SHORT COMMUNICATION

Obturator in paediatric prosthodontics

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Ankitha G. Obturator in Pediatric Prosthodontics. J Pedia Health Care Med 2020;3(2):1-2.	are three types of obturator which are used to treat maxillary defects in newborn and it is also used as a feeding purpose ir children. It can also improve speech of the child who can't speak properly and it builds children confident.
ABSTRACT	
An obturator is a disc used for the defect of the maxilla. There	Key Words: Obturator, maxilla, newborn, defect.
Introduction	 contacts To act as a framework over which tissues may be shaped by the surgeon. [4]
An obturator is a disc or plate, natural or artificial, which closes an opening or defect of the maxilla [1-2]	
Types of obturator	Uses:
 Feeding obturator: Used to cover maxillary defects in newborns to aid in feeding and suckling 	It may help to reconstruct the palatal contour and soft palate.It may be used for feeding purposes.
2 Surgical bturator: Given after surgery to aid in wound healing, hold dressings, maintain pressure on split thickness skin grafts.	 It may improve speech or in some instances make speech possible.
3. Functional obturator: To help in deglutition	 It may be used to keep the wound or defective are clean and may enhance the healing of postsurgical defects. It is used to cover maxillary defects in the newly born. [5]
4. Speech obturator: It is also known as speech aid prosthesis, nasopharyngeal obturator [3]	
	CONCLUSIONS
Indications:	
 To serve as a temporary prosthesis during the period of surgical correction. 	It is concluded that the obturator is used to cover the maxillary defects in newborn and it is also used as a feeding purpose also known as speech aid prosthesis.
for restore a patient's cosmetic appearance rapidly for social challenge when stent removal in LPA and inferior vena cava (IVC) are	50% of overall locations.
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One third of stents (28) are partially removed.

One third of stents (33) are difficult to retrieve (deep hypothermia plus circulatory arrest are requested).

50% of overall stents in LPA & RPA are partially removed.

50% of LPA& RPAstents are handled straightforward.

100% IVC stents are totally removed in deep hypothermia and decannulation.

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