

COLUMN FOR TIPS IN PROSTHETICS

Dr.KAMAL'S TRIPOD BASE

– A LABORATORY TIP FOR

MAXILLOFACIAL IMPRESSION POURING

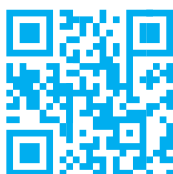
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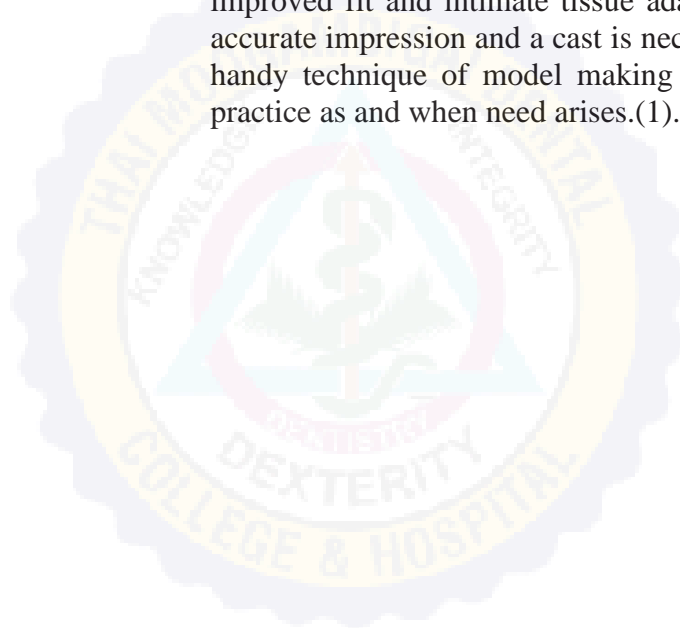
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INTRODUCTION

The disfigurement caused by loss of any part of the body is often a psychologically damaging experience for the patient. To gain improved fit and intimate tissue adaptation of the prosthesis, an accurate impression and a cast is necessary. This article reviews a handy technique of model making that can be used in clinical practice as and when need arises.(1).



Technique:

Successful diagnosis followed by a satisfactory prosthetic treatment, requires an accurate cast and articulation.

Usual cast pouring with beading and boxing of the impression is considered the gold standard technique of pouring cast. Nowadays with availability of base formers regular cast pouring is done with ease.(2)

Conventional techniques:

Usually a mould or a patty of stone is placed on a glass slab. The filled impression is then inverted onto the patty of stone. It is placed firmly but gently into the patty so the poured portion of the impression adheres to the base patty on the glass.(3)

This method is easy and provides good stabilisation . the disadvantage being increased weight of the cast.

Tripod base technique:

In this column we have described a simple way of stabilizing MFP cast while MFP impression is poured.

There are not many base formers available to pour base for maxillofacial impressions. With the current base formers available in the market achieving a proper base is difficult due to size constraints rather than the technique that's employed.

This technique employs simultaneous cast pouring with addition of stone in 3 corners of the impression - 2 posteriorly and 1 anteriorly and placing a glass slab over it parallel to the floor to avoid inverting the impression.

once the cast sets the cast has a tripod contact with the glass slab.(4,5,6,7)

Conclusion:

This tripod base named after Dr. Kamal not only saves material that is expended ,is also time saving in terms of less trimming to fit the huge conventional maxillofacial casts with a very huge base in to the flasks for acrylisation. This tripod base aids in articulation over the clouds and reducing the weight of the cast while offering the advantage of one step cast pouring and stabilization.

The outcome achieved from a tripod base is equivalent to having a full base.

When we conduct camps or outreach programs with limited funds we tried this kind of a cast base -Tripod base for stabilisation. This Tripod base offers the advantages of less quantity stone material expended.

Fig 1: Alginate Impression for Maxillofacial defect.



Fig 2: Simultaneous cast pouring with addition of stone in 3 corners of the impression - 2 posteriorly and 1 anteriorly and placing a glass slab over it parallel to the floor (no inversion technique)



Fig 3: Tripod base which is obtained . We have avoided placing a patty of stone to decrease the weight of the cast and make space for Plaster articulation on the clouds possible.



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fig 4: Stable cast with Dr. Kamal's Tripod base demonstrated.



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