

# Prosthetic Solutions For A Compromised Maxillary Fibular Flap Reconstruction



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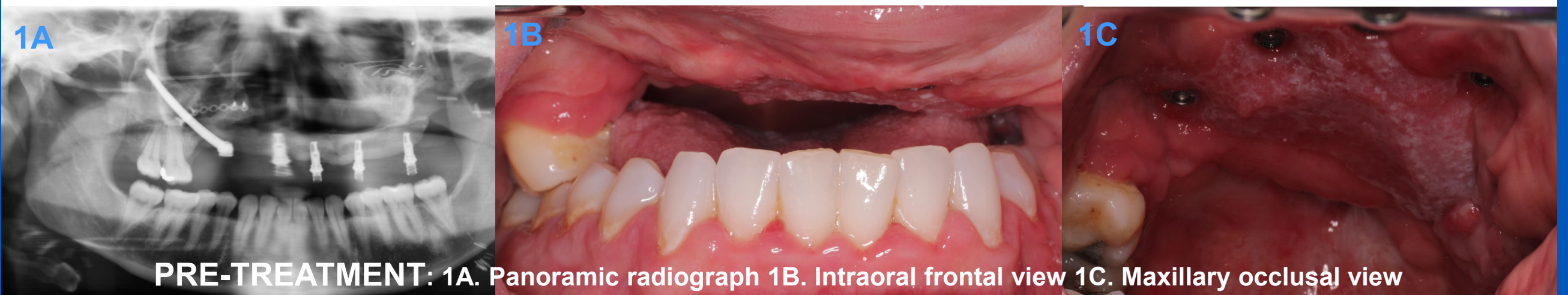
**ABSTRACT** This case details the *clinical and laboratory techniques* used for a complex maxillary reconstruction in a 36-year-old female who suffered palatal necrosis, an oro-nasal fistula, and mobile dentition following a motor vehicle accident. She underwent a *maxillectomy with immediate fibular free flap reconstruction and primary placement of endosteal implants*, but experienced **complications** requiring a carefully sequenced approach *combining analog and digital techniques* to address functional and structural challenges.

## CHIEF COMPLAINT & ORAL STATUS

Recurrent implant failures with bone loss in the right neo-maxilla resulting in zygomatic implant placement

Limited occlusal vertical dimension (OVD) & trismus

Persisting palatal fistula



## TREATMENT

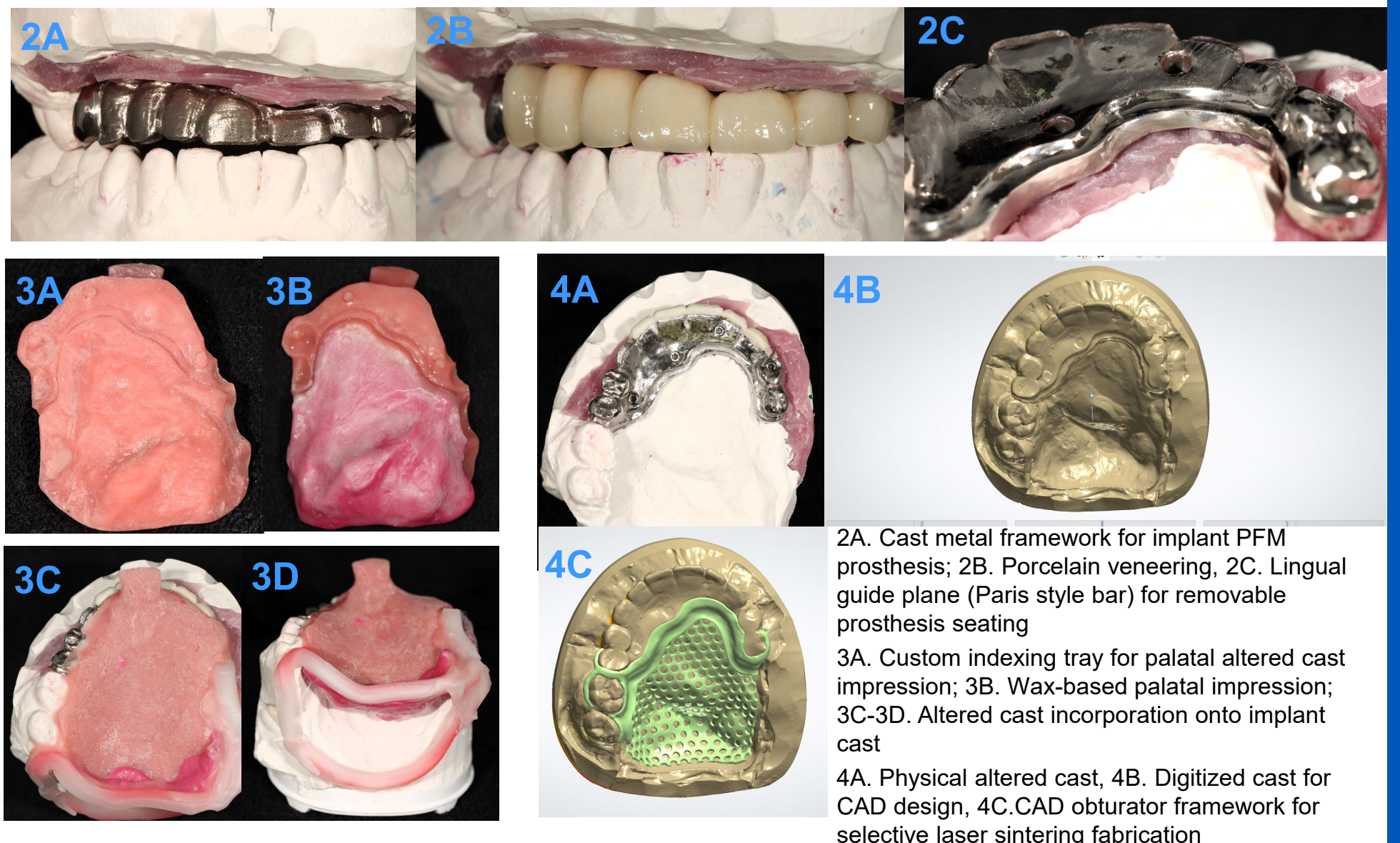
### MULTIPIECE PROSTHETIC UNIT

- Foundational implant-supported *porcelain-fused-to-metal (PFM)* fixed prosthesis
- Baseplate style obturator

**PFM cross-arch stabilizes ZI, accommodates for limited OVD & customization of survey design to improve retention & stability of the removable prosthesis**

### CLINICAL & LABORATORY STEPS

- Altered cast impression improves comprehensive prosthetic fabrication in the setting of trismus
- PFM implant prosthesis utilized as index for custom tray to predictably orient the palatal impression
- CAD-CAM provides accurate fit of removable framework, preservation of physical cast, & future remake/modification opportunities



## CLINICAL SIGNIFICANCE

Intentional dental material choices, thoughtful clinical steps, and a combination of fabrication techniques & technologies provide a functional prosthetic rehabilitation despite complex anatomic parameters