An 18-year-old male underwent surgery to remove a keratocyst, which left a large defect in the mandibular left posterior region (A). An obturator was fabricated from a modified orthodontic retainer to support the wound dressing and to prevent entrapment of food particles in the defect.

The area of the defect was marked on the cast, and wax was applied to create a 2mm-thick relief, as in the fabrication of a Fränkel appliance (B). A labial bow of .028” stainless steel wire was modified by extending the distal leg of the left U-loop over the wax at a distance of 1mm, instead of bending it between the canine and the premolar as on the right side (C). Occlusal rests were seated in the central fossae of the first molars for additional support (D). Self-curing acrylic was applied lingually and buccally on the wax relief, creating a buccal acrylic shield to obturate the defect (E).

REFERENCES


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