[PD2049]
GUIDED IMPLANT PLACEMENT WITH IMMEDIATE PROVISIONALIZATION: EXPERIENCE WITH 2 CASES AT AMPANG HOSPITAL, MALAYSIA

SS Kanagaratnam
Department of Oral Surgery, Ampang Hospital, Selangor, Malaysia

Background: Technologies are now available which use Computed Tomography (CT) scans and 3D-planning software to allow surgeons to virtually determine on the computer the position, length, diameter and type of implant to be placed and also ensure it is prosthetically driven. Multiple visit planning procedures and surprises at surgery can be avoided and immediate provisionalization carried out.

Case Report: Two such cases treated at Oral Surgery Department, Hospital Ampang are presented and discussed in detail.

Case 1: A female patient with multiple lower teeth indicated for extraction wanted immediate replacement with fixed prostheses. These teeth with poor prognosis were extracted under local anaesthesia and implants placed according to planning based on CT scans and 3D planning software. These positions were transferred to her lower jaw via a stereolithographic bone supported surgical splint and special drills used to place the implants. Post surgery, she went home with a custom prefabricated fixed temporary bridge.

Case 2: Another female patient wanted fixed replacement of non vital previously traumatized upper anterior teeth. She had extraction of 5 upper anterior teeth followed by bone grafting. 5 months later she had 3 implants placed via flapless surgery with the help of teeth supported stereolithographic surgical guide. She too went home with a provisional fixed upper anterior bridge.

Both patients are doing well. CT guided implant surgery does help optimize implant placement but success depends on accurate planning based on sound clinical knowledge and a clinically executable plan.

Correspondence: ssunthari@yahoo.com

[PD2050]
A CASE REPORT OF AMELANOTIC MALIGNANT MELANOMA OF HARD PALATE: A DIAGNOSTIC CHALLENGE AND ITS MANAGEMENT

GK Ananda1, LO Aung1, T George2, P Nambiar3
1Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, University of Malaya, Malaysia
2Department of Oral Pathology, Oral Medicine and Periodontology, Faculty of Dentistry, University of Malaya, Malaysia
3Department of General Dental Practice and Oral & Maxillofacial Imaging, Faculty of Dentistry, University of Malaya, Malaysia

Malignant melanoma in the oral cavity accounts to only about 1% of all malignant melanomas, and these accounts for 0.5% of all oral malignancies. An amelanotic malignant melanoma within the oral cavity is an extremely rare finding. A 35-year old Indonesian female was referred to our department with an ulcerative growth on hard palate for 6 months duration. Incisional biopsy reported as a sarcoma, and malignant peripheral nerve sheath tumour was one of the probable diagnoses. Clinically no cervical lymphadenopathy was palpable, chest X-ray and abdominal ultrasound showed no abnormality. Patient underwent subtotal maxillectomy. Further immunohistopathologic studies on the surgical specimen returned as amelanotic malignant melanoma. Amelanotic malignant melanomas arising in the oral cavity are often difficult to diagnose primarily. Early and accurate diagnosis of suspicious lesions is the cornerstone of treatment in order to decrease possible future morbidity and mortality. Here, authors discuss the clinical features, differential diagnosis, predisposing factors, final diagnosis, classification, and treatment of amelanotic malignant melanoma of the oral cavity.

Correspondence: gk_ananda@yahoo.com