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RESEARCH ARTICLE

EVALUATION OF AWARENESS AMONGST MAXILLOFACIAL DEFECT PATIENTS ABOUT DIFFERENT PROSTHODONTIC TREATMENT MODALITIES

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ABSTRACT

Aim: To evaluate awareness among maxillofacial defect patients about different. Prosthodontic treatment modalities. **Materials and Methods:** A self-administered structured questionnaire was used for the survey and a survey sheet was prepared based on these questionnaire and circulated personally. The feedback was gathered individually from each patient which would be then statistically analyzed to achieve the objectives of the study. **Results:** Based on the statistical analyses, it was found that majority of participants (61%) were not willing for taking the treatment and the reasons being economic problems, multiple visits, difficulty in wearing. **Conclusion:** Maxillofacial rehabilitation plays a very important where enhanced expectation about esthetics and need to restore function to best possible extent is required. Though the participants in the present study had the knowledge about the replacement of missing part, majority of them were not willing for replacement of defect.

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INTRODUCTION

Facial defect results from trauma, neoplastic disease or congenital disease. Road traffic accidents are the major reason for trauma worldwide (Batista, 2012). Such accidents usually results fractures of facial bones mainly maxilla and/or mandible and/or in loss of teeth (Agbor, 2014; Epstein, 2010). Rarely these accidents lead to loss of particular bony part. In these disorders, oral cancer is very common which many times require removal of maxillary or mandibular bone part (Joshi, 2014). In the last two decades treatment for head and neck cancers has evolved with multiple modality treatments, including radiation and chemotherapy in an effort to enhance local and regional disease control, reduce distant metastasis, preserve anatomic structures ,and improve overall survival and quality of life (QOL) (Mantri, 2008). Surgery is first choice for early cancers and for cancers that do not respond to radiation and chemotherapy in the form of salvage. Maxillofacial defect of congenital origin or those resulting from surgery either for trauma or neoplasm needs immediate correction/rehabilitation to provide normal quality life to the patient (Bolzoni Villaret, 2008).

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Prosthodontist play a very important role for rehabilitating an individual suffering from any defect of maxillofacial region (Kim, 2016). The restoration of large maxillofacial defects pose challenges to Prosthodontist because of the limited means of retention, enhanced expectations about esthetics and the need to restore function to the best possible extent [8,9] Prosthodontist play an important role in presurgical phase. Post surgical acquired defects of maxilla, mandible, tongue, soft palate and associated structures also require Prosthodontic rehabilitation. But physicians and surgeons are not giving importance to pre-surgical as well as the post-surgical patient rehabilitation and so to the role of Prosthodontist. maybe that's why such maxillofacial patients from rural and even from urban areas are not aware about the rehabilitative procedures and hence they live substandard quality of life. As we go through the available literature, not much information is available with respect to the level of awareness amongst maxillofacial defect patients who needs maxillofacial rehabilitative treatment. So this study focuses on the awareness among these patients about different Maxillofacial Prosthodontic treatment options.

MATERIALS AND METHODS

Based on the various Prosthodontic rehabilitative treatment modalities, a questionnaire survey was designed to assess the level of awareness among maxillofacial defect patients about

different rehabilitative Prosthodontic treatment modalities in Western Maharashtra. Before onset of the survey, an informed consent was obtained from every patient who would participate in providing a response towards the questionnaire. The inclusion criteria included patients in a good mental state and who had acquired or congenital maxillofacial defect needing rehabilitation. The exclusion criteria included patients who were not giving an informed consent.

Analysis: The collected data was put into SPSS (Statistical Packages for Social Sciences) 20.0 Software, IBM, INDIA. for analyzing the data. A descriptive statistical method was used to assess results of study. Frequency distribution was used to find out the survey prevalence.

RESULTS

The responses were obtained from the questionnaire. Maximum participants (53%) had the knowledge of replacement of missing or lost part from the treating doctor. Majority of participants (61%) were not willing for taking the treatment (Figure 1). The reasons being economic problems (42%,), Frequent visits (8%), difficulty in wearing (2%) (Figure2)

Figure 1. Distribution of willingness for treatment amongsţ participnats

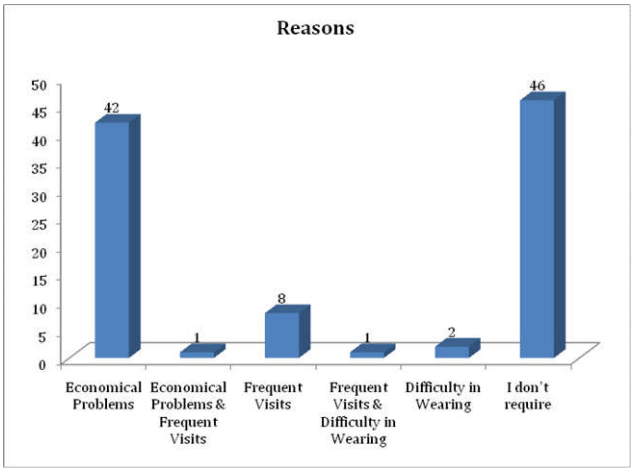

Figure 2. Distribution of Reasons for Not Taking Treatment among Participants

DISCUSSION

After maxillofacial surgery leading to loss of any maxillofacial part, patients face difficulties in continuing healthy lifestyle. The problems may be functional, psychological or social. But still it was observed that patients going for maxillofacial rehabilitation treatment were very less. Focus of this study was to determine knowledge, awareness and willingness of the maxillofacial patients about different maxillofacial rehabilitative treatments. In the present study, it was found that 47% participants were more than 50 years of age. Head and neck cancer is common in age group 63.84 ± 12.65 with median 65 years (Stoyanov et al., 2017). While accidents involving maxillofacial region are common in young age group to fourth decade[11] Age is important in maxillofacial prosthetics because techniques or materials can be limited and can both influence the treatment plan in geriatric patients[12]. In the present study, 75% participants were males and 25% participants were females. This is indicative of maxillofacial defects may be because of CA or trauma are common in males (Stoyanov et al., 2017). Considering the occupation of the participants, it was found that 37% participants were farmers. According to Sankaranarayanan et al. (2010) factors attributed for this increased incidence of oral cancers are poor socioeconomic conditions, alcohol abuse and habits like consumption of tobacco, smoking, use of lime with betel nuts; and increased use of tobacco amongst the farmers are the cause for increased incidence of oral cancers.

Amongst the participants, 69% had visited the doctor before coming to Krishna Hospital. The most common problem for this is reduced awareness amongst the local population that maxillofacial problems are treated by maxillofacial surgeons in India. In the present study, 60% population showed lack of knowledge about the rehabilitative procedures post-surgery. A study done by Gupta et al[15] justifies this result. Lack of awareness about various Prosthodontic treatment options prevents them from utilizing treatment. It is very much essential for the doctors to conduct camps and various awareness programs to change the attitude and spread awareness. According to study by Shah et al[16], it was found that the awareness amongst the surgeons about the rehabilitative procedure is very less.89% individuals in the survey showed difficulty in performing normal function. It is very much essential for the doctors to inform about the post-surgical difficulties prior. After the defect has been removed, the next most important part is rehabilitation of the missing or lost part. In the present study, 53% were aware about the missing part rehabilitation and 47% were not aware about the rehabilitation. In the present study, maximum participants got the knowledge of replacement of missing or lost part from the treating doctor. Majority of participants (61%) were not willing for taking the treatment. The reasons being economic problems, multiple visits, difficulty in wearing.

Conclusion

The present study was done to determine knowledge, awareness and willingness of the maxillofacial patients about different maxillofacial rehabilitative treatments in western Mahatrashtra region. It can be concluded that, it is very much essential for the doctors to conduct camps and various awareness programs to change the attitude and spread awareness about the rehabilitative procedures in maxillofacial defect patients. Rehabilitative procedures are less invasive, esthetically more pleasing and maximum functional restoration.

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