

deformities of the soft palate's posterior or lateral borders.

- Definitive prosthesis-With a final prosthesis, patients with extensive mobility of the residual palate pharyngeal complex during function have a strong chance of achieving normal speech.

Pharyngeal obturator/speech aid prosthesis

It creates a barrier between the nasopharynx and the oropharynx by extending beyond the remnant soft palate. It fills in the gaps in the soft palate without displacing it. It provides a stable framework.

Meatus obturators: To obturate the posterior nasal conchae, meatus obturators protrude vertically from the posterior part of the prosthesis. It is utilized in patients who have significant soft palate abnormalities and a powerful gag reflex. The nasality improves once the prosthesis is placed.

The palatal obturator appliance closes off the nasal passage from the oral orifice by filling an oronasal hole. This enables the patient to exert intraoral pressure in order to produce speech sounds. When used correctly and at a young age, an obturator can assist a kid in developing proper articulation placement rather than compensatory output [20].

DISCUSSION

Speech bulb obturator

A velopharyngeal insufficiency is treated with a speech bulb obturator, which is a detachable device. It's even been used to treat velopharyngeal insufficiency [21].

A speech bulb obturator, like other types of appliances, can be used with partial or complete dentures [22].

These are a viable treatment option for adults who have had oropharyngeal cancer or other maxillary malignancies treated with ablative surgery or radiation [23-25]. They can also be used by those who have had major damage to their palate and are unable to have surgery.

A space bulb obturator is used for speaking. It does so by sealing off the nasal antrum from oral fissure. It is also used to fill the nasopharyngeal breach. This, like a palatal obturator, allows the patient to create speech sounds by impounding intraoral pressure. Hyper nasality can be controlled or eradicated as well.

Prosthetic contraindications

- Surgical repair is only possible when the defect is closed surgically.
- Individuals who are mentally ill.
- In circumstances where there is a lot of caries.
- For patients who refuse to cooperate.

CONCLUSION

The therapy of certain cleft palate patients with prosthetics is a crucial aspect of a multidisciplinary approach to tackling the various difficulties associated with complete health.

Despite the fact that correcting the palate improves the prognosis for normal speech development, the child is still at risk for articulation issues, abnormal resonance as a result of malocclusion and VPI. Throughout preschool and early childhood, speech and resonance, as well as language, should be regularly monitored.

Finally, our data shows that when used with expertise and professional judgement, the modified prosthetic speech appliance is a considerable improvement and a helpful addition to the orthodontist's cleft arsenal.

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