

Clinical Practice

Interdisciplinary approach: A boon for ocular rehabilitation

Shital J. Sonune, Deeksha Sharma¹, Narendra Nirmal¹, Sonal Mehta¹

Department of Prosthetic Dentistry, Dr. DY Patil Dental College and Hospital, DP University, Pune, Maharashtra, ¹Department of Prosthetic Dentistry, Manubhai Patel Dental College and Hospital, Vadodara, Gujarat, India

The face and eyes not only reveal identity but also communicate the intent of our words. The loss of a vital bodily organ such as the eye is not only traumatic but produces grief and irreversible loss of function. As the so-called mirror of the soul has been the focus of many disciplines, hence successful rehabilitation of an individual who has lost an eye requires attention of several of specialists like Ophthalmologist, Psychologist, Plastic Surgeon and Maxillofacial Prosthodontist.^[1]

It can be stated that where the work of a plastic surgeon ends, the work of maxillofacial prosthodontist begins. The demand for a maxillofacial prosthetic device for the rehabilitation of patients has intensified in the recent years.^[2] The art of making artificial eyes has been known to man for centuries.^[3] The two difficult challenges for maxillofacial prosthodontist are superior sulcus deformities from inadequate orbital volume and eyelid ptosis or laxity.

Implant retained ocular prosthesis would be the best approach to rehabilitate an anophthalmic eye, if not for economic and systemic factors. The next preferred technique is the custom-made ocular prosthesis. The advantages of customized ocular prosthesis is improved adaptation to underlying tissues, increased mobility of prosthesis, improved facial contours and control over the size of iris, pupil and color of the iris and sclera. As per literature fabrication of custom-made ocular prosthesis, it involves complex painting procedures, high skill and expertise of the dentist.^[4,5]

Hence, in this clinical report using patient's stock eye shell [Figure 1], custom-made ocular prosthesis was fabricated with a simple, reversible and economical technique. An impression of the anophthalmic socket was made with a good quality alginate in first clinical step and orientation with trial of the wax pattern-stock eye assembly was done during the second step [Figures 2 and 3]. In the third appointment, the prosthesis was inserted [Figure 4a and b]. In this case, as the stock eye shell was already been selected for the patient by his ophthalmologist, the work of the maxillofacial prosthodontist was made much easier and simpler.

As it is quoted very well "coming together is a beginning, working together is a progress and achieving together is a success", the work of an ophthalmologist and maxillofacial prosthodontist creates custom ocular prosthesis but what we give patients can be much more improved self-esteem and the confidence necessary for them to return to an independent and productive living. An interdisciplinary approach can work wonders for even the utterly hopeless cases; we only need to widen our approach.



Figure 1: Unaesthetic look with existing stock eye shell

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Correspondence:

Dr. Shital J Sonune, S No 29/1, Vighnaharta Nagar, Katraj-Kondhawa Road, Katraj, Pune - 46, Maharashtra, India. E-mail: shitalsonune@yahoo.com



Figure 2: Orientation of a wax sclera pattern for correct gaze

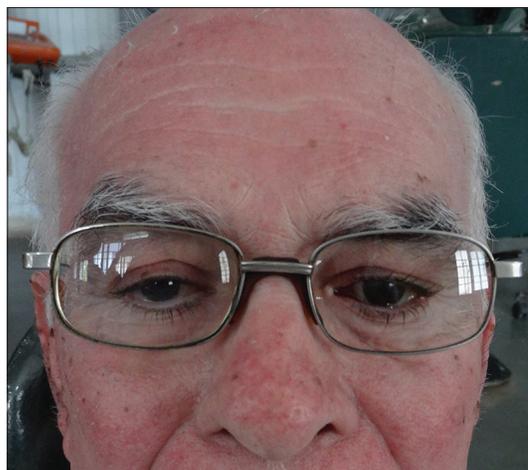


Figure 3: Trial of wax pattern-stock eye assembly

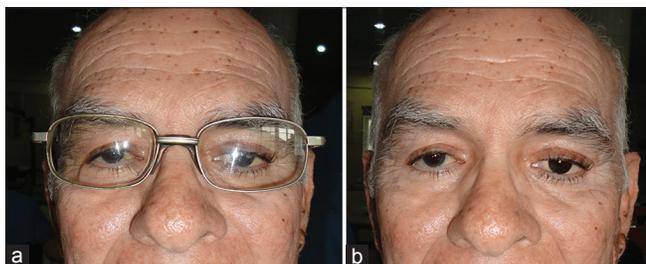


Figure 4: (a and b) Superior natural appearance with customized ocular prosthesis

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