Letter to Editor

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I read with interest the recent article by Satish et al. [1] mentioning an innovative stent as an aid to maintenance of vestibular depth post maxillary labial vestibuloplasty. The article rightly addresses the difficulties in the fixation of prefabricated stents to prevent the loss of surgically achieved vestibular depth. It gives us an innovative and easy to make surgical stent with good postoperative fixation.

There are many issues related to post surgical maintenance of vestibular depth with prefabricated stents, those being; (1) stability (2) ease of use (3) ease of cleansing and (4) cost effectiveness. The authors have successfully addressed all the above points to give us a unique, stable, cost effective and easy to fabricate stent. Various methods for fixation of postsurgical stents have been described in literature; viz: peralveolar wiring, fixation screws, etc. However, many of these techniques are unstable and cause movement between stent and the underlying tissues, leading to pain and traumatic ulcers.

In our limited experience with maxillary labial vestibuloplasties, we used a similar fixed stent stabilized with two screws in the canine region. Along with the issues related to the underlying tissue irritation, we also had the problem of inadequate oral hygiene maintenance. As a result of this combined effect of unstable stent and poor oral hygiene, many of our patients developed traumatic ulcers, thus, forcing us to discontinue the use of stent a few days prior to the completion of the mandatory 3 weeks. As the authors have stated correctly, that, with the incorporation of plates in the stent, the issue related to stability has been adequately solved. However, we wish that the authors could enlighten us more on the aspects of cleansing the stent and how to maintain oral hygiene while the stent is in use. The literature also does not give much information regarding maintenance of oral hygiene during use. One alternative we can suggest to further improve the maintenance phase is the use of implant retained over denture modified to maintain the vestibular depth. Kwakman et al. [2] have used implant retained splints after vestibuloplasty as an alternative to conventional splints. Chintan et al. [3] have also reported the use of implant retained overdenture as a stent for mandibular vestibuloplasty. They used implants with ball abutments to hold the stent (relined denture) at the newly acquired vestibular depth. The splint was removed on the 8th post operative day and the denture flange was trimmed till the region of the alveolar crest. The authors claim that the surgically exposed area healed well. However, one has to consider the cost of the implants when using this technique with good case selection criteria.

To conclude, we can safely say that the technique mentioned by Karandikar et al. in spite of its inherent limitations can be the most acceptable, currently, to maintain the vestibular depth post maxillary vestibuloplasties.

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Conflict of interest None.

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