# Function after a maxillectomy reconstructed with an obturator

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Evaluation of function of maxillectomy patients after prosthetic obturation, related to the extent of the defect.

| Ethical review        | Approved WMO   |
|-----------------------|--|
| Status                | Pending  |
| Health condition type | Miscellaneous and site unspecified neoplasms malignant and unspecified |
| Study type            | Observational non invasive   |

## Summary

#### ID

NL-OMON32896

**Source** ToetsingOnline

**Brief title** Function after maxillectomy

## Condition

- Miscellaneous and site unspecified neoplasms malignant and unspecified
- · Head and neck therapeutic procedures

#### Synonym

tumor invading the maxillary sinus, upper jaw tumor

#### **Research involving**

Human

### **Sponsors and support**

**Primary sponsor:** Antoni van Leeuwenhoek Ziekenhuis **Source(s) of monetary or material Support:** Ministerie van OC&W

### Intervention

Keyword: chewing function, maxillectomy, obturator, quality of life

### **Outcome measures**

#### **Primary outcome**

Primary outcome measurements:

- nasalance on a VAS score
- maximal mouthopening
- mixing ability index
- quality of life and obturator functioning questionnaires

#### stratified for:

- size of maxilla defect (Brown classification)
- remaining percent hard palate and soft palate contralaterally
- resection of the premaxilla
- history of adjuvant radiotherapy
- presence of natural dentition

#### Secondary outcome

Primary outcome measurements stratified for:

- age
- sex

## **Study description**

#### **Background summary**

Patients are after a maxillectomy often reconstructed with a prosthetic obturator. This is a simple and effective way to fill up the defect that exists after tumorablative surgery and to prevent problems with eating and speaking. There is relatively little literature about the function after such a reconstruction. Some small studies with confined patient groups show that function is well recovererd after surgery, but extent of the resection influences the functional result.

Nowadays, there is a second curative therapy modality for patients with head and neck cancer, namely organsparing therapy, chemoradiation. Inoperable tumors are being treated with curative chemoradiation, but some patients will be advised primary chemoradiation if the tumor is so large that after extensive surgery a big functional loss may be expected. This is called functional inoperability.

In order to make a careful patient selection for different treatment options, and to be able to provide meaningful preoperative patient counselling about the expected postoperative result after a maxillectomie, we aim at evaluating functionality after a maxillectomy and prosthetic rehabilitation. The function will be related to the extent of resection, dentition and a history of probable adjuvant radiotherapy, in order to find significant anatomic and preoperatively known patient-bound factors that deteriorate function, namely mastication, nasalance, trismus and quality of life.

#### **Study objective**

Evaluation of function of maxillectomy patients after prosthetic obturation, related to the extent of the defect.

#### Study design

Retrospective cohort study

#### Study burden and risks

Burden for participating patients is an extra visit to the Antoni van Leeuwenhoek Hospital, once only, lasting 30 minutes. There is no extra risk involved.

## Contacts

#### Public

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Nederland **Scientific** Antoni van Leeuwenhoek Ziekenhuis

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## **Trial sites**

## **Listed location countries**

Netherlands

## **Eligibility criteria**

#### Age

Adults (18-64 years) Elderly (65 years and older)

### **Inclusion criteria**

Patients

- having undergone a maxillectomy 1998-2008
- reconstructed with an obturator
- controlled by the dentists/ maxillofacial prosthetics of the Antoni van Leeuwenhoek Hospital

## **Exclusion criteria**

Patients

- that are not mobile or healthy enough to come for an extra visit to the hospital
- having a local recurrence which is not possible to treat anymore, or still planned to be treated
- with lack of basic written and oral command of the Dutch language
- without dental reconstruction at the moment
- with erious psychiatric or cognitive problems that would preclude completion of self-report questionnaires

- living more than 45 minutes distance from the AvL, if it is not possible to combine the visit with a control visit

## Study design

## Design

| Study type: Observational non invasive |                         |  |
|--|-------------------------|--|
| Masking:                               | Open (masking not used) |  |
| Control:                               | Uncontrolled            |  |
| Primary purpose:                       | Other                   |  |

### Recruitment

| NL                        |             |
|---------------------------|-------------|
| Recruitment status:       | Pending     |
| Start date (anticipated): | 01-04-2010  |
| Enrollment:               | 50          |
| Туре:                     | Anticipated |

## **Ethics review**

| Approved WMO       |   |
|--------------------|---|
| Application type:  | First submission  |
| Review commission: | PTC Stichting het Nederlands Kanker Instituut - Antoni van<br>Leeuwenhoekziekenhuis (Amsterdam) |

## **Study registrations**

### Followed up by the following (possibly more current) registration

No registrations found.

## Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

## Register

ССМО

**ID** NL29853.031.09