Maxillary Partial Obturator for Mucormycosis in a Post-COVID-19 Patient with Uncontrolled Type II Diabetes

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Introduction

During the COVID-19 pandemic, the angioinvasive fungal infection mucormycosis has become increasingly prominent, particularly in individuals with uncontrolled type II diabetes. The treatment of mucormycosis requires the aggressive surgical removal of all infected tissues, combined with systemic antifungal therapy. This rigorous approach often leads to significant health challenges, requiring comprehensive anatomical and functional rehabilitation.

Intra-oral defect associated with teeth #12,13

Intra-oral defect due to maxillectomy of left side for management of mucormycosis

Definitive cast

Cast partial framework on definitive cast

Definitive Obturator Try-in visit

A reline impression to improve speech

Definitive Maxillary Partial Obturator

Patient Overview

A 39 year old male presented with Aramany Class 1 defect of maxilla. Patient needed a definitive obturator prosthesis to aid in speech and deglutition. This patient report shows a patient who underwent subtotal maxillectomy due to mucormycosis following COVID-19.

Results

The patient reported improvement in the deglutition of food and liquids due to an adequate seal of the maxillary defect. The patient was rehabilitated with a closed hollow bulb obturator, highlighting the importance of an proper prosthesis design for a successful outcome.

References: Ravi, M. B., Srinivas, S., Silina, E., Sengupta, S., Tekwani, T., & Achar, R. R. (2022). Prosthetic Rehabilitation of Rhino Orbital Mucormycosis Associated with COVID-19: A Case Series. *Clinical, cosmetic and investigational dentistry*, *14*, 1–10.