PERFORATION OF THE PALATE

(Rehabilitation by Dental Prosthesis)

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Perforation of the palate as already reported earlier (Bedi et al², 1969) is a curious clinical entity embodying multiple disciplines. The various aetiological factors (Bedi et al², 1969; Bedi 1, 1967 and Kakar et al³, 1969) are enumerated below:—

1. Congenital malformations. 2. Syphilis, Congenital syphilis, and acquired tertiary syphilis. 3. Scleroma. 4. Malignancy. 5. Tuberculosis. 6 Trauma and foreign bodies. 7. Yaws. 8. Gangosa. 9. Maggots. 10. Midline granuloma. 11. Idiopathic granuloma. 12. Miscellaneous eg. chronic osteomyelitis, rhinoliths and chronic ulcers.

The relative incidence of perforation of the palate as encountered in the Skin & V. D. Department was discussed in the above study². The highest incidence was attributable to syphilitic aetiology i. e., 35% in that study.

MATERIAL & METHODS.

We were thus faced with the inevitable problem of rehabilitation of these patients. In order, therefore, to treat such patients for regurgitation of fluids or changes in voice, a simple dental prosthetic device-a denta lplate was thought of with the idea to give relief from symptoms and functional semblance to normalcy.

The procedure was therefore tried on following four patients of syphilitic perforation of palate:—

S. No.	Name	Age	Sex	Aetiology	No. of holes
1,	S.	16	F	Congenital syphilis	3 '
2.	K.	18	F	Congenital syphilis	4
3.	P. N.	42	\mathbf{M}	Tertiary Syphilis	1
4.	R.L.	50	M	Tertiary Syphilis	1

Apart from being safe, cheap and easy to use, this method of rehabilitation became very popular with the patients who had since long suffered from the disease.

RESULTS AND DISCUSSION

Surgical repair is said to be the usual answer. But in practice we found that neither the surgeon nor the patients were very enthusiastic about this remedy. Only patients of congenital or traumatic perforations are easily agreeable to the operative procedure being keen to be back to nomal at the earliest. However patients of syphilitic perforation of the palate who have been carrying on with the disease for many years are neither favourably disposed nor emotionally

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inclined for surgery. They prefer to live with the hole, rather than submit to operation. Moreover, surgery in such cases has the following inherent drawbacks

- i. It may cause sloughing of the tissue which may produce scar formation leading to contraction of the tissues; the results being worse than the original condition.
- ii Surgery in infancy may further limit the growth and development of the maxilla.
- iii In chronic repeated infections, surgery is of no avail, the infection may undo all that had been achieved by the difficult operation.
- iv Surgery has its limitations in case of extensive and multiple perforations.

In contrast to the above procedure rehabilitation by dental prosthesis has the following obvious advantages:—

- 1. This procedure is simple, clean and easy to use.
- 2. There is no surgical operation involved in the procedure, hence it is easily accepted by the patient.
- 3. Functionally it is as good as surgery.
- 4. The area of perforations is under direct inspection. The underlying pathological condition can be treated simultaneously.
- 5. The perforation can be cleaned periodically after removing the plate.
- 6. The plate can cover multiple holes.

The only limitation of this method is that it cannot be used over the soft palate.

However the results obtained in the above series of four patients by such a simple and easy device were extremely satisfying. These patients who had for many years suffered from the disease became instantaneously normal cosmetically as well as functionally. This device could even cover up multiple perforations as in case 1 and case 2 above with great degree of accuracy. The follow-up of these cases shows happy uneventful course.

SUMMARY

Four patients of syphilitic perforation of the palate have been rehabilitated by a simple dental prosthesis - the dental plate. The follow-up of these cases shows uneventful and satisfactory course. The relative merits and demerits of this procedure are discussed in comparison to surgical procedure.

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