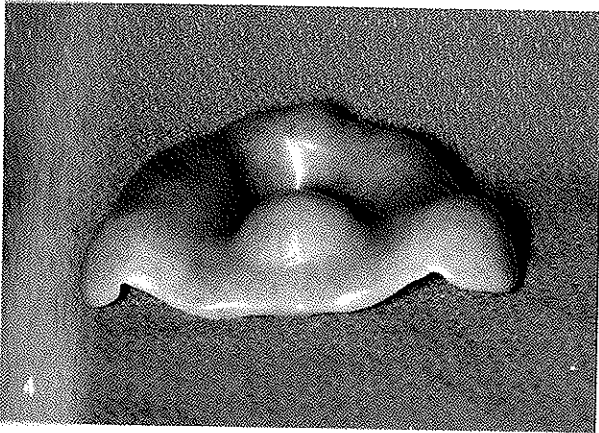


Fig. 4. Maxillary base plate, lateral view.

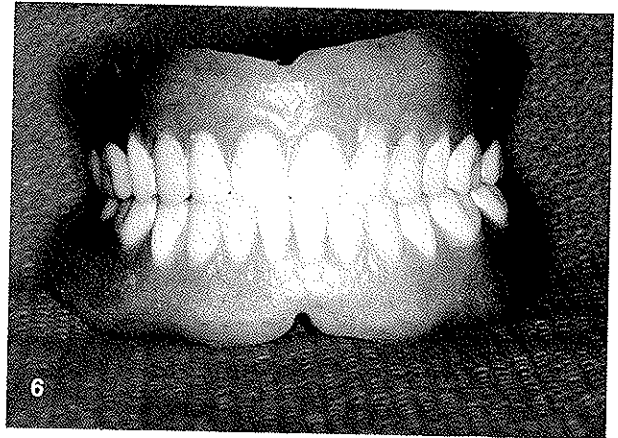


Fig. 6. Final prostheses, maxillary and mandibular complete dentures.

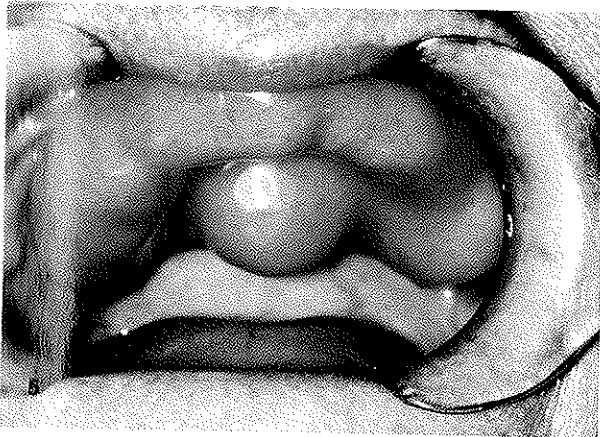


Fig. 5. Maxillary base plate in position.

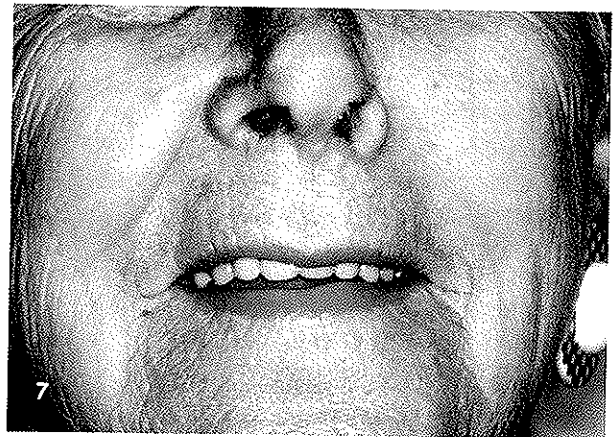


Fig. 7. Prostheses, anterior view.

The patient's oral condition was evaluated 10 days post-operatively; the stent was removed, and examination revealed that the palatal mucosa and the extraction sites were healing well (Fig. 2). However, during the postoperative follow-up, the patient complained of a choking problem during drinking, which was initially manifested after removal of the torus palatinus.

A series of examinations confirmed that the discomfort was not of pathologic origin, but was related to habilitation adjustment. Therefore, a maxillary base plate was fabricated with a pseudo torus of the palate to simulate the surgically removed torus palatinus (Figs. 3 and 4).

After receiving the prosthesis, the patient was examined weekly. After the first week of wearing the prosthesis, she

stated that the choking problem had completely subsided (Fig. 5). Subsequently, the size of pseudo torus was reduced slightly at each follow-up, until completely reduced. This allowed the patient to gradually accommodate reduction of the torus over a period of 6 to 8 weeks. Meanwhile, maxillary and mandibular complete dentures were fabricated and the patient's oral rehabilitation was successful (Figs. 6 and 7).

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