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## Functional Restoration for Whole Maxillary Defects

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### Abstract

Functional restoration for whole maxillary defects is a challenge to prosthodontists. Authors have implanted MDIC implants on patients' cheek-bone. A ring shape framework with 4 soft magnetic alloy keepers was fixed to implants on cheek-bone by screws. Whole maxillary prostheses, which set 4 magnets, were retained and supported by magnetic force between magnets and keepers on framework. By this method, patients' masticatory and language functions and feature are restored well. Authors think that the method is the most effective way to restore whole maxillary defects at present.

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## 甲状舌管囊肿与瘻多次切除致颌下腺瘻一例报告

苏碧秋

涎腺瘻多系外伤所致。甲状舌管囊肿与瘻切除致颌下腺瘻甚为少见,现将我科收治 1 例报道如下。

患儿高某某,男,6 岁。曾两次局麻下行甲状舌管囊肿与瘻切除,术后复发,于 1994 年 11 月 23 日就医我科入院。患儿 2 岁时发现颌下有一软性包块,随吞咽上下移动,约 2 cm×1.5 cm 大小,穿刺抽出粘稠蛋清样粘液,诊断为甲状舌管囊肿。后包块渐长大,于 1993 年 4 月在外科局麻下切除,病理诊断为甲状舌管囊肿。术后切口一直未愈合,形成瘻管,瘻孔内流出粘稠蛋清样粘液。同年 10 月在外科局麻下第二次手术,病理诊断同前。术后切口仍未愈合,孔内仍流出粘稠液。入院后,全身检查未发现异常。口腔科检查见颈前舌骨平面处有手术瘢痕,正中线的瘢痕上有瘻孔,流出粘稠液,瘻孔向上牵连一条硬索状组织,随吞咽上下移动。临床诊断甲状舌管瘻。于全麻下顺利切除瘻管长 8 cm,包括舌骨中份 1 cm 骨段及舌骨上 3.5 cm 长之索状组织。病

理诊断为甲状舌管瘻。术后 7 d 拆线,切口有渗液,略红肿,无痛感,带药出院。出院后切口又出现瘻孔,肉芽增生,水肿严重。瘻孔流出稀薄清亮液体,孔周皮肤糜烂。门诊换药 3 月余未愈。探测瘻管 4 cm 深,直达左侧颌下腺下极,诊断为左侧颌下腺瘻。经药物瘻管灌注后痊愈。

讨论 甲状舌管囊肿与瘻切除时,由于颈部解剖结构复杂,囊管曲细而深在并常有侧支。要求术者要熟练掌握专业技术。儿童患者应住院,在全麻下施术。术前在甲状舌管内灌注美蓝作导向指示,行柱状切除。此例第三次手术前术中瘻管内未灌注美蓝,瘻管显示欠佳,术中损伤颌下腺导致颌下腺瘻。

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