



61st Meeting of the

AMERICAN ACADEMY OF MAXILLOFACIAL PROSTHETICS

November 1-4, 2014

New Orleans, Louisiana USA



2014 CONFERENCE PROGRAM

*Multidisciplinary Progress in Maxillofacial Rehabilitation
of the Head and Neck Cancer Patient*

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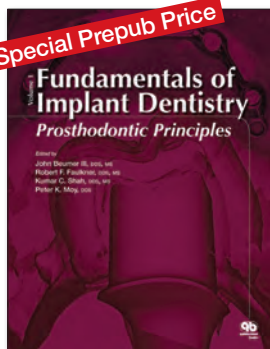


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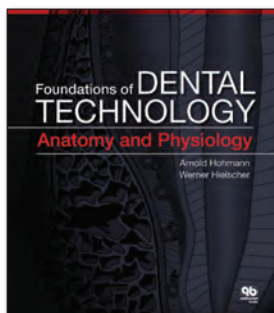


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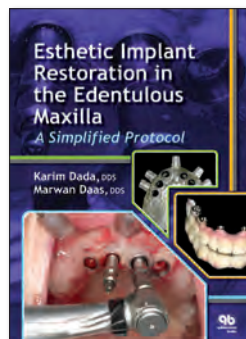


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AAMP Mission Statement

We are an association of prosthodontists who are engaged in the art and science of maxillofacial prosthetics. Our mission is to accumulate and disseminate knowledge and experience; and, to promote and maintain research programs involving methods, techniques and devices used in maxillofacial prosthetics.

The Academy is devoted to the study and practice of methods used to habilitate esthetics and function of patients with acquired, congenital and developmental defects of the head and neck; and of methods used to maintain the oral health of patients exposed to cancer-cidal doses of radiation or cytotoxic drugs.

MEMBERSHIP INFORMATION



How to Become a Member:

If you are interested in becoming a member, attending our Annual Meeting is the best way to become familiar with the membership and educational process. There are three primary membership tracks for the AAMP:

• *Affiliate* • *Associate* • *Honorary Fellow* •

Application Process and Membership Categories

Individuals eligible for membership in the AAMP include:

- Licensed dentists in good standing in the country in which they practice and retain citizenship
- Persons licensed, registered or otherwise permitted by law to practice as dental or maxillofacial prosthetic technicians who are involved in only non independent or indirect patient care as directed or prescribed by a licensed dentist
- Student Membership is also available. Please see the AAMP web site to view the qualifications and to apply.

For more information, please navigate to our website:

www.maxillofacialprosthetics.org and click **membership** tab

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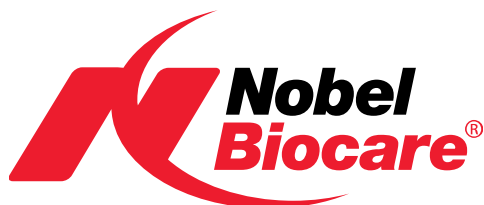
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AAMP 2014 PRESIDENT:
BETSY K. DAVIS, DMD, MS

Welcome Message



Welcome and thank you for joining me for the 61st Annual Meeting of the American Academy of Maxillofacial Prosthetics. Our program chair, Dr. Gerald T. Grant, has assembled a world renowned list of speakers that challenge us to tackle the changing dynamics of our subspecialty and to uphold our leadership role in the future.

The Program Theme for this year's meeting is **"Multidisciplinary Progress in Maxillofacial Rehabilitation of the Head and Neck Cancer Patient"** and

includes three days of lectures, Sunday-Tuesday (November 2nd - November 4th). Our optional CE program is outstanding this year. 3D Systems will be supporting a workshop titled: *Craniofacial Reconstruction: Digital Workshop- Scan, Plan, 3D Print* on all three days. This will be presented by Mr. Kevin Atkins. On both Monday and Tuesday Factor II will be providing a workshop titled: *Advances in Coloring Techniques Workshop (Introducing the E-skin Spectrocolorimeter System)*. This workshop will be presented by Mr. Alan Bocca and Professor Mark Waters.

As leaders in dentistry, it is imperative that we take an active role in shaping the future to advance the quality of patient care. This year's program is devoted to that concept.

Take some time to enjoy the attractive surroundings and special events that have been thoughtfully organized. We look forward to your active participation in this year's academic and social venue.

Betsy K. Davis, DMD, MS
President, American Academy of Maxillofacial Prosthetics

Dr. Betsy Davis holds the Wendy and Keith Wellin Endowed Chair position in Maxillofacial Prosthodontics and Dental Oncology at the Medical University of South Carolina (MUSC). She is an Associate Professor of the Department of Otolaryngology - Head and Neck Surgery and Associate Professor of Oral & Maxillofacial Surgery at the Medical University of South Carolina with special interests in maxillofacial prosthodontics, dental oncology, and implant prosthodontics. Dr. Davis is a cum laude graduate of Wofford College and received her D.M.D. degree from the Medical University of South Carolina. Dr. Davis pursued graduate training in Prosthodontics at the University of Iowa where she received her Certification and Master's degree in Prosthodontics. She joined the faculty at Ohio State University where she taught and practiced from 1989-1992. Davis completed her fellowship training in Maxillofacial Prosthodontics at M.D. Anderson Cancer Center in Houston, Texas, followed by a Maxillofacial Prosthetic/Implant Residency at UCLA Maxillofacial Prosthetic Clinic. She returned to her home state of South Carolina in 1994 to develop the MUSC Maxillofacial Prosthodontic Clinic.

Dr. Davis is an adjunct faculty member in the Department of Bioengineering at Clemson University. Dr. Davis' research focuses on rehabilitation of the maxillofacial patient. Her collaboration with the Bioengineering Department at Clemson University includes studies in 3D modeling and rapid prototyping of facial prostheses, implant biomechanics focusing on photoelastic and finite element analysis of tissue bar designs in head and neck cancer patients, and tissue engineering. Future plans include the development of a Functional Outcome Center to measure the functional recovery of head and neck cancer patients.

Dr. Davis is the President of the American Academy of Maxillofacial Prosthetics and Treasurer of the International Society of Maxillofacial Rehabilitation. She is a member of the Academy of Osseointegration, American Academy of Maxillofacial Prosthetics, American College of Prosthodontists, American Dental Association, International College of Prosthodontists, International Society of Maxillofacial Rehabilitation, and the American Academy of Dental Sleep Medicine. She has been selected to be in the Consumers'

Research Council of America in their publication of the "Guide to America's Top Dentists", 2006-2014. She has been inducted into the International Academy of Dentistry and is a reviewer for the Journal of Prosthetic Dentistry. In her free time, Dr. Davis enjoys painting, swimming, and golf.



WELCOME FROM AAMP 2014 CONFERENCE PROGRAM CHAIR



Welcome to New Orleans and the 61st Annual Scientific Session of the American Academy of Maxillofacial Prosthetics!

Perhaps no other discipline in dentistry so thoroughly embraces technology to the degree as Maxillofacial Prosthetics. We as a subspecialty sit at the crossroads of dentistry, medicine and surgery and as a result, we define and develop the technologies that help all three healing

arts and sciences to optimize our working together as a team.

Maxillofacial Prosthodontists have put into daily practice the imagined innovations of years ago and many of our AAMP members are leading developers of these new technologies and early adopters of these innovations.

From basic science, to imaging, to scanning, to planning, to milling, to surgery, to aftercare – this year, the 2014 AAMP Program Committee has put together an information-packed 3 day meeting. In addition, we have organized 2 cutting-edge, hands-on workshops that will broaden your planning and clinical skills.

Ideas are contagious! The fellowship of the AAMP is reinforced and friendships are made only when you are in the presence of others. Enjoy your stay in New Orleans-share your ideas with your friends and colleagues, spend time with our generous corporate sponsors and take the time to wonder and think for the future!

From the Program Committee,

Gerald T. Grant, DMD, MS, CAPT, USN
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*Seymour Birnbach, D.D.S.....	1981 St. Louis, MO
James W. Schweiger, D.D.S.....	1982 Monterey, CA
Norman G. Schaaf, D.D.S.....	1983 San Diego, CA
*Verdi F. Carsten, D.D.S.....	1984 Nashville, TN
*David N. Firtell, D.D.S.....	1985 Seattle, WA
Ronald P. Desjardins, D.M.D.....	1986 Williamsburg, VA
Mohammad Mazaheri, D.D.S.....	1987 San Diego, CA
Richard J. Grisius, D.D.S.....	1988 Baltimore, MD
*Charles C. Swoope, D.D.S.....	1989 Tucson, AZ
Stephen M. Parel, D.D.S.....	1990 Charleston, SC
*Luis R. Guerra, D.D.S.....	1991 Reno, NV

Donald L. Mitchell, D.D.S...	1992 Tampa, FL
Clifford W. VanBlarcom, D.D.S.....	1993 Palm Springs, CA
Gordon E. King, D.D.S.....	1994 New Orleans, LA
Gregory R. Parr, D.D.S.	1995 Washington, DC
James E. Ryan, D.D.S.....	1996 Kansas City, MO
*Carl J. Andres, D.D.S.....	1997 Orlando, FL
Salvatore J. Esposito, D.M.D.....	1998 Victoria, BC
Timothy R. Saunders, D.D.S.....	1999 Philadelphia, PA
Jonathan P. Wiens, D.D.S.....	2000 Kauai, HI
Alan J. Hickey, D.M.D.....	2001 New Orleans, LA
Robert E. Gillis Jr., D.M.D, M.S.D.	2002 Orlando, FL
*Thomas R. Cowper, D.D.S.....	2003 Scottsdale, AZ
Mark T. Marunick, D.D.S, M.S.....	2004 Ottawa, Canada
Thomas J. Vergo Jr., D.D.S.....	2005 Los Angeles, CA
Rhonda F. Jacob., D.D.S., M.S.....	2006 Maui, HI
Jeffrey E. Rubenstein, D.M.D, MS	2007 Scottsdale, AZ
Terry M. Kelly, D.M.D.....	2008 Nashville, TN
Glenn E. Turner, D.M.D., M.S.D...	2009 San Diego, CA
Steven E. Eckert, D.D.S., M.S.....	2010 Orlando, FL
Robert M. Taft, D. D. S.....	2011 Bathesda, MD
Steven P. Haug, D.D.S.....	2012 Greenwood, IN
Lawrence E. Brecht, D.D.S.....	2013 New York, NY

**Denotes Deceased*

**We thank all past AAMP Presidents for
their dedication and service**

SOCIAL EVENTS

Saturday, November 1st

- 07:00 - 16:00 AAMP Board of Directors Meeting
Location: River Room - 12th Floor
- 17:30 - 20:00 Poster Session & Exhibit Reception
Location: Ballroom I and Foyer- 12th Floor

Sunday, November 2nd

- 07:00-08:15 Continental Breakfast in Exhibit Room
Location: Ballroom I and Foyer- 12th Floor
- 08:15-08:30 Opening Show & Welome
Location: Ballroom II - 12th Floor
- 08:30-13:00 General Session
Location: Ballroom II- 12th Floor
- 10:30-12:30 Saints & Sinners Tour of St. Louis Cemetery
(elective) Meet in Main Hotel Lobby
- 13:05-14:25 AAMP Luncheon & Business Meeting
AAMP Members Only
Location: Crescent Ballroom- 11th Floor
- 14:30-16:45 Workshop One- *CranioFacial Reconstruction:*
Digital Workshop- Scan, Plan, 3D Print.
By 3D Systems
(Medical Modeling & Geomagic Solutions)
Location: Imperial Room- 12th Floor
- 18:00-22:00 **AAMP Social Outing**
Mardi Gras World Tour (elective)
Meet in Main Hotel Lobby

Monday, November 3rd

- 07:00-08:15 Continental Breakfast in Exhibit Room
Location: Ballroom I and Foyer- 12th Floor
- 07:00-08:15 New Members Breakfast
Location: Chairman's Room

- 08:15-13:15 General Session
Location: Ballroom II- 12th Floor
- 13:00-15:00 New Orleans Culinary Tour (elective)
Meet in Main Hotel Lobby
- 14:30-16:45 Workshop Two- *CranioFacial Reconstruction:
Digital Workshop- Scan, Plan, 3D Print.
By 3D Systems
(Medical Modeling & Geomagic Solutions)*
Location: Imperial Room- 12th Floor
- Workshop Four- *Advances in Coloring
Techniques Workshop
(Introducing the E-Skin Spectrocolorimeter
System) By Factor II*
Location: Terrace Room- 12th Floor
- 19:00-22:00 **AAMP Presidential Reception & Banquet**
(elective)
Location: Ballroom I and Foyer/Ballroom II- 12th Floor

Tuesday, November 4th

- 07:00-08:15 Continental Breakfast in Exhibit Room
Location: Ballroom I and Foyer- 12th Floor
- 08:15-13:00 General Session
Location: Magnolia Ballroom- 3rd Floor
- 14:00-17:00 Workshop Three - *CranioFacial Reconstruction:
Digital Workshop- Scan, Plan, 3D Print.
By 3D Systems
(Medical Modeling & Geomagic Solutions)*
Location: Imperial Room- 12th Floor
- Workshop Five- *Advances in Coloring
Techniques Workshop
(Introducing the E-Skin Spectrocolorimeter
System) By Factor II*
Location: Crescent Ballroom- 11th Floor

SCIENTIFIC PROGRAM OVERVIEW

Saturday, November 1st

07:00 - 16:00 **AAMP Board Meeting-** *Board Members only*

17:30 - 20:00 **Poster Session & Exhibit Reception**

Sunday, November 2nd

07:00-08:15 **Continental Breakfast in Exhibit Room**

08:15-08:30 **Opening Show and Welcome**

Session Title: **The Future in Reconstruction**

Moderators: **Mark George & Brian Chang**

08:30-09:15 Chad R. Gordon, D.O.
Validation of Surgical Guides with Navigation in Face Transplant Surgery

09:15-10:00 Katie Weimer, MS
Virtual Surgical Planning and its Impact on Craniofacial Reconstructions

10:00-10:45 **AM Break**

10:45-11:30 Suzanne Verma, MAMS, CCA
Virtual Preoperative Planning & Intraoperative Navigation in Craniofacial Prosthetic Reconstruction

11:30-12:15 Rosemary Seelaus, MAMS, CCA
Exploring Efficiencies of Technology-Based Applications in Facial Reconstruction

12:15 - 13:00 Panel Discussion

13:00 **Session Adjourns**

13:05-14:25	AAMP Business Meeting & Luncheon
14:30-16:45	Workshop 1 <i>Craniofacial Reconstruction: Digital Workshop- Scan, Plan, 3D Print. By 3D Systems (Medical Modeling & Geomagic Solutions)</i>
18:00 - 22:00	AAMP Social Outing: Mardi Gras World Tour

Monday, November 3Rd

07:00-08:15	Continental Breakfast in Exhibit Room
07:00-08:15	New Members Breakfast
Session Title:	The Future Speaks
Moderators:	William Wilson & Joe DiFazio
08:30-08:55	Cynthia Aita-Holmes, DMD <i>Digital Fabrication of Facial Prosthesis</i>
08:55-09:20	Evan B. Rosen, DMD, MPH <i>Maxillofacial Prosthetics at Memorial Sloan Kettering Cancer Center: Experiences of a Recent Graduate</i>
09:20-09:45	Eszter Somogyi-Ganss, DMD, MSc, Pros, PhD and FRCD(C) <i>Biofilm on the Tracheoesophageal Voice Prosthesis: Considerations for Oral Decontamination</i>
09:45-10:10	Nicole A. Smith, Maj, USAF, DC, (DMD, MS) <i>A Custom Tissue Stent for a Total Mandibulectomy Patient</i>
10:10-10:30	Questions & Answers

10:30-11:15	AM Break
11:15-11:35	Matilda Dhima, DMD, MS <i>Novel Multidisciplinary Treatments for the Maxillofacial Prosthetic Patient</i>
11:35-12:00	Tanya Somohano Marquez, DMD, FACP <i>Mandibular Incisors Sacrificed for Surgical Access and Treatment Limitations in the Oncologic Patient: A Case Report</i>
12:00-12:25	Jeff Rodney, DMD <i>A NAM Appliance Approach Applying Simple Geometric Principles</i>
12:25-12:50	Amanda C. Colebeck, DDS, MS <i>Use of Orbital Conformer to Improve Speech in Patients with Confluent Maxillectomy and Orbital Defects</i>
12:50-13:15	Questions & Answers
13:15	Session Adjourns
14:30-16:45	Workshop 2 <i>Craniofacial Reconstruction: Digital Workshop- Scan, Plan, 3D Print. By 3D Systems (Medical Modeling & Geomagic Solutions)</i>
	Workshop 4 <i>Advances in Coloring Techniques Workshop (Introducing the E-skin Spectrocolorimeter System) By Factor II</i>
19:00-22:00	AAMP Presidential Reception & Banquet

Tuesday, November 4th

07:00-08:15

Continental Breakfast in Exhibit Room

Session Title: Future Trends in Oral Cancer

Moderators: Kenneth Kent & Anton Petrich

08:30-09:15

Alvin G. Wee, BDS, DDS, MS, MPH
Oral Cancer Examinations Can Save Lives

09:15-10:00

David J. Reisberg, DDS, FACP
Rehabilitation and HBO

10:00-10:45

AM Break

10:45-11:30

Paul Friedlander, MD, FACS
Current Trends in Head and Neck Cancer

11:30-12:15

James A. Kelly, DDS, MS, MBA, FACP
*Maxillofacial Prosthetic Support in
Cancer Treatment*

12:15-13:00

Terry A. Day, MD, FACS
*Future of H&N Care- Collaborations on the
Corporate, Patient and Organizational Front to
Affect Change*

13:00

Session Adjourns

14:00-16:45

Workshop 3

*Craniofacial Reconstruction: Digital Workshop-
Scan, Plan, 3D Print. By 3D Systems (Medical
Modeling & Geomagic Solutions)*

Workshop 5

*Advances in Coloring Techniques Workshop
(Introducing the E-skin Spectrocolorimeter
System) By Factor II*

AAMP 2014 SCIENTIFIC PROGRAM

Sunday, November 2nd

AAMP 2014 Conference Title:

**Multidisciplinary Progress in Maxillofacial Rehabilitation
of the Head and Neck Cancer Patient**

08:15-08:30 Opening Show and Welcome

Moderators: Mark George & Brian Chang

08:30 Chad R. Gordon, DO

Assistant Professor
Clinical Director, Face Transplant Program
The Johns Hopkins Outpatient Center
Baltimore, Maryland USA

***Validation of Surgical Guides with Navigation in Face
Transplant Surgery***

Dr. Gordon's presentation will encompass the establishment and developments surrounding a pre-clinical, orthotopic, swine model for the investigation of functional, immunological, and aesthetic outcomes related to osteocutaneous maxillofacial allotransplantation. The research team includes a multidisciplinary group extending between The Johns Hopkins Hospital/Johns Hopkins University School of Medicine (Baltimore, MD), The Johns Hopkins University Applied Physics Laboratory (Laurel, MD), and the Walter Reed National Military Medical Center (Bethesda, MD). Funding for this research includes the American Society of Maxillofacial Surgery's Research Grant Award (2011), the American Association of Plastic Surgeons' Furnas Academic Scholar Award (2012-14), the Accelerated Translational Incubator Program Award at Johns Hopkins University's Institute for Clinical and Translational Research (funded by National Institutes of Health, 2012-13)*, an Independent Research and Development grant from the Johns Hopkins University Applied Physics Laboratory, and The Abell Foundation Award from the Johns Hopkins Alliance for Science and Technology development.

*This study was made possible, in part, by the Johns Hopkins Institute for Clinical and Translational Research (ICTR) which is funded in part by the National Center for Advancing Translational Sciences (NCATS), a component of the National Institutes of Health (NIH), and NIH Roadmap for Medical Research. Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the Johns Hopkins ICTR, NCATS or NIH [NCATS grant # UL1TR000424-06].

09:15

Katie Weimer, MS

Senior Manager, Virtual Surgical Planning

Biomedical Engineer III

3D Systems- Medical Modeling

***Virtual Surgical Planning and its Impact on
Craniofacial Reconstructions***

At its most basic level virtual surgical planning is about utilizing medical image data to accurately plan surgery in a computer environment and then transferring that virtual plan to the patient using customized instruments. The surgeon brings his/her clinical knowledge and desired surgical plan to an online webmeeting (or it remains on the surgeon's desktop) and the three-dimensional patient data is digitally measured, osteotomized, moved and manipulated until the surgeon digitally completes the surgical plan just as they would in the operating room. Patient-specific/plan specific disposable instruments are then 3d printed for use in the operation. This digital thread of medical imaging, planning, design and manufacturing is changing the standard of care in craniofacial reconstructions.

Common applications of this technology include 1) Orthognathic surgical planning with CAD/CAM intermediate and final splints 2) Mandibular or maxillary reconstruction with free flaps, 3) Trauma reduction surgery including repositioning guides and augmented DICOM data for navigation assistance, and 4) Distraction osteogenesis planning including vector positioning and distractor placement. Less common but growing applications include cranial vault remodeling, microtia

reconstruction and even facial transplantation planning. A large group of peer-reviewed journal articles substantiate the clinical uses of virtual surgical planning. Improved surgical planning, enhanced surgeon confidence, surgical time savings, improved surgical outcomes/accuracy and a more efficient workflow are just a few of the ways that virtual surgical planning has impacted clinical care.

10:00

AM Break

10:45

Suzanne Verma, MAMS, CCA

Assistant Professor
Department of Oral & Maxillofacial Surgery
Baylor College of Dentistry
Texas A&M University
Dallas, Texas USA

Virtual Preoperative Planning and Intraoperative Navigation in Craniofacial Prosthetic Reconstruction

Purpose: Surgical Navigation systems provide the benefits of virtual preoperative planning, elimination of the physical surgical guide, and real time intraoperative visualization that is driven by the proposed prosthetic outcome. This technology was utilized preoperatively for implant and prosthetic planning and intraoperatively to place craniofacial bone anchored implants for patients receiving an implant retained facial prosthesis.

Methods and Materials: Using a navigational planning system, (Stryker Intellect Cranial, Stryker® Navigation) virtual visualizations of soft tissue and bone were created by segmenting DICOM images acquired from spiral CT data. When treating patients with unilateral facial defects, radiographic data from the unaffected soft tissue was mirrored onto the skull of the defect side to visualize the future prosthesis. Preoperative planning for patients with bilateral defects or disfigured opposing anatomy entailed pairing the patient's DICOM data with imported "digital donor anatomy " from either a different patient's CT, or an .stl file from a surface scan. Using navigational software, implant locations were planned in the anatomical area that would lead to the best aesthetic prosthetic

result, as well as the appropriate bone height for implant stability. The surgical sites were located intra-operatively using integrated navigational instrumentation.

Results: For implant retained facial prosthetic cases, the implant locations were determined solely by virtual planning using navigational technology. This eliminated the need for preoperative measurements, impressions, and fabrication of a CT template and surgical guide. The use of virtual planning versus traditional surgical guides saved the anaplastologist an average of 10 hours of preoperative clinical and laboratory time and eliminated two clinical visits with the patient. The intraoperative virtual representation of the mirrored anatomy gave the surgical team the ability to make any necessary surgical decisions based on the future prosthetic outcome. Preoperative planning using the navigational system improved the accuracy of implant placement by the surgeon, thus leading to more predictable prosthetic result.

Conclusions: The utilization of navigational systems in prosthetic reconstruction enhanced clinical efficiency, eliminated the need for a traditional or prototyped surgical guide, enabled prosthetic driven intraoperative repositioning, and aided in the future design of anatomical forms. With further development and the ability to export to open architecture platforms, this system could enable the team to take specific craniofacial intraoperative plans and create physical prototypes or custom anatomical implants.

11:30

Rosemary Seelaus, MAMS, CCA

Senior Anaplastologist- The Craniofacial Center

Department of Surgery

Division of Plastic & Reconstructive Surgery

University of Illinois /Hospital & Health Sciences System

Chicago, Illinois USA

***Exploring Efficiencies of Technology-Based Applications in
Facial Reconstruction***

Technology-based solutions to clinical challenges have been well demonstrated globally in surgical and prosthetic reconstruction. While clinical applications with computer-based techniques have been described extensively in the literature, demonstrating definitive efficiencies, direct quantitative benefit, and a value-added experience for both patient and clinician have remained enigmatic.

The tools of technology are becoming increasingly more accessible which presents both promise and problem for the motivated clinician. Selection of appropriate technologies can be overwhelming. Meanwhile, demand to demonstrate improved efficiencies in patient care is increasing, together with increased patient populations and pressure to deliver better, faster patient care. Clearly defined improvements in treatment efficiencies are needed. The clinician is faced with the question; Can a technology-driven approach to care deliver the improved efficiency, reduced costs & better outcomes we require?

This presentation explores described solutions and challenges associated with implementing computer-based solutions, and explores the potential efficiencies that technology-based clinical care has to offer.

12:15-13:00

Panel Discussion

13:00

Session Adjourns

13:05-14:25

AAMP Business Meeting & Luncheon

14:30-16:45

Workshop 1-By 3D Systems

18:00

Social Outing at Mardi Gras World

Monday, November 3rd

07:00-08:15 ***Continental Breakfast in Exhibit Room***

07:00-08:15 ***New Members Breakfast***

Moderators: **William Wilson & Joe DiFazio**

08:30 **Cynthia Aita-Holmes, DMD**

Prosthodontist, Hospital Dental Clinic
Fort Gordon Dental Activity
Fort Gordon, Georgia USA

Digital Fabrication of Facial Prosthesis

The fabrication of facial prostheses for children can be a difficult and lengthy process. Conventional facial impression techniques often require that young children and infants be unconscious or heavily sedated, resulting in multiple modifications in the fabrication and delivery of the prosthesis. This presentation will describe a step by step procedure using advances in photogrammetry technology and digital cameras, as an alternative method for fabricating a facial prosthesis for a young child. The aim is to familiarize the audience with digital workflow in fabricating facial prostheses, and discuss the advantages and limitations of this quickly emerging technology.

08:55 **Evan B. Rosen, DMD, MPH**

Boston, Massachusetts USA

Maxillofacial Prosthetics at Memorial Sloan Kettering Cancer Center: Experiences of a Recent Graduate

This presentation will discuss the experiences of a recent graduate of the Maxillofacial Prosthetics Fellowship Program at Memorial Sloan Kettering Cancer Center. An overview of the Maxillofacial Prosthetics Fellowship Program will be described. Clinical and research experiences will be presented. At the conclusion of the presentation attendees will have a general understanding of the educational opportunities available for a Maxillofacial Prosthetics Fellow at Memorial Sloan Kettering Cancer Center.

***Biofilm on the Tracheoesophageal Voice Prosthesis:
Considerations for Oral Decontamination*****Objectives**

Tracheoesophageal puncture (TEP) restores verbal communication after total laryngectomy using a one-way valved voice prosthesis (VP). Microbial colonization can shorten VP device life, and antifungals are usually prescribed to improve it. Our aims were to investigate patterns of prosthetic and oral colonization, describe oral decontamination regimens prescribed on the basis of microbial assessment, and record changes in VP device life after targeted decontamination.

Materials and Methods

We conducted a retrospective review of TEP clinic patients at the University of Texas MD Anderson Cancer Center between 01/01/2003 and 07/01/2013. Patients with microbial analysis of the VP were included. Two subgroups were analyzed: 1) patients with microbial analysis of the VP and the mouth were analyzed to identify patterns of common contamination, and 2) patients who were prescribed targeted oral decontamination on the basis of the microbial analysis of the VP were analyzed to evaluate effects on device life.

Results

Forty-two of 605 TEP patients who had microbiological analysis of the VP were included. Of 42, 3 patients had only fungal, 5 only bacterial, and 33 had fungal and bacterial colonization. . In the TEP-oral microflora subgroup (15), 7 had common infections in the mouth and on the VP, of which 3 were fungal, 3 bacterial and one mixed. Among the 23 in the decontamination cohort, 6 patients received broad spectrum rinse, 16 antifungal agents and 13 antibiotics, or a combination of these. After targeted decontamination, the median device life of prostheses improved

from 7.89 to 10.82 weeks ($p=0.260$).

Conclusion

In this preliminary study, the majority of patients with a short VP device life had mixed bacterial and fungal colonization; VPs rarely had fungal contamination alone (3%). For this reason, we have recently explored the use of targeted decontamination regimens that were associated in this study with 164% improvement in VP duration.

09:45

Nicole A. Smith, Maj, USAF, DC (DMD,MS)

San Antonio, Texas USA

A Custom Tissue Stent for a Total Mandibulectomy Patient

The purpose of this presentation is to show a custom tissue stent, created at the San Antonio Military Medical Center, Department of Maxillofacial Prosthodontics, for a patient that suffered a complete mandibulectomy secondary to a squamous cell carcinoma. The attendee will be exposed to the specific technique, materials and the management methods used to treat this patient. The goal for this treatment was to minimize the difficulty that was incurred with multiple dressing changes and to restore the appearance of the patient, ultimately improving their quality of life.

10:10

Questions & Answers

10:30

AM Break

11:15

Mathilda Dhima, DMD, MS

Assistant Professor & Maxillofacial Prosthodontist
University of Pittsburgh School of Dental Medicine
Pittsburgh, Pennsylvania USA

***Novel Multidisciplinary Treatments for the Maxillofacial
Prosthetic Patient***

An overview of the evolving functional and esthetic needs of the maxillofacial prosthetic patient is provided. Focus is placed on practical integration of modern technology, surgical, oncologic and prosthetic advancements to provide effective and predictable rehabilitation. The challenges and benefits of integrating novel treatment approaches are discussed.

11:35

Tanya Somohano Marquez, DMD, FACP

Charlotte, North Carolina USA

***Mandibular Incisors Sacrificed for Surgical Access and
Treatment Limitations in the Oncologic
Patient: A Case Report***

Head and neck cancers can be treated with surgical resection, radiation therapy, chemotherapy and a combination of two or more of these modalities. The effects of radiation therapy to the oral cavity and management protocols have been discussed in detail in the literature. From a surgical perspective, treatment of oral tongue cancers usually requires a total or subtotal glossectomy, and several considerations need to be taken into consideration. Literature extensively reviews outcomes in quality of life such as speech, deglutition and swallowing, but to a lesser degree aesthetic outcomes. In dentate patients, the loss of mandibular incisors as a sequela to the surgical intervention is seldom discussed. Restorative considerations often require a multidisciplinary approach. The number of prosthetic options

are reduced in the surgically resected and radiated patient as a result of the comorbidities associated with cancer treatments.

12:00

Jeff Rodney, DMD

University of Michigan
Ann Arbor, Michigan USA

***A NAM Appliance Approach Applying Simple
Geometric Principles***

Nasoalveolar molding (NAM) is a pre-surgical adjunctive treatment utilized to improve cleft lip/palate and nasal molding surgical repair results. The intaglio surface of the NAM appliance is adjusted by the clinician on a weekly basis with the use of soft-relining material to aid in movement of the cleft segments. These adjustments are normally based on subjective interpretation of this movement progression and, in many instances, trial and error guides treatment. This study applies simple geometric principles to material application to provide for a helpful format in achieving better treatment outcomes.

12:25

Amanda C. Colebeck, DDS, MS

Cheektowaga, New York USA

***Use of Orbital Conformer to Improve Speech in Patients with
Confluent Maxillectomy and Orbital Defects***

The basic objective in prosthetic restoration of confluent maxillary and orbital defects is to achieve a comfortable, cosmetically acceptable prosthesis that restores speech, deglutition, and mastication. It is a challenging task complicated by the size and shape of the defects. The maxillary obturator prosthesis often satisfies the objective of adequate deglutition;

however, orbital defects that are not obturated in the medial septal or posterior walls allow air to escape, negatively impacting phonation. This presentation describes a technique to achieve favorable prosthetic rehabilitation in a patient with a maxillectomy and ipsilateral orbital exenteration. The prosthetic components include maxillary obturator, orbital conformer, and orbital prosthesis connected utilizing rigid magnetic attachments.

12:50	<i>Questions & Answers</i>
13:15	<i>Session Adjourns</i>
14:30-16:46	Workshop 2- By 3D Systems Workshop 4- By Factor II
19:00-22:00	AAMP Presidential Reception & Banquet

Tuesday, November 4th

07:00-08:15 *Continental Breakfast in Exhibit Room*

Moderators: *Kenneth Kent & Anton Petrich*

08:30 *Alvin G. Wee, BDS, DDS, MS, MPH*
Omaha, Nebraska USA

Oral Cancer Examinations Can Save Lives

This presentation explores the lack of survival rate improvement in the U.S. for oral and pharyngeal cancer (OPC) and expounds upon our current rationales to explain such data, particularly examining the delayed diagnosis of OPC. Strategies to prevent delayed diagnosis of OPC will be elaborated, including promoting medical providers to carry out routine non-symptomatic OPC screenings. Recommendations will also be provided regarding vigilant surveillance of OPC recurrence, as prosthodontists treating and managing patients for oral facial prosthetic rehabilitation.

09:15 *David J. Reisberg, DDS, FACP*
Oak Park, Illinois USA

Rehabilitation and HBO

It has become common practice to use hyperbaric oxygen therapy as a prophylactic measure prior to placement of osseointegrated implants in irradiated bone. For the most part, this has been based on work presented by Dr. Robert Marx. This presentation will analyze data related to studies of Marx and others with a goal of reevaluating this protocol.

10:00 *AM Break*

10:45

Paul Friedlander, MD, FACS

Chairman- Department of Otolaryngology
Tulane University School of Medicine
Founder- Healing Hands Across the Divide
New Orleans, Louisiana USA

Current Trends in Head and Neck Cancer

During the past two decades, the management of head and neck cancer has undergone significant change. Many forces have led to transformation of our treatment algorithms. These include the increasing prevalence of HPV associated malignancies, advances in technology (minimally invasive surgery), and societal expectations concerning healthcare delivery and survivorship. In this presentation, we will discuss these factors with a focus on minimally invasive surgery and the long term needs of our patients who are afflicted with head and neck cancer.

11:30

James A. Kelly, DDS, MS, MBA, FACP

Mayo Clinic College of Medicine

Maxillofacial Prosthetic Support in Cancer Treatment

Maxillofacial prosthetics plays a vital role in supporting the Head and Neck Oncology team. Prosthetics and education is paramount for patients undergoing cancer treatment. Maxillofacial prosthetics not only supports our oncologic colleagues during the patient's care, but also supports patients so they can enjoy the activities of life they are passionate about. The objectives of this presentation are to look at different treatments to support the Head and Neck Oncology team, and to demonstrate different ways to support the patient's needs.

12:15

Terry A. Day, MD, FACS

Wendy and Keith Wellin Chair in Head & Neck Surgery
Professor and Director, Head & Neck Tumor Center
Vice Chair for Clinical Affairs
Department of Otolaryngology- Head & Neck Surgery
Hollings Cancer Center
Medical University of South Carolina
Charleston, South Carolina USA

***Future of Head and Neck Oncology Care- Collaborations on
the Corporate, Patient, and Organizational
Front to Affect Change***

Head and neck oncology has seen a rapid shift in demographics, etiopathogenesis, treatment and outcomes in the past decade. This is partially related to the emergence of HPV associated cancers, robotic surgery and celebrity cancer survivors. Never before has such a spotlight been on the head and neck oncology world and in a time of increased emphasis on quality, cost and oversight of patient care, these changes represent both challenges and opportunities.

During this presentation, discussion will assess how the history of head and neck cancer care has impacted the current state-of-the-art and future of head and neck oncology. The major source of research and education funding has historically been through governmental and corporate sponsorship. Head and neck cancer treatment has been dictated by head and neck surgeons and radiation oncologists while outcomes were assessed by survival. National societies have primarily focused upon research and education to their respective constituents and individual mission statements. Current head and neck cancer patient caregivers will witness significant changes in upcoming years in all of these areas with the cancer survivor as the focus. Partnerships among clinicians and their specialty organizations, researchers, industry, government, and hospitals will be vital to the optimization of education, research, and ultimately, outcomes in the care of the head and neck cancer patient.

13:00

Session Adjourns

14:30-16:45

Workshop 3- By 3D Systems

Workshop 5- By Factor II



Sunday, November 2nd



Chad R. Gordon, DO

Assistant Professor
Clinical Director, Face Transplant Program
The Johns Hopkins Outpatient Center
Baltimore, Maryland USA

A craniofacial plastic surgeon and translational science researcher, Dr. Chad R. Gordon is the clinical director of facial transplantation at Johns Hopkins and an Assistant Professor in Hopkins' Department of Plastic and Reconstructive Surgery. In December 2008, while completing his plastic and reconstructive surgery training at the Cleveland Clinic, Dr. Gordon helped to coordinate America's first face transplant and was one of eight surgical team members. For his contributions to this event, the Cleveland Clinic presented him the Bruce Hubbard Stewart Memorial Award for Humanistic Medicine. Dr. Gordon has also received numerous other local, regional and national awards, including the 2006 Best Overall Research Paper Award by the American Society of Reconstructive Surgery and the 2011 Joseph E. Murray, M.D. Award for best resident/fellow paper by the New England Society of Plastic and Reconstructive Surgeons. In 2011-12, he received both the American Society of Maxillofacial Surgery's Research Grant Award and the American Association of Plastic Surgeons' Furnas Academic Scholar Award to help establish a pre-clinical, orthotopic, swine model for the investigation of functional, immunological, and aesthetic outcomes related to osteocutaneous maxillofacial allotransplantation. He has since authored over 60 peer-reviewed publications, including numerous face transplant articles in journals such as the *Lancet*, *American Journal of Transplantation*,

Plastic and Reconstructive Surgery, and *Transplantation* along with 18 textbook chapters on surgery-related subjects. He is an Associate Editor for the *Annals of Plastic Surgery*, and serves on several editorial boards including the *Journal of Craniofacial Surgery* and *Microsurgery*, and has been an invited speaker on facial transplantation throughout the U.S. and Europe. The book he co-edited by him, Transplantation of Composite Tissue Allografts, was published in 2008 and was the first U.S. textbook dedicated to this subject. Among Dr. Gordons contributions to facial transplantation and craniofacial surgery are “improved methods for optimizing outcomes in Le Fort-based maxillofacial transplantation” and the “pericranial-onlay cranioplasty technique”. An honors graduate in fine arts from The George Washington University, Dr. Gordon earned his medical degree at the Philadelphia College of Osteopathic Medicine. He then completed a general surgery residency at the UMDNJ-Robert Wood Johnson Medical School at Camden that included an additional one-year microsurgery research fellowship on composite tissue allotransplantation. In 2010, he went to Harvard Medical School/Massachusetts General Hospital to complete his craniomaxillofacial surgery fellowship. Today, his main research interests are facial transplantation and adult craniomaxillofacial surgery.



Katie Weimer, MS

Senior Manager, Virtual Surgical Planning
Biomedical Engineer III
3D Systems- Medical Modeling

Ms. Weimer received her undergraduate degree in mechanical engineering from the University of Missouri - Kansas City. She then continued at the University of Missouri - Kansas City where she received her Master of Science degree in Mechanical Engineering. Her thesis title for her masters was “Development and Validation of a Subject - Specific Computational Knee Model in a Dynamic Knee Simulator to Include Ligament and Tendon Bone Wrapping”. In December 2007 she earned the honor of Order of the Engineer. She developed and now manages a team of engineers and patient specific / plan specific models, guides and templates to be used in the operating room. She has published 10 manuscripts in scientific journals and has spoken on her area of expertise in virtual surgical planning regionally, national, and internationally.



Suzanne Verma, MAMS, CCA

Assistant Professor
Department of Oral & Maxillofacial Surgery
Baylor College of Dentistry
Texas A&M University
Dallas, Texas USA

Ms. Verma is Assistant Professor with the Oral & Maxillofacial Surgery Department and Certified Clinical Anaplastologist with the Center for Maxillofacial Prosthodontics at Texas A&M University Baylor College of Dentistry in Dallas, Texas. Her teaching responsibilities include directing a course in maxillofacial prosthetics for the graduate Prosthodontics department, and lecturing to post doctorate oral surgery residents and dental students. Suzanne received her Bachelors' in Biological Pre-Medical Illustration from Iowa State University, and a Masters in Biomedical Visualization, with an emphasis in Facial Prosthetics from the University of Illinois at Chicago (UIC). Her clinical training experiences include UIC's Craniofacial Center, The Maxillofacial Prosthetics and Dental Oncology Department at the University of Nebraska Medical Center, and The Maxillofacial Unit Laboratory of Morriston Hospital in Swansea, Wales, UK, where she worked as a visiting Anaplastologist. Before arriving in Dallas, Suzanne worked as an Anaplastologist in both research and clinical capacities with COMPRU, (now IRSM) in Edmonton, Alberta Canada. Her research interests on which she has lectured nationally and internationally include; Applications of navigational surgery in extra oral implant placement, Incorporations of advanced technology in craniofacial reconstruction, and Pre-surgical planning in autologous auricular reconstruction. Suzanne is an active member of numerous field oriented associations, past Vice President of the Board for Certification in Clinical Anaplastology, Director on the Board for the World Coalition of Anaplastology, and serves as Vice President Elect for the International Anaplastology Association.



Rosemary Seelaus, MAMS, CCA

Senior Anaplastologist- The Craniofacial Center
Department of Surgery
Division of Plastic & Reconstructive Surgery
University of Illinois
Hospital & Health Sciences System
Chicago, Illinois USA

Rosemary Seelaus is Senior Anaplastologist at The Craniofacial Center, Department of Surgery, Division of Plastic & Reconstructive Surgery at the University of Illinois Hospital & Health Sciences System, Chicago, Illinois, USA. Prior to her current position of 9 years, Ms. Seelaus was a Clinical Anaplastologist and Research Fellow at the Institute for Reconstructive Sciences in Medicine (iRSM) in Edmonton, Canada. Ms Seelaus is an active, researcher, instructor and developer of advanced technology processes in anaplastology – an area of study she has pursued the entirety of her career. She has a particular interest in the contribution of digital technologies toward improving surgical and prosthetic outcomes globally. Ms. Seelaus received a Master of Associated Medical Sciences in 1997 from the University of Illinois at Chicago, and a Bachelor of Science degree in 1989 from Northwestern University, Evanston, IL. Ms. Seelaus has been practicing clinically for nearly sixteen years, and maintains a clinical focus on the use of osseointegrated implants and technology in facial prosthetic rehabilitation. She is past President of the International Anaplastology Association; and, past board member of the Board for Certification in Clinical Anaplastology. Ms Seelaus currently serves as Co-Chair for the Special Interest Group in Facial Prosthetic Rehabilitation (SIGFPR) for the International Society of Maxillofacial Rehabilitation (ISMIR); and Chairs the Education Committee for the Advanced Technology in Head & Neck Reconstruction North American Leadership Group. She likes to dance and is an avid outdoorswoman.

Monday, November 3rd



Cynthia Aita-Holmes, DMD

Prosthodontist, Hospital Dental Clinic
Fort Gordon Dental Activity
Fort Gordon Georgia USA

Born and raised as a French Canadian in a suburb of Montreal, Quebec. Obtained a Bachelor of Science in Biochemistry at McGill University in Montreal, Canada in 1989. Completed a DMD from Montreal University in 1994 and was awarded the “Pierre Fauchard Award of Excellence”. Joined the Canadian Forces Dental Services as a dental commissioned officer in 1991. Completed a specialty certification in Prosthodontics at Fort Gordon, GA in 2002. After 12 years of service, was honorably released from the Canadian Army in 2003. Joined the US Army as a dental officer in 2004. Obtained the specialty board certification in Prosthodontics in 2007. Completed a Maxillofacial Prosthetics Fellowship with the Naval Postgraduate Dental School in Bethesda, MD in 2014. Was previously assigned with the US Army at Fort Drum, NY and Fort Wainwright AK. Current assignment is at Fort Gordon, GA.



Evan B. Rosen, DMD, MPH

Boston, Massachusetts USA

Dr. Evan Rosen is an Instructor in the Department of Restorative Dentistry and Biomaterials Sciences at the Harvard School of Dental Medicine. He earned his dental degree from the University of Florida College of Dentistry and his Masters in Public Health from Florida International University. Dr. Rosen completed his residency in Prosthodontics from the Eastman Institute of Oral Health in Rochester, New York and then completed his Fellowship in Maxillofacial Prosthetics at Memorial Sloan Kettering Cancer Center in New York City. Dr. Rosen has a continuing focus on patient care, education, and research.



**Eszter Somogyi-Ganss, DMD, MSc,
Pros, PhD and FRCD(C)**

University of Texas

MD Anderson Cancer Center

Dr. Eszter Somogyi-Ganss received her DMD degree from the Semmelweis Medical University in Budapest, Hungary. After completing her dental training Dr. Somogyi-Ganss spent five years studying calcium-binding molecules at the Karolinska Institute in Stockholm, Sweden to complete her doctoral thesis in basic sciences. Following this period she moved to Canada, where she completed her prosthodontic residency at the University of Toronto. Dr. Somogyi-Ganss continued her education at the Department of Head and Neck Surgery at the University of Texas MD Anderson Cancer Center. Here she completed her fellowship in Maxillofacial Prosthetics and Oncologic Dentistry under the direction of Dr. Mark S. Chambers.



**Nicole A. Smith, Maj, USAF, DC
(DMD,MS)**

San Antonio, Texas USA

Dr. Smith is the 2014 graduate of the Maxillofacial Prosthodontics Fellowship, 59th Dental Training Squadron, Lackland AFB, Texas. She received her dental degree from the Southern Illinois University School of Dental Medicine (2008), Certificate in Prosthodontics from Wilford Hall Medical Center (2013), and Masters of Science degree in Prosthodontics from the University of Texas Health Science Center San Antonio (2013). Dr. Smith is a member of the American Academy of Maxillofacial Prosthodontics, the American College of Prosthodontics, the American Dental Association, and the Chicago Dental Society.



Mathilda Dhima, DMD, MS

Assistant Professor & Maxillofacial Prosthodontist
University of Pittsburgh School of Dental Medicine
Pittsburgh, Pennsylvania USA

Matilda Dhima DMD, MS is an Assistant Professor and Maxillofacial Prosthodontist at the University of Pittsburgh School of Dental Medicine. Dr. Dhima is part of the medical staff of the University of Pittsburgh Medical Center Dental Medicine Department. She serves as one of the investigators in a multidisciplinary research group (ITAPD) developing innovative maxillofacial prosthetic devices. Dr. Dhima has published landmark articles on novel treatments for complex prosthodontics patients, mentoring of students in prosthodontics, patient based evidence for prosthodontics management of edentulous patients, and fixed prosthodontics care. She lectures on these topics at national and internationally venues.

Dr. Dhima obtained her Doctorate degree from the University of Pennsylvania School of Dental Medicine. She trained in prosthodontics and maxillofacial prosthetics at the Mayo Clinic where she also obtained a Master's in biomaterial science. Dr. Dhima has been recognized with several prestigious national and international awards for her outstanding and innovative research to advance patient care and the field of prosthodontics. She serves on the editorial board of several international prosthodontics journals. Dr. Dhima currently serves a 3 year term as an officer of the American Association for Dental Research Ethics Committee. Her research has been recognized by grant awards including the Academy of Prosthodontics, American Academy of Fixed Prosthodontics, Greater New York Academy of Prosthodontics. She continues to focus her teaching, patient care and research on clinical outcomes and dental biomaterial science.



Tanya Somohano Marquez, DMD, FACP

Charlotte, North Carolina USA

Dr. Somohano received her Dental Medicine Doctor degree from the University of Puerto Rico, School of Dental Medicine, in San Juan Puerto Rico on June of 2008. She followed with a two year general practice residency program at the Bronx Lebanon Hospital in New York, where her second year was served as a chief resident. Sequentially she pursued three years in the Advance Program in Prosthodontics at the New York University, where she served her senior year as the chief resident and received her degree in June of 2013. Dr. Somohano is a Diplomate of the American College of Prosthodontics and did her Maxillofacial Prosthodontics training at the University of California Los Angeles 2013-2014. Her future plans are to practice Maxillofacial Prosthetics and Prosthodontics in a hospital setting.



Jeff Rodney, DMD

University of Michigan
Ann Arbor, Michigan

Dr. Rodney received his DMD degree from the University of Pennsylvania School of Dentistry. He received his prosthodontic specialty certificate from UMDNJ in Newark, New Jersey. Dr. Rodney practiced prosthodontics in private practice in Pennington, New Jersey for over 20 years. He recently completed his one year fellowship in maxillofacial prosthodontics at UCLA. Dr. Rodney presently practices and teaches maxillofacial prosthetics at The University of Michigan in Ann Arbor, Michigan.



Amanda C. Colebeck, DDS, MS

Cheektowaga, New York USA

Dr. Amanda C. Colebeck received her DDS degree, summa cum laude, from the State University of New York at Buffalo School of Dental Medicine. Following graduation, she remained in the same institution to complete her prosthodontics residency and masters in oral sciences. Dr. Colebeck continued her education after residency at Memorial Sloan Kettering Cancer Center where she completed a fellowship in maxillofacial prosthetics. Following fellowship, Dr. Colebeck returned to Buffalo to pursue a multi-dimensional career in academia and practice. She is currently a part-time faculty member in the Division of Dental Oncology and Maxillofacial Prosthetics at Erie County Medical Center, a part-time clinical associate professor at the University at Buffalo School of Dental Medicine, and she maintains a practice limited to prosthodontics in Orchard Park, NY.

Tuesday, November 4th

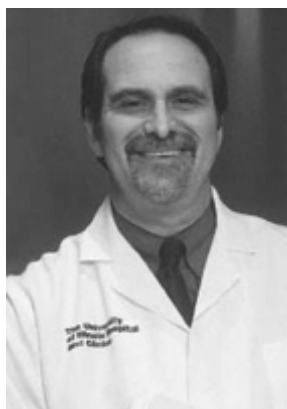


Alvin G. Wee, BDS, DDS, MS, MPH

Omaha, Nebraska USA

Dr. Wee obtained his dental degrees from the National University of Singapore in 1992 and from Creighton University in 2013. In 1994, he was awarded a Rotary International Foundation Ambassadorial Scholarship in Singapore to the University of Iowa to complete his M.S. degree and specialty certificate in Prosthodontics. He then spent an additional year at the University of Pittsburgh Medical Center as a Clinical Fellow in Maxillofacial Prosthetics. While on faculty at The Ohio State University, Dr. Wee completed a certificate in Clinical Research (NIH K30), a one-year National Research Service Award (NIH T32), and an M.P.H. degree. Dr. Wee is currently a Ph.D. candidate and will complete his Ph.D. in clinical translational research from the University of Nebraska Medical Center by 2014, while being partially funded by an NIH K23 award.

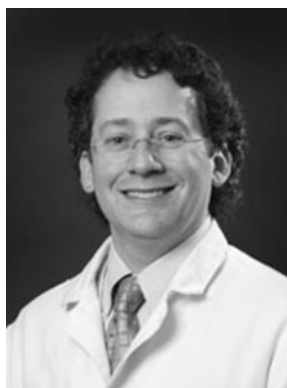
Dr. Wee has received research funding as a principal investigator (NIH R15, NIH K23) and co-investigator (NIH R01, VA RR&D) from the National Institutes of Health, Department of Veteran's Affairs, as well as several other agencies. Dr. Wee has authored 68 peer-reviewed publications, 51 peer-reviewed abstracts, and three chapters in textbooks. He is Co-Chief of Maxillofacial Prosthodontics at the Veterans Affairs Nebraska-Western Iowa Health Care System in Omaha, Nebraska. Dr. Wee currently serves on the Board of Directors for the American College of Prosthodontists, the International Society for Maxillofacial Rehabilitation and the International Academy for Oral and Facial Rehabilitation.



David J. Reisberg, DDS, FACP

Oak Park, Illinois USA

Dr. David Reisberg received his dental degree from Case Western Reserve University in 1977. He received a specialty certificate in Prosthodontics from Tufts University and one in Maxillofacial Prosthetics from The University of Chicago. He has been Director of the Maxillofacial Prosthetics Clinic at The University of Illinois Hospital and Health Sciences System in Chicago since 1981. He served as Medical Director of their Craniofacial Center from 1998 to 2010. Dr Reisberg works with a team of medical and dental specialists and allied health professionals to provide care for children and adults with congenital or acquired craniofacial conditions. He is a member of the AAMP Board of Directors and is past president of the International Society for Maxillofacial Rehabilitation and the Illinois Association for Cleft/Craniofacial Teams. He is the current president of Ameriface, a national organization that supports people with facial differences. Dr. Reisberg is proud to be certified by the American Board of Prosthodontics.



Paul Friedlander, MD, FACS

Chairman- Department of Otolaryngology
Tulane University School of Medicine
Founder- Healing Hands Across the Divide
New Orleans, Louisiana USA

Dr. Friedlander is currently the Chairman of the Department of Otolaryngology at Tulane University School of Medicine. He is a graduate of Georgetown University. He received his medical degree from LSU School of Medicine (New Orleans) in 1989. He completed his prerequisite two years of General Surgery residency at George Washington University in 1991 and completed an Otolaryngology residency at LSU School of Medicine (New Orleans). He then completed a head and neck surgical oncology fellowship at Memorial Sloan Kettering Cancer Center in 1997. After completion of training, Dr. Friedlander joined the LSU School of Medicine Department of Otolaryngology and was Director of Head and Neck Oncology (1997 – 2005). His research initially focused upon tumor targeting for head and neck cancer using novel adenoviruses and immunostimulatory agents. After the disruption of Hurricane Katrina, he joined Tulane University (2005 – present) and became Chairman of the Department of Otolaryngology in 2009. Since joining Tulane, his research has been focused upon health care delivery for the underserved. He founded *Healing Hands Across the Divide* – a faith and community based organization whose mission is to identify and address health care disparity in the inner city of New Orleans. He has been recognized for the treatment of the underserved through the *American Cancer Society Spirit Award* in 2009, the *New Orleans City Business Health Care Heroes* in 2011, and the “*Unsung Hero*” Award from the *CLOUT Ministerial Alliance* in 2013. He currently is involved with development of patient centric navigation systems for patients afflicted with head and neck cancer.



James A. Kelly, DDS, MS, MBA, FACP

Mayo Clinic College of Medicine

James studied at the Creighton University School of Dentistry from 2000-2004. He attended the UCLA Advanced Prosthodontics residency from 2004-2007. After obtaining his Masters in Oral Biology from UCLA in 2007, he completed a Fellowship in Maxillofacial Prosthetics and Oncologic Dentistry at the University of Texas M.D. Anderson Cancer Center in 2008. He taught and practiced at Creighton University from 2008 to 2010. From 2010-2014, he was the director of UCLA's Maxillofacial Prosthetics program. He is currently an Assistant Professor and Consultant at Mayo Clinic. James is a Diplomate of the American Board of Prosthodontics, and is a Fellow of the American Academy of Maxillofacial Prosthetics. He enjoys active involvement in many different organizations.



Terry A. Day, MD, FACS

Wendy & Keith Wellin Chair in Head & Neck Surgery
Professor and Director, Head & Neck Tumor Center
Vice Chair for Clinical Affairs
Dpt. of Otolaryngology- Head & Neck Surgery
Hollings Cancer Center
Medical University of South Carolina
Charleston, South Carolina USA

Dr. Day received his medical degree from the University of Oklahoma. He completed his residency at Louisiana State University before pursuing a fellowship in head and neck oncologic surgery at the University of California, Davis and in craniomaxillofacial surgery at Inselspital-Bern in Bern, Switzerland. Following fellowship, he joined the faculty in the Department of Otolaryngology-Head and Neck Surgery at Vanderbilt University Medical Center in Nashville, Tennessee and is now Professor, Vice Chair and Director of the Division of Head and Neck Oncologic Surgery in the Department of Otolaryngology-Head and Neck Surgery at the Medical University of South Carolina in Charleston, USA. He also serves as Director of the Head and Neck Tumor Center at the NCI Designated Hollings Cancer Center at MUSC and has a joint appointment in the Department of Craniofacial Biology, Department of Stomatology and College of Graduate Studies.

Dr. Day currently serves as Immediate Past-President of the American Head and Neck Society and serves on the Council of the International Academy of Oral Oncology while having completed a four-year term on the Board of Directors of the American Academy of Otolaryngology-Head and Neck Surgery. He has served as a Senior Examiner with the American Board of Otolaryngology. He has also served on the National Cancer Institute's Head and Neck Steering Committee, Head and Neck Surgical Subcommittee for RTOG and Head and Neck Working Group for the American College of Surgeons Oncology Group.

Dr. Day volunteers his time as President of the Head and Neck Cancer Alliance, Inc. and as Treasurer of Charleston Moves and in 1998 started the inaugural international Oral and Head and Neck Cancer Awareness Week (OHANCAW) in 1998.

Since completion of his fellowship, Dr. Day has limited his clinical practice to patients with tumors of the head and neck region, including robotic surgery, oropharyngeal, skull base, thyroid, skin cancer and salivary gland tumors. He also is active in research in molecular diagnostics and therapeutics in head and neck cancer.

He spends his free time hanging out with his kids, Austen and Meredith. You might find them paddle boarding, climbing a 14er or snowboarding on long weekends.



AAMP WORKSHOP COURSES

WORKSHOPS #1,2,3

CranioFacial Reconstruction: Scan, Plan, 3D Print

By 3D Systems (Medical Modeling & Geomagic Solutions)

Sunday, Monday & Tuesday

14:30-16:45

3D Systems is a leading provider of 3D printing centric design-to-manufacturing solutions including 3D printers, print materials and cloud sourced on-demand custom parts for professionals and consumers alike in materials including plastics, metals, ceramics and edibles. These solutions are used to rapidly design, create, communicate, prototype or produce functional parts and assemblies, empowering customers to manufacture the future. 3D Systems is showcasing innovative digitally designed facial prosthetics, implants and surgical guides from its customers that restore cancer, tumor and trauma victims to dignity – at the American Academy of Maxillofacial Prosthetics (AAMP) annual meeting in New Orleans (November 1-4, 2014). 3D models from patient cases and conference sessions will illustrate the challenges in digitally designing well-fitting replacement facial sections to match areas that have been impacted by disease or injury – and inspirational results achieved with precision design capabilities in Geomagic Freeform® and Medical Modeling solutions.

Instructor Biography



Mr. Kevin Atkins

Kevin Atkins is the Product Manager for the Geomagic Freeform Design system, one of the key digital tools used by leading companies designing and manufacturing patient specific medical devices. Freeform is produced by 3D Systems, one of the world's leading providers of 3D printers and design solutions in areas including personalized surgery and patient specific medical devices. Freeform is unique in that it uses a

haptic device, enabling surgeons to use the vital sense of touch to interact with the digital model. Kevin has over 25 years' experience in computer aided design, working both as an end user and for software manufacturers, with the past 14 years specializing in organic forms.

WORKSHOPS #4, 5

Advances in Coloring Techniques Workshop

Introducing the E-skin Spectrocolorimeter System

By Factor II

Monday & Tuesday

14:30-16:45

Accurate color matching to the patients' skin is essential in producing a realistic prosthesis. In this workshop we will introduce the new E-Skin spectrocolorimeter and compare and contrast it against traditional coloring techniques. E-Skin uses a digital library of nearly 20,000 skin tones to match to patient skin for prosthetic applications. All entries in the digital library have a matching colorant recipe. The E-Skin instrument measures skin color and instantly retrieves and displays on its screen a matching colorant recipe from its database. In the first section of the workshop participants will be demonstrated a traditional coloring technique and have the opportunity to do a color match and pack a pre-made mould. In the second section of the workshop the E-Skin system will be demonstrated and the participants will have the opportunity to use the system to help them do a full color match. The workshop offers a unique opportunity to gain hands on experience with a state-of-the-art coloring digital coloring technique.

Instructor Biography



Mr. Alan Boca

Alan is one of the UK's leading Maxillofacial Prosthetists, having practiced for over 30 years in the field of facial and body prosthetic rehabilitation. His career began at Kings College Hospital, London

moving to Wales in 1990 to lead the Prosthetic team at the Welsh Burns, Plastics and Maxillofacial Unit in Chepstow. Presently Head of the Maxillofacial Laboratory Services at Morriston Hospital, Alan lectures extensively in the UK and worldwide. His specialist areas of interest include Craniofacial Implantology, Silicone Technology and 3D Imaging. Professionally, Alan is a Fellow of the Institute of Maxillofacial Prosthetists and Technologists.



Professor Mark Waters

Professor Waters has been involved in his field of research for nearly 20 years and has had led many industrial/academic collaborations. He has worked in the School of Dentistry in Cardiff University for nearly 20 years and was awarded a Chair in Biomaterials in 2004. His research has included work on the development of new denture soft lining materials, improved maxillofacial prosthetic materials and strategies to overcome bacteria/fungal accumulation on denture/maxillofacial appliances. He has lectured internationally, published numerous papers in national and international journals and has been the recipient of funding from commercial and public body sources. He currently holds a Chair in Biomaterials at Cardiff University in addition to being a Director of Technovent.

2014 POSTER PRESENTATION ABSTRACTS

NOTE: Titles indicated with a ♦ are participants in this year's poster competition

Poster 1

♦ Implant Survival & Loading Rate in Surgically Designed & Simulated Jaw Reconstruction

**Abdullah, Wael *, Chuka R., Harris J., Nayar S., O'Connell D.,
Osswald M., Seikaly H., Wolfaardt J.**
University of Alberta
Surgery, Division of Otolaryngology
Edmonton, AB, Canada

Keywords: Implant survival, loading rate, surgical design

Purpose: The aim of the present study is to investigate the survival and loading rate of osseointegrated implants in fibular free flap (FFF) reconstruction with digital surgical design and simulation (SDS) for flap design and / or computer generated guides (CGG) for implant installation.

Methods & Materials: Retrospective analyses of 19 subjects with head and neck cancer (HNC) who underwent FFF reconstruction of the maxilla or mandible were selected for this study. All subjects received implant retained oral rehabilitation using either a fixed or fixed removable prosthesis. The SDS group all received a fixed prosthesis for their oral rehabilitation. In the non SDS group, nine subjects received a fixed prosthesis and two received an abutment level removable prosthesis. Eight of the subjects were included in the SDS group and 11 were in the non SDS group. All subjects underwent FFF reconstruction by the same primary surgeon in this study. In the SDS group, two of the eight subjects had a history of radiation therapy (RT) and six of the 11 subjects in the non SDS underwent RT as part of their HNC treatment. Two examiners evaluated the utilization and loading rate of implants installed in FFF reconstructed jaws using archival records and clinical

photographs. Implant utilization and prosthesis loading rates for the no SDS and SDS group were recorded. The outcome data for each group involved recording the number of implants that were planned prior to surgery, the number of implants installed in the fibular bone and the number of implants connected or (utilized) in the reconstructed fibular bone supporting the implant retained prosthesis. Patient demographic data and prosthesis utilization and number of months since connection were also recorded. Health Research Ethics Board approval was obtained from the University of Alberta.

Results: There was a significant difference between the two groups ($t=2.456$, $df=12$, $p=0.03$, two-tailed). In the SDS group, 97% of the implants were utilized compared to 76% of the implants in the group without SDS. Between the two groups, there was a 21% higher loading rate of the implants utilized in the SDS group. Eight subjects in the SDS group were recorded to have 33 implants planned for installation, 32 were installed and 31 were connected to an implant retained prosthesis. Eleven subjects in the non-SDS group had 36 implants planned to be installed, 49 were installed and 37 were connected to an implant retained prosthesis. There were no implant failures, one sleeper implant was recorded out of the 33 implants installed in the SDS group. Of the 49 implants installed, two had failed and 12 were not connected (sleeper) to the final prosthesis in the non SDS group.

Conclusion: The findings from this study show a higher loading rate and utilization of implants in the SDS group. Advanced planning techniques yielding higher loading rates may promote a collaborative and multidisciplinary team approach to the management of HNC patients requiring oral rehabilitation after FFF reconstruction of the maxilla or mandible. Longer follow-up data is required to assess implant and prosthesis utilization as the advanced reconstructive technique has been applied in the past few years. Future studies are recommended to investigate patient and clinical driven outcomes to optimize the completed treatment. The health economic advantages of using advanced planning and reconstructive techniques would be of interest to investigate cost effectiveness, allocation and utilization of resources and overall treatment compared to traditional methods.

Poster 2

❖ Digital Fabrication of Device for Clarinet Player with Bell's Palsy

Aita-Holmes, Cynthia *, Gerald T. Grant, Peter Liacouras, William Wilson Jr
Naval Postgraduate Dental School, Bethesda. MD
Maxillofacial Prosthetics
Bethesda, MD, United States

Keywords: Stereophotogrammetry, additive manufacturing, digital designing

Purpose: An extra-oral device was fabricated to assist a musician suffering from Bell's Palsy in playing the clarinet. The device was fabricated using stereophotogrammetry, digital designing, and additive manufacturing.

Introduction: Lyme disease is a debilitating infection that may cause a variety of mild to crippling symptoms. Its clinical manifestations may include facial and dental pain, facial nerve palsy, headache, temporomandibular joint pain, and masticatory muscle pain. It can present in many ways; neuroborreliosis is the most common secondary manifestation of Lyme, and Bell's palsy the commonest presentation of neuroborreliosis.

Clinical Report: A clarinet player was suffering from Bell's palsy as a complication of Lyme disease. His facial paralysis precluded him from playing the clarinet. When blowing in his clarinet, he was unable to create a seal. A device was digitally fabricated to assist the patient in creating a seal around the clarinet mouthpiece and apply pressure to his cheek on the affected side. A full head 3D image of the patient holding the clarinet in his natural performing position was obtained with a stereophotogrammetry device. The image was sent to the 3D Medical Applications Center at Walter Reed National Military Medical Center for design and fabrication of the device. The device was then additively

manufactured with electron beam melting technology from a titanium alloy and was then attached to the clarinet shaft. The device allowed the patient to play the clarinet which prevented him from losing his skills during his slow recovery from Bell's palsy.

Discussion: Because of this patient's lengthy recovery from Bell's palsy, and the nature of his primary occupation, it was imperative to find a solution that would allow him to play his clarinet despite his facial paralysis. The method of fabrication used presented several advantages. The digital imaging technique provided an accurate capture of the soft tissue contours and of their relative position with the clarinet mouthpiece. Digital designing allowed for easy and cost efficient fabrication and modification of the device. Additive manufacturing presented the option of producing a device in an acceptable material that could withstand the high forces that would be applied to the device over several months.

Poster 3

❖ Prosthetic in Patient Rehabilitation with Multiple Recurrences by Basal Cell Carcinoma

Bercián Moguel, Yndira *, Echevarría Y Pérez Enrique, Díaz Aguirre Celia Minerva.

Universidad Nacional Autonoma De Mexico

Hospital General De Mexico (Maxillofacial Prosthetics)

México D.F., Distrito Federal, Mexico

Summary: Aesthetically and functionally rehabilitate a patient with loss of intraoral and facial anatomic region by neoplasia.

A Case Report: 43 year old male patient resident in Mexico, with a history of sun exposure by work activity occurs. Carcinoma diagnosed with basal cell since 2003 with multiple recurrences up to infiltrate the maxilla, who was placed on nasal prosthesis, radiation therapy, surgery and transitional shutter Homogenizer. He began his condition in 2003 with dermal lesion in the right nasal fosa requiring local excision by the dermatology service and relapse in 2008. Also, right side rinectomy and mesostructure maxilla was performed in January 2011. The patient is valued for nasal facial prosthesis, when their tissues had a good evolution. It works through a print and model in plaster. Sculpture was carried out according to its anatomical lines, ending in a good texture similar to his skin. Color and characterization were satisfactory. Starts 3D conformal radiotherapy treatment, in August 2011 for what was a Bolus; attachment dose Homogenizer. New nasal prosthesis was made due to changes in the tissues by radiation therapy. In March 2013 presents oronasal fistula in palate, takes print is designed where transitional shutter, which is placed on the patient. In September of 2013, again by local recurrence is subjected to resection of maxilla, by inserting a surgical obturator, maintaining their teeth in good condition remnants and supporting tissues. The surgical obturator, maintaining it with tissue conditioner to seal the oral-nasal communication is retired, seven days after surgery. Subsequently a transitional prosthesis was inserted in the jaw.

Results: The use of shutter and nasal prosthetics improved the quality of life of the patient in aesthetic functions, psychosocial and of the stomatognathic system.

Conclusion: Before a lesion with multiple recurrences, the intervention of the Maxillofacial Prosthesis, is positively to deal with the evolution of 11 years, where the patient always was able to recover the functional changes that were occurring and jointly managed to maintain their aesthetic appearance, impacting on improving your quality of life.

Poster 4

Total Maxillectomy Different Approach to Prosthetic Reconstruction Case Reports

Dahlin, Christina *
171 76 Solna, Sweden

Keywords: Maxillectomized, Obturator prosthesis, Epithesis

Purpose: To show two different methods to approach reconstruction after total maxillectomy in regard to the patient's life situation.

Methods & Materials: In both cases custom made frameworks in titanium were manufactured to support obturator prosthesis and in case two also an epithesis. In case one the framework was attached by ordinary surgical fixation screws. In case two the framework was attached by implants, Nobel BioCare (Branemark system RP) and Cochlear Ltd (Vistafix2 3mm)

Results: Case one illustrates a palliative situation where the patient is not able to manage the obturator prosthesis due to disability. Therefore it was vital to make a simple construction. Also the patient needed an immediate help to obturate the defect giving us no time to wait for osseointegration of implant fixtures. Case two shows a young patient, a school boy, who needs an obturator prosthesis and epithesis to function well in a social environment.

Conclusion: Both cases provide the patient with prosthetic reconstructions that allows them to function well considering their different life situation.

Implants for Orbit Rehabilitation: Comparison Between One-Stage and Two-Stage Surgeries

Dib, Luciano *, Mello, Monica; Oliveira, Joaquim; Pecorari, Vanessa;

**Universidade Paulista - UNIP, Post Graduation
Sao Paulo, Sao Paulo, Brazil**

Keywords: extraoral implants, orbit, surgery

Purpose: The aim of the study was to compare the osseointegration success rate and time for delivery of the prosthesis among cases treated by two-stage or one-stage surgery for orbit rehabilitation.

Methods & Materials: A retrospective study was conducted by examining consecutive files of all patients with orbital defects who were treated by the same team between 2003 and 2011.

Results: Forty-five patients were included, 31 males and 14 females; 22 patients had two-stage surgery and 23 patients had one-stage surgery. A total 138 implants were installed, 42 (30.4%) on previously irradiated bone. The implant survival rate was 96.4%, with a success rate of 99.0% among non-irradiated patients and 90.5% among irradiated patients. Two stage patients received 74 implants with a survival rate of 94.6% (four implants lost); one-stage surgery patients received 64 implants with a survival rate of 98.4% (one implant lost). The median time interval between implant fixation and delivery of the prosthesis for the two-stage group was 9.6 months and for the one-stage group was 4.0 months ($P < 0.001$).

Conclusion: The one-stage technique proved to be reliable and was associated with few risks and complications; the rate of successful osseointegration was similar to those reported in the literature. The one-stage technique should be considered a viable procedure that shortens the time to final rehabilitation and facilitates appropriate patient follow-up treatment.

❖ Prosthetic Rehabilitation in Children with Maxillectomy: A Clinical Case Report

Elbashti, Mahmoud *, Hattori, M. Sumita, YI. Haraguchi, M. Taniguchi, H
Tokyo Medical and Dental University
Maxillofacial Prosthetics Department
Tokyo, Japan

Keywords: Prosthetic rehabilitation, Maxillectomy, Children

Purpose: Maxillectomy patients are generally suffering from functional impairments such as speech, mastication, and swallowing as well as esthetic deformity. Surgical reconstruction and prosthetic rehabilitation can provide functional and aesthetic improvements to maxillectomy patients. Especially for pediatric patients, maxillectomy and following rehabilitation treatment gives great impact to them in their growth development. This clinical report describes a long follow up period of maxillectomy prosthetic rehabilitation using obturator for a young child patient diagnosed with maxillary chondrosarcoma. It also evaluates the oral function performance including the perception of chewing ability, mastication performance, speech outcome, and playing music using wind instrument, recorder.

Methods & Materials: A 20-month-old infant female patient diagnosed with a malignant tumor of chondrosarcoma of the left maxilla. A surgical resection was planned for the left maxilla followed by chemotherapy and subsequently, prosthetic rehabilitation. Two phases of prosthetic treatment plan were planned. First, preschool phase prosthetic rehabilitation focusing on speech, mastication, and swallowing functions. Second, school phase prosthetic rehabilitation focusing on the basic oral functions in addition to esthetic, psychosocial impact within school environment. The definitive obturators were fabricated in conventional manner and delivered in the age of 3 and 6 years old respectively. The oral function with obturators were evaluated

objectively. Speech outcome was evaluated using acoustic analysis. Playing music using wind instrument, recorder was also evaluated. In addition, psychosocial aspects of prosthesis were evaluated using a questionnaire.

Results: The results of functional evaluation showed that the two phases of prosthetic treatment plan were successfully achieved with remarkable improvement in the patient's oral function in both preschool and school period. Esthetic and psychosocial impact within school environment was also improved.

Conclusion: Maxillectomy in children can result in significant functional impairments in mastication, swallowing, and speech. Prosthetic rehabilitation can aid in alleviating these problems during growing up period. In addition to these functional problems, severe psychosocial problems followed maxillectomy may be improved.

Poster 7

Amorphous Ocular Prosthesis Design

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Keywords: Amorphous, Ocular prosthesis, eyeball dissection.

Purpose: Designing an ocular prosthetic still amorphous form that meets the requirements to provide good patient facial aesthetic appearance to promote their quality of life.

Methods & Materials: Male patient, 52 years old, came to the clinic of Oral Rehabilitation of the University of Puebla, for rehabilitation with ocular prosthesis, which he suffered in the face a caused by the detonation of fireworks such as rockets impact, which caused him fracture of the inner angle of the right orbit and eyeball dissection. It began with the placement of a forming and exercises for 3 months to achieve muscle tone in the Palpebral that had been strained by the type of fracture and suture technique was performed him. The prosthesis is made by the traditional technique ending with a rare amorphous pattern. Because the irregularity is positioned in the inside of the cavity Anophthalmic, this is not seen externally.

Results: The ocular prosthesis amorphous met the aesthetic and functional requirements for the patient, although it remained an asymmetry in the cavity and relative to healthy eye.

Conclusion: The design is considered a success because it met the expectations of the patient, to achieve over the trauma or emotional impact associated with the loss of an eye. In obtaining facial physical and mental stability that allowed the social and labor integration and acceptance.

Poster 8

❖ Replacement of an Ocular Prosthesis in a Growing Child

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Purpose: The most common primary intraocular malignancy in childhood is retinoblastoma. Current treatment includes enucleation

and placement of an orbital implant. The loss of an eye can be followed by contraction of tissues around the socket which can lead to eyelid constriction, reduced eye socket size and depth, eyelid incompetence, and possibly decreased residual muscle movement. Enucleation is typically followed by the construction of an ocular prosthesis.

Methods & Materials: The process is the same for a child as that for an adult; but a child's socket continues to grow until the age of twelve and therefore, will require periodic modifications or replacement of the prosthesis. As the child grows, changes in the size and shape of the eye socket can result in a sunken appearance of the child's prosthetic eye. For fabrication of the ocular prosthesis, methyl methacrylate resin is the prosthetic material of choice because of its tissue compatibility, adaptability of form, durability, and aesthetic capabilities which include color permanence.

Results: Indications for adjustments include prosthesis rotation within the socket, loose fit, decentration of the cornea, cosmetically significant ptosis, or discoloration of the prosthesis. Regular modifications of the ocular prosthesis are essential to allow the eye socket to develop normally. The goals of the adjustments are to increase the size of the prosthesis gradually in order to aid in the normal development of the lids and other soft tissues which line the orbital bone. In order to achieve a good cosmetic result, the soft tissues must be stretched during growth to enhance the development of the fornices.

Conclusion: For a child, sometimes, the impression making process of the anophthalmic socket can be traumatic. We will discuss a technique for fabrication of a new ocular prosthesis for a 7 year old that has outgrown his previous ocular, without making an intraocular impression.

Poster 9

❖ The Use of Tridimensional Imaging to Evaluate Volumetric Changes in Maxillofacial Patients, A Case Report

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Abstract: The field of maxillofacial prosthetics is embracing the rapid expansion of digital technology. The use of three-dimensional (3D) imaging techniques, such as digital 3D photography, provides an excellent tool to acquire high quality data that may be utilized by clinicians to assess the needs of maxillofacial treatments. The purpose of this case report is to analyze the volumetric changes, both pre and post-operatively, on a patient subject to reconstructive plastic surgery and in patients that required prosthetic rehabilitation.

Poster 10

❖ Dental Rehabilitation of an Adult with Childhood Oral Caustic Injury

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Keywords: caustic ingestion

Purpose: Harmful effects of caustic ingestion on the trachea, esophagus, and gastrointestinal tract are well described in the medical literature. However, there is little reference of their effects to the oral

and peri-oral areas. Here, we present a dental rehabilitation of an adult with multiple sequelae resulting from a lye salt ingestion event during his early childhood.

Methods & Materials: In February 2010, a 52-year old male presented for treatment due to caustic ingestion at age 2, with oral contracture, tissue scarring, limited tongue mobility, and tooth eruption disturbance. Following extensive discussion of treatment options, the patient elected to pursue a fixed dental rehabilitation, with extractions of hopeless dentition, followed by placement of dental implants, and restoration of the remaining natural dentition and implants with fixed dental prostheses.

Results: A dental rehabilitation was achieved through an interdisciplinary approach. Extraction of teeth with ridge preservation in the maxillary right quadrant was achieved. Following healing, the patient was successfully treated with dental implants in the maxillary right quadrant and mandible. The maxillary dental implants were restored with an implant supported fixed dental prosthesis. The remaining maxillary teeth were restored with conventional fixed prosthodontics. Complications however did arise in the mandible due to the extent of oral contracture and tissue scarring. In turn, the mandibular vestibule required expansion through removable lip bumpers that ultimately allowed for increased elasticity of the lower labial mucosa. The mandible was restored with an implant supported fixed hybrid prosthesis. The post dental rehabilitation course was uneventful, and the patient remained pleased with his treatment.

Conclusion: The harmful effects of caustic ingestion are well documented for the trachea, esophagus and gastrointestinal tract; however there remains little evidence with regards to the treatment of the oral and peri-oral sequelae that may result. Although early intervention and surgery can address the acute effects of caustic ingestion, there is no definitive prescribed treatment for long-term sequelae. Treatment should be aimed at prevention, however for individuals already effected in early childhood that require later dental rehabilitation in adulthood, interdisciplinary treatment involving implant therapy, and fixed and/or removable prosthodontics can be provided to obtain beneficial results for the patient.

❖ Maintainer of Space and Intermaxillary Relationship in Mandibular Resection

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Purpose: The objective of the stabilizer bar keep the bone area was lost to a mandibular resection involving lateral body to the line media by an osteoma.

Methods & Materials: This paper describes the design and preoperative preparation of the maintainer, in order to obtain better accuracy during insertion with less time in the surgical procedure. The implant is elaborate in methyl methacrylate and Kirschner nail The maintainer or implant is designed through a 3D model, reshaping the segment that would be sectioned surgically. That also allows direct intraoral reconstruction, later accommodate an intraoral prosthesis.

Results: Implant was inserted to obtaining a satisfactory retention and stability of segments, to evaluate a second surgical time to re-establish the mandibular bone continuity.

Conclusion: Its inclusion was transient and it was subsequently rebuilt with a flap of fibula, inserted with micro-anastomosis and osteosynthesis material. This implant could also have been considered as an alternative to definitively in the reconstruction, avoiding a second surgical time.

❖ Advantage of Using Digital Technology for Fabrication of an Auricular Prosthesis at an Educational Institution

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Abstract: Prosthetic replacements of missing facial tissues using digital technology have several advantages over traditional techniques, especially in an educational environment. Introducing 3-D computer aided designing (CAD), laser scanning and computer aided manufacturing (CAM) also known as rapid prototyping (RP) has revolutionized the field of maxillofacial prosthetics. With CAD/CAM, a mirror image wax pattern may be fabricated, shortening the time of the conventional sculpting technique. The purpose of this case report is to compare the digital vs. conventional workflow for the fabrication of an auricular wax pattern in the Prosthodontics Department at Tufts University School of Dental Medicine.

Auricular Prostheses Using Mirrored 3D Images Captured by Laser Scanning

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Keywords: auricular prosthesis, anthropometric landmarks, lasers

Purpose: This study evaluated the facial symmetry obtained with laser scanning-acquired, digitally mirrored 3D auricular images, by using or not using the external auditory canal as an anatomical reference, in normal subjects.

Methods & Materials: Laser scans were taken of the faces of 10 volunteers with ages over 25 years, without congenital or acquired lesions in the craniofacial region, and of both genders. Linear and angular measurements based on anthropometric landmarks and the external auditory canals were compared by the Wilcoxon ranking test. The angular data were assessed as percentages.

Results: Facial asymmetry was observed after positioning the right and left external ear models mirrored on the contralateral sides of the face, without using the external auditory canal as a reference. Asymmetry was twice as frequent when mirroring the left auricular model on the right side of the face. Greater symmetry was observed when the right auricular models were mirrored on the left side of the face, without using the external auditory canal as a reference, and the greatest symmetry was observed when the left models were mirrored on the right side of the face, using the external auditory canal as a reference. The angular measurements were less asymmetric for the right auricular models than for the left, mirrored on the contralateral sides of the face, with or without using the external auditory canal as a reference.

Conclusion: Use of the external auditory canal as an anatomical reference provided better linear and angular symmetry when positioning the virtual auricular right and left models mirrored on the contralateral sides of the face.

Contribution to the Integration of Removable Protheses by Speech Study

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Purpose: Oral cavity volume changes have an impact on the intelligibility of speech. Prosthetic rehabilitations changes the volume of the oral cavity. To make a removable prosthesis, we use the phonetics. Also, it is important for practitioners to know and to understand what kind of changes appear and how people adapt to this new volume of the oral cavity. The purpose of this study is to compare the phonetics of a dent subject without prosthetic constraint with the same topic after establishment of a prosthetic constraint.

Methods & Materials: In this study each topic is compared to itself. To do this, each subject was recorded without constraint then the following recordings made with establishment of a constraint (palatine plate to the maxilla and mandible) and a time of adaptation of 30 minutes. Another record is carried out after adding a new constraint (contribution of resin on the palate plate). Records are analyzed by an acoustic study of four consonants and a vowel and a jury of listening on the consonants.

Results: The acoustic disturbances on the consonants are mainly a decrease in the centre of gravity of the spectrum and intensity of noise. For the vowels, it is an increase of the fundamental frequency and the first forming. The perceptual study shows that the intelligibility of speech is diminished for the (s).

Conclusion: These results should enable us to better inform our patients on disturbances that they will live in implementing prostheses and strategies put in place to integrate the best and soon this new environment

**❖ Maxillofacial's Role in Aiding Occupational Therapy:
A Case Report**

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Keywords: midfaceprosthesis, facialmask, obturator

Purpose: Patients that have undergone a midface resection may have difficulty speaking, swallowing, masticating and have psycho-social issues due to their compromised facial anatomy. In many oncologic cases, the motivation for surveillance of the surgically resected area for recurrence relies heavily on various prosthetic reconstructions to restore function, facial esthetics, and quality of life in the midface patient. This case report exemplifies a novel utilization of prosthetics to restore a patient's midface and the patient's ability to participate in unique extracurricular activities.

Methods & Materials: A 59-year old gentleman presented status post total bilateral maxillectomy, rhinectomy, and upper lip resection followed by radiation therapy (~70Gy) for squamous cell carcinoma of the right and left hard palate in 2011. He had been restored with a definitive maxillary obturator and was wearing a disposable facemask to cover the nasal and upper lip defect. His chief concern, "I have a bucket list and on that list is flying again and skydiving." "After my midface prosthesis is fabricated, this is what I would like to do." Facial Prosthesis Fabrication: Steps to follow Polycarbonate Facial Mask Fabrication: Steps to follow

Results: The midface silicone prosthesis improved the quality and clarity of his voice enough that he was able to speak over the radio, while in the air, without repeating himself. The blue spherical plastic sprues attached to the edentulous obturator helped retain the facial prosthesis so only a small amount of medical grade adhesive was used

between his eyebrows. The polycarbonate facial mask was fabricated to protect both the edentulous obturator and facial prosthesis from being dislodged when jumping from an airplane.

Conclusion: This case report demonstrates how maxillofacial prosthetics can allow patients to return to normal life activities post cancer therapy. Each member on an oncology team, including occupational therapy and family, are vital to restore function, facial esthetics and to improve the quality of life. Utilizing a conventional edentulous obturator, a midface prosthesis, and polycarbonate facial mask, the patient's chief concerns were achieved.

Poster 16

Multi-Layered Artificial Skin Fabrication Utilizing Computerized Individual Shade Guide

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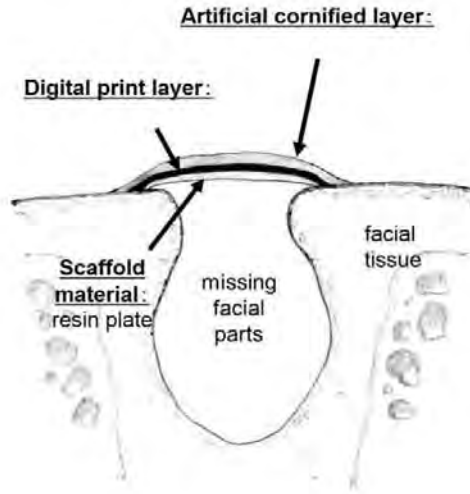
Keywords: artificial skin, shade matching, individual digital shade guide

Purpose: The purpose of this study was to establish a new skin structure of maxilla-facial prosthesis which is characterized by the esthetic border area between facial skin and the prosthesis which was enabled by the multi-layered structure, and the digital color matching system which enabled easy and highly esthetic color matching using digital individual shade guide.

Methods & Materials: An experimental facial prosthesis was fabricated for one healthy volunteer. The prosthesis was fabricated using a newly developed multi-layered artificial skin consisting of three structural layers, which are a support material to maintain the shape, the digital print layer, and a thin covering silicone elastomer layer whose reflectance and transmittance makes the appearance of the layer like cornified layer. For matching the tonal and textural appearance, individual digital shade guide was made from a digital photograph of the identical subject's face of contralateral side by sequentially controlling brightness, hue and saturation. These modified digital images were printed on a thermally adhesive print sheet. This sheet was used as the final individual digital shade guide. By the trial of the final individual digital shade guide directly against the face of the subject, the best fitting one from the images on the final individual digital shade guide was determined. The best fitting image was used as the digital source for the multi-layered prosthesis.

Results: The experimental facial prosthesis constructed by the new fabrication method, using multi-layered structure, well adapted to the face of the subject. The tonal and textural appearances of the subject's facial skin could be well reproduced and matched using the individual digital shade guide.

Conclusion: It would be concluded that the quality facial prosthesis, utilizing this multi-layered artificial skin, would be able to be manufactured in any facility and would be one of the effective options for the treatment of facial tissue defects.



Poster 17

❖ Multidisciplinary Management in Skull Injuries by Methyl Methacrylate Implants

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Keywords: methyl methacrylate, implants, titanium

Purpose: Immediately reconstruct, by combining both materials obtaining cerebral protection and obtaining an acceptable cosmetic result. Adaptation between methyl methacrylate and titanium, is a useful alternative to similar cases.

Methods & Materials: The first case is a 22 year old with a diagnosis of: bone dysplasia in the left frontal bone. Through tomography dimensional model (stereolithography), through which the implant was prepared in methyl methacrylate, in the thermosetting version under strict polymerization and sterilization protocol was obtained. Neurosurgeons performed the surgical approach, removing the entire lesion, and subsequently jointly defect was reconstructed by inserting the implant described adding a mesh and titanium screws to strengthen the protection of the organs involved. The second case is male 42 years of age diagnosed with Frontal Mucocoele law. He started his illness four years ago when he noticed a small nodule in right supraorbital and supraciliary asymptomatic region. Have a history of direct trauma in this region, showing rapid and progressive growth to reach up to 8 X 5 cm. With the study of stereolithography TAC was obtained with reconstruction of the bone defect, elaborándose transparent methyl methacrylate implant. The Oncology Department in the area of head and neck, performed removal of the lesion and together immediately the defect was reconstructed with methylmethacrylate thermosetting implant titanium plates and screws for fixation.

Results: Skull protection could be obtained by the titanium mesh and methylmethacrylate implant preconfiguration facilitated the recovery loss of the aesthetic and facial asymmetry.

Conclusion: We present an alternative in the management of craniofacial implants when there is an alteration in bone is eliminated by removing the lesion, leaving vulnerable organs involved

Management of Peri-Implant Soft-Tissue Redundancy of a Osteocutaneous Fibula Graft

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Keywords: Osteocutaneous, Fibula, Stent

Purpose: Oronasal, oroantral, and oropharyngeal defects created subsequent to complete or partial maxillectomies require a multidisciplinary approach to adequately restore the patient's anatomy, esthetics and function. This clinical case report documents the post-surgical prosthodontic therapy performed for a patient to more adequately reflect and maintain the soft tissue portion of an osteocutaneous free fibula graft and its peri-implant tissues, allowing for a more serviceable and cleansable fixed implant retained prosthesis.

Methods & Materials: Following surgical removal of a benign desmoplastic fibroma spanning the anterior and left maxillary alveolus, obturation of the defect was accomplished for this patient via transplantation of an autologous osteocutaneous free fibula graft. Providing six months of healing, this integrated reconstruction was observed to successfully obturate the maxillary defect, yet provided an overabundance of soft tissue. Laser debulking of the soft tissue was performed coincident with simultaneous implant placement in the available osseous portion of the graft.

Results: Clinical examination six months following implant placement revealed a complete overgrowth of the grafted soft tissue over three of the five surgically placed implants and their 6mm extended height healing abutments. Laser debulking was performed for a second time to provide adequate location indication of the implants for an implant-level impression, but again the soft tissue quickly overgrew the healing abutments soon after.

Conclusion: This recurring issue of soft tissue overgrowth of implant sites is a common concern when restoring around osteocutaneous grafts and not only complicates locating the implants, but also poses a risk of plaque retention and cleansability.

Prosthodontic Rehabilitation of Total Glossectomy Patient: A Case Report

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Keywords: glossektomy, tongue resection, prosthetic rehabilitation

Purpose: Tongue cancer is the most common oral carcinoma and its treatment frequently involves surgical excision, radiation therapy, or both. In patients with extensive lesions, resections may include the floor of the mouth and the mandible in addition to the tongue. Resection of the tongue results in severe deficiencies in speech and deglutition. Speech misarticulation leads to loss of speech intelligibility which can prevent or limit communication. Oral rehabilitation with prosthesis can reduce these problems. Designs of prostheses vary according to patient necessity. A snap-on tongue prosthesis or palatal augmentation prosthesis can be manufactured. The objective of this study was to construction of tongue prosthesis to improve articulation, resonance, mastication, swallowing, direct bolus into the esophagus.

Conclusion: With the delivered prostheses, the patient was in a better speech and glutation condition.

Implant Assisted Prosthetic Reconstruction in Radiated Jaws: A Case Series

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Keywords: titanium, prosthesis, maxillofacial

Purpose: To better understand the behavior of dental implant in maxillofacial reconstruction.

Methods & Materials: The proposal for this survey was passed through approval of the Mayo Clinic Institutional Review Board as a minimal risk study. After approval, the medical records of 33 patients were reviewed involving implant treatment in combination with resective surgery of the maxillofacial complex. Of these patient records, it was determined that twelve patients had implants, which were in the field of radiation in excess of 60 Gy using external beam photon therapy. The preliminary results of this case series is reported below.

Results: Months following placement implants at risk CSR 0-6 months 61 95.08% 7-12 months 50 95.08% 13-18 months 50 95.08% 19-24 months 27 95.08% 25-30 months 27 95.08% 31-36 months 16 95.08% 37-42 months 16 93.44% 43-48 months 16 93.44% 49-54 months 12 93.44% 55-60 months 12 93.44%

Conclusion: Over planning these cases becomes a primary consideration to avoid difficulties encountered with prosthesis redesign. The use of single piece prosthetic design also is beneficial in these cases where segmentation may necessitate the placement of additional implants and new prosthetic construction.

**❖ Microvascular Free Flap Reconstructive Options for
Maxillectomy Defects**

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Keywords: Microvascular free flap, maxillectomy

Purpose: This poster will discuss the free flap reconstructive options for patients with partial and total maxillectomy defects. The various options such as fibula, rectus abdominis, scapular, radial forearm and latissimus dorsi will be evaluated, together with the complications, functional results and outcome measures.

Methods & Materials: A literature review will be done using PubMed to search for articles discussing microvascular free flap reconstructive options as well as the outcome measures of these reconstructions.

Results: A table of the various options, complications and results will be presented.

Conclusion: There are many reconstructive options for patients with maxillectomy defects. The choice of reconstruction should be tailored according to the specific defect, denture-bearing potential of the native tissues, remaining supporting bone and the patient's needs.

**Prosthesis-Guided Implant Restoration of
Auricular Defect**

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Keywords: CAD/CAM; Implant; Auricular prosthesis

Purpose: The concept of “prosthesis-guided implantation” has been widely accepted for intraoral implant placement, while it is not fully appreciated by clinicians for facial defect restoration.

Methods & Materials: In this clinical report, multiple digital technologies were utilized to achieve facial defect restoration by prosthesis-guided implantation. A simulation surgery was performed to remove the residual auricular tissue, and ensured the correct position of the mirrored contralateral ear model. The combined application of computed tomography and 3-dimensional photography reserved the position of the mirrored model, which was evolved into the definitive implant-retained auricular prosthesis.

Results: The definitive prosthesis was fitted to the patient and the patient felt very satisfied. Its esthetic appearance was almost the same as the initial model of the auricular prosthesis for implant planning.

Conclusion: This clinical report showed an integration of CT and 3D photographic imaging technologies in the data acquisition and CAD/CAM of an implant-retained auricular prosthesis, which ensured the position of the definitive auricular prosthesis in the pre-surgical design.

Poster 23

❖ Arrested Tooth Development with Cancer Therapy, Case Report

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Case Report poster: Krystyna, a 9 year old female, presented with hypodontia and stunted development of dentition. She was diagnosed at the age of 9 months with grade II/III Astrocytoma in spinal cord C2/C3. She has received surgical resection, chemotherapy and radiation between the ages of 9 months to 2 and half years old. This poster will present the effects of the treatment on her dental development, treatment options and the treatment provided.

Rehabilitation of a Patient with Lateral Partial Tongue Resection: A Case Report

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Keywords: partial glossektomy, tongue resection, prosthetic rehabilitation

Purpose: A total or partial resection may be needed as tongue cancers cannot be treated just by chemotherapy and radiotherapy. After the resection procedure, as chewing, talking and swallowing functions are impaired; an intraoral prosthetic rehabilitation is often needed for regaining of the function. The purpose of this study is to improve the patient's functional and psychological condition.

Methods & Materials: A 62 year old male patient after a partial resection of the tongue applied to our clinic. His needs were the rehabilitation of the missing teeth and the phonetic function. A palatal augmentation prosthesis was planned for the maxilla for a better articulation of the residual tongue. For the mandible, a removable partial denture was planned to restore the defect and the missing teeth in the mandible. Three block crowns were prepared for the only remaining teeth in the mandible because of their abraded condition and for a better occlusion.

Results: After the delivery of the fixed and removable prostheses, in the control sessions on the 7th and the 30th days, it was observed that the speech, chewing and the swallowing functions were improved. The patient was satisfied as he gained a better function and a better psychological condition back.

Conclusion: Palatal augmentation prosthesis provides better functional and psychological results.

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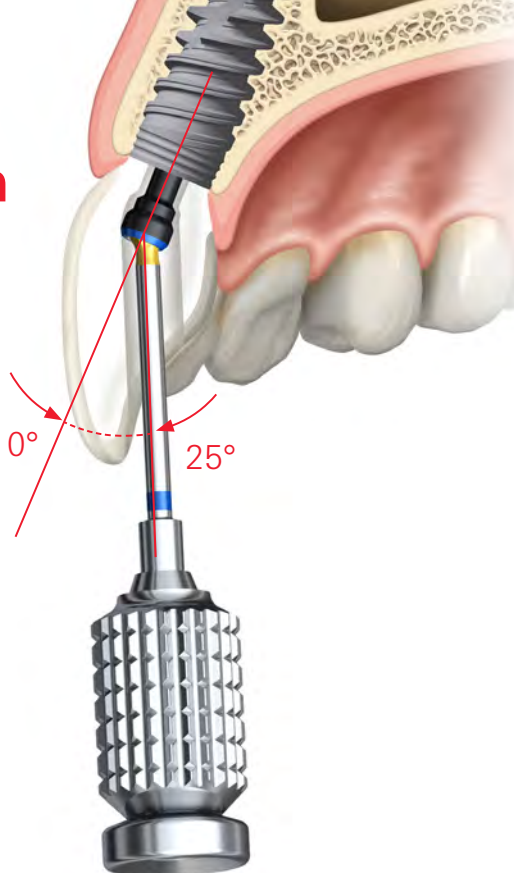
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