Amanda Bergmann da Fonseca

Prótese oculopalpebral- Relato de caso clínico

Brasília
2015

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Trabalho de Conclusão de Curso apresentado ao Departamento de Odontologia da Faculdade de Ciências da Saúde da Universidade de Brasília, como requisito parcial para a conclusão do curso de Graduação em Odontologia.

Orientadora: Profa. Dra. Aline Úrsula R. Fernandes

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À minha família e amigos.

AGRADECIMENTOS

A Deus, por ter me dado saúde e força para superar as dificuldades e alcançar objetivos.

Aos meus pais, Emídio Prata e Simone Bergmann, e meu irmão Victor Bergmann, pelo amor, incentivo e apoio incondicional, dados a mim até aqui.

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EPÍGRAFE

“Que os vossos esforços desafiem as impossibilidades, lembrai-vos de que as grandes coisas do homem foram conquistadas do que parecia impossível”.

Charles Chaplin

RESUMO

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A reabilitação por prótese oculopalpebral envolve questões físicas e psicológicas. Com a perda de estrutura da região orbital, o paciente sofre por comprometimento de função, desfiguração facial e transtornos psicológicos. Este trabalho apresenta o caso clínico da reabilitação facial de uma paciente acometida por carcinoma em região orbital esquerda, submetida à ressecção cirúrgica do bulbo ocular e estruturas adjacentes, com posterior enxerto epitelial. Após período de cicatrização dos procedimentos cirúrgicos, foi realizada uma moldagem facial e obtida uma máscara em gesso. O padrão em cera da prótese oculopalpebral foi esculpido e analisado em posição quanto a aspectos estéticos e adaptação às margens do defeito cirúrgico. A prótese foi pigmentada, em silicone industrial, e caracterizada para aproximar-se à coloração e textura facial da paciente, Concomitante, foi confeccionada prótese ocular em resina acrílica, para que completasse a região. A reabilitação facial, por meio de prótese oculopalpebral, foi responsável pelo restabelecimento da harmonia e estética almejadas, e pela melhoria na qualidade de vida da paciente, reinserida em sociedade. A protetização facial é a melhor opção para reabilitação de pacientes mutilados, contra-indicados para a cirurgia plástica reconstrutiva, alcançando resultados bastante satisfatórios.

ABSTRACT

FONSECA, Amanda Bergmann da. Oculoplpebral Prosthesis: A Clinic Report. 2015. Undergraduate Course Final Monograph (Undergraduate Course in Dentistry) – Department of Dentistry, School of Health Sciences, University of Brasília.

Rehabilitation through oculopalpebral prosthesis involves physical and psychological issues. With the loss of the orbital region structure, the patient suffers function impairment, facial disfigurement and psychological disorders. This paper presents a case of facial rehabilitation of a patient affected by carcinoma in the left orbital region , underwent surgical resection of the eyeball and adjacent structures , with subsequent epithelial graft. After healing period of surgical procedures, facial molding was performed and obtained a mask in plaster. The standard wax oculopalpebral prosthesis has been carved and analyzed in position on aesthetics and adaptation to the banks of the surgical defect. The prosthesis was pigmented in industrial silicone, and characterized to approach the color and texture of facial patient, Concurrent, was made ocular prosthesis in acrylic resin, to complete the region. The facial rehabilitation through oculopalpebral prosthesis, was responsible for the restoration of harmony and aesthetics, and the improvement in patient quality of life, reinserted in society. The facial prosthesis is the best option for rehabilitation of mutilated patients contraindicated for reconstructive plastic surgery, achieving satisfactory results.

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ARTIGO CIENTÍFICO

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FOLHA DE TÍTULO

Prótese oculopalpebral- Relato de caso clínico

Oculopalpebral Prosthesis: A Clinic Report

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RESUMO

Prótese oculopalpebral- Relato de caso clínico

Resumo

A reabilitação por prótese oculopalpebral envolve questões físicas e psicológicas. Com a perda de estrutura da região orbital, o paciente sofre por comprometimento de função, desfiguração facial e transtornos psicológicos. Este trabalho apresenta o caso clínico da reabilitação facial de uma paciente acometida por carcinoma basocelualr em região orbital esquerda, submetida à ressecção cirúrgica do bulbo ocular e estruturas adjacentes, com posterior enxerto epitelial. Após período de cicatrização dos procedimentos cirúrgicos, foi realizada uma moldagem facial e obtida uma máscara em gesso. O padrão em cera da prótese oculopalpebral foi esculpido e analisado em posição quanto a aspectos estéticos e adaptação às margens do defeito cirúrgico. A prótese foi pigmentada, em silicone industrial, e caracterizada para aproximar-se à coloração e textura facial da paciente, Concomitante, foi confeccionada prótese ocular em resina acrílica, para que completasse a região. A reabilitação facial, por meio de prótese oculopalpebral, foi responsável pelo restabelecimento da harmonia e estética almejadas, e pela melhoria na qualidade de vida da paciente, reinserida em sociedade. A protetização facial é a melhor opção para reabilitação de pacientes mutilados, contraindicados para a cirurgia plástica reconstrutiva, alcançando resultados bastante satisfatórios.

Palavras-chave

Carcinoma Basocelular**;** Prótese maxilofacial; Olho artificial

ABSTRACT

Oculopalpebral Prosthesis: A Clinic Report

Abstract

Rehabilitation through oculopalpebral prosthesis involves physical and psychological issues. With the loss of the orbital region structure, the patient suffers function impairment, facial disfigurement and psychological disorders. This paper presents a case of facial rehabilitation of a patient affected by carcinoma in the left orbital region, underwent surgical resection of the eyeball and adjacent structures, with subsequent epithelial graft, after healing period of surgical procedures, facial molding was performed and obtained a mask in plaster. The standard oculopalpebral prosthesis has been carved and analyzed in position on aesthetics and adaptation to the banks of the surgical defect. The prosthesis was pigmented in industrial silicone, and characterized to approach the color and texture of facial patient, Concurrent, was made ocular prosthesis in acrylic resin, to complete the region. The facial rehabilitation through oculopalpebral prosthesis, was responsible for the restoration of harmony and aesthetics, and the improvement in patient quality of life, reinserted in society. The facial prosthesis is the best option for rehabilitation of mutilated patients contraindicated for reconstructive plastic surgery, achieving satisfactory results.

Keywords

Carcinoma, Basal Cell; Maxillofacial Prosthesis; Eye, artificial

INTRODUÇÃO

Câncer de cabeça e pescoço é um termo genérico que se refere a um grupo de tumores malignos que ocorrem em regiões anatômicas da cabeça e do pescoço. Os tumores palpebrais são divididos em benignos e malignos, os benignos são os mais comuns, não possuem ulcerações nem sangramento, e possuem um crescimento lento, dentre eles o mais comum é o papiloma, já os tumores malignos possuem ulcerações, sangramento, vasos sanguíneos em suas extremidades, podem causar a perda dos cílios na região acometida, sendo o carcinoma basocelular o mais comum dentre eles, ocorrendo em cerca de 90% dos casos relatados, segundo estudos. Podendo acometer a pálpebra inferior, canto medial, pálpebra superior e canto lateral, respectivamente. A

prevalência dos carcinomas basocelulares ocorre entre pacientes do sexo feminino, de 50 a 70 anos e de pele branca. (6) Os fatores de risco envolvem a exposição excessiva a radiação ultravioleta, histórico familiar positivo, ingestão deficiente de vitamina, dieta rica em gorduras e genodermatoses, como o albinismo. (7) O diagnóstico do carcinoma basocelular é dado a partir de análise clínica, e anatomopatológica, podendo ser classificada clinicamente, em nodular, nódulo ulcerativo, pigmentado e infiltrativo, apesar de não causar metástase estes tumores podendo causar infiltração local, portanto a detecção precoce aumenta as chances de cura. (6) O tratamento pode ser escolhido de acordo com a extensão da lesão compreendendo cirurgias com excisão total de tumor com margens de segurança, curetagem e

cauterização (tumores pequenos), terapia fotodinâmica, e radioterapia. (7)

As mutilações faciais são, na maioria das vezes, de etiologia patológica ou acidental. No caso de neoplasias malignas envolvendo a face, muitas vezes a reabilitação completa não é possível apenas com recursos cirúrgicos, sendo necessária a utilização de recursos protéticos. A prótese bucomaxilofacial exerce o papel de reabilitar esses pacientes, tornando-os mais aptos ao convívio social. Indivíduos que após a mutilação frequentemente eram acometidos por sentimentos de vergonha e depressão que os levavam ao isolamento social, muitas vezes conseguem uma adequada reabilitação com o uso de próteses. (2)

O tratamento cirúrgico é necessário para a cura do tumor, porém a reconstrução facial é condicionada ao

estado fisiológico e patológico dos pacientes. Alguns trabalhos demonstram que a satisfação dos pacientes submetidos apenas ao tratamento cirúrgico após rinectomia é baixa. A maioria desses pacientes não estão satisfeitos com sua aparência e todos eles têm alguma reclamação estética a respeito da área acometida. (1)

Para a escolha entre a opção cirúrgica e a protética, no caso de mutilações faciais, devem ser considerados também os seguintes aspectos: quantidade de tecido de suporte remanescente, número, condição e posição dos dentes remanescentes, idade e estado de saúde do paciente, achados patológicos e habilidades disponíveis tanto para a reconstrução cirúrgica quanto para a protética. A reconstrução cirúrgica e a reabilitação protética podem ser usadas em conjunto quando nenhuma das duas opções isoladas alcança a máxima

estética e função. O tratamento e a reabilitação de pacientes com neoplasias da face devem ser planejados por uma equipe antes da cirurgia de retirada do tumor. Isso determinará a escolha entre reabilitação cirúrgica ou protética e permitirá a otimização dos resultados funcionais e estéticos. (3)

A decisão deve considerar também os desejos do paciente e de sua família. Se o defeito é pequeno, a reconstrução cirúrgica é preferível. No entanto, é praticamente impossível reconstruir cirurgicamente as regiões anatômicas com um aspecto estético tão bom quanto de uma prótese. A reconstrução é um desafio técnico muito grande e requer múltiplas cirurgias. A restauração da função do órgão através de cirurgia é muitas vezes limitada e imprevisível. No caso da prótese, normalmente ocorre uma boa aceitação por parte do

paciente quando sua família apoia e aceita essa opção. O paciente deve ser avaliado em relação aos fatores sociais e psicológicos, ao passo que deve estar consciente de que sua aparência mudou permanentemente. (3)

Muitas vezes a cirurgia plástica não é capaz de restaurar o volume total do nariz. Nesses casos uma prótese nasal é estética e permite uma respiração adequada. As próteses, além de permitirem ao clínico observar a cura ou recorrência da doença, possuem um grau de complexidade diferente das cirurgias reconstrutivas e podem apresentar menor custo em relação as mesmas. Existem três opções para retenção de próteses faciais: suporte mecânico, adesivo ou ancoragem em implantes crânio- faciais. (1)

Para a confecção das próteses bucomaxilofacias podem ser utilizados materiais como

polimetilmetacrilato, polivinil, poliuretano e silicone. O silicone é o material mais usado, devido a suas propriedades superiores. (2) A reabilitação do paciente com deformidade facial objetiva não somente a restauração da estética, bem como seu conforto físico, psicológico e social.

O objetivo deste trabalho foi relatar a reabilitação facial de paciente com perda oculopalpebral, por meio de próteses maxilofaciais.

RELATO DE CASO

Paciente feminino, M.A.C, 66 anos, que compareceu à Clínica Odontológica do HUB, com o objetivo de obter reabilitação facial estética. A paciente relatou ter sido acometida por Carcinoma Basocelular, sendo submetida a sessões de radioterapia e alguns procedimentos cirúrgicos, nos quais o tumor foi exenterado e enxerto autógeno de tecido abdominal foi posicionado para fechar a cavidade, localizada na região orbital esquerda com ressecção de bulbo ocular e estruturas adjacentes (Figura 1). Além do comprometimento estético, a paciente apresentava um quadro de baixa autoestima e dificuldades na socialização. A paciente faz o uso de prótese oculopalpebral desde 2003, sendo a última usada há 2 anos (Figura 2).

Em vista do caso e da impossibilidade em restabelecimento estético por meio cirúrgico, foi proposto como plano de tratamento a confecção de prótese oculopalpebral em silicone (2), que estaria retida à face por meio de retenção adesiva.

Diante do proposto, realizou-se inicialmente a moldagem da face da paciente com hidrocolóide irreversível (Jeltrate Plus; Dentsply Ind. Com. Ltda, Brasil), utilizando uma moldeira individual de gesso comum (Gesso-Rio; Brasil). A partir do molde, obteve-se uma máscara facial com gesso pedra tipo III, sobre o qual foi realizado todo trabalho de escultura da peça protética (Figura 3). Essa foi confeccionada em cera rosa n° 7 (Wilson Polidental Ind. Com. Ltda, Brasil), sendo esculpidas as formas anatômicas de interesse.

A prova do padrão em cera foi realizada observando-se todos os requisitos estéticos e funcionais, avaliando a boa adaptação de bordas, estética e harmonia faciais. A prótese palpebral em cera foi incluída em mufla, e seu molde preenchido com silicone incolor (Silastic, Dow Corning do Brasil) pigmentado com pigmentos de cerâmica e pós de maquiagem (Figura 4). Após 24 horas, a prótese foi retirada da mufla, sofreu acabamento com tesoura e tiras de lixa (Figura 5).

A prótese ocular foi confeccionada simultaneamente, em processo separado (2, 3). A esclera artificial foi preparada em resina acrílica termopolimerizável branca (n. 1, Produtos Odontológicos Clássico Ltda, Brasil). A íris artificial foi pintada sobre disco de cartolina preta, com tintas a óleo (Gato Preto, Brasil), e colada sobre a esclera artificial.

Após caracterização com fios de lã e pigmentos resinosos, foi depositada camada de resina acrílica incolor termopolimerizável (Produtos Odontológicos Clássico Ltda, Brasil) sobre a face estética da prótese. O acabamento e polimento foram obtidos por broca de tungstênio e lixas de diferentes granulações. A fixação da prótese ocular à palpebral foi realizada com o mesmo silicone industrial da confecção da última. Pêlos artificiais foram costurados, para representar os cílios (Figura 6).

No momento da instalação da prótese oculopalpebral, esta foi fixada por meio de adesivo químico (Pros-Aide Adhesive, EUA) (Figura 7).

Após a instalação da prótese, testes funcionais foram realizados e observou-se que a retenção e estabilidade estavam adequadas, além de uma adaptação

satisfatória das bordas da prótese facial com a face da paciente (Figura 8). A reabilitação facial por meio de prótese oculopalpebral foi responsável pelo restabelecimento da harmonia e estética almejadas, e pela melhoria na qualidade de vida da paciente, reinserida em sociedade (Figura 9).

Figura 1 - Paciente com defeito facial.

Figura 2 - Prótese antiga, com estética desfavorável.

Figura 3 - Modelo em gesso para confecção de prótese oculopalpebral.

Figura 4 - Silicone incolor e pigmentos.

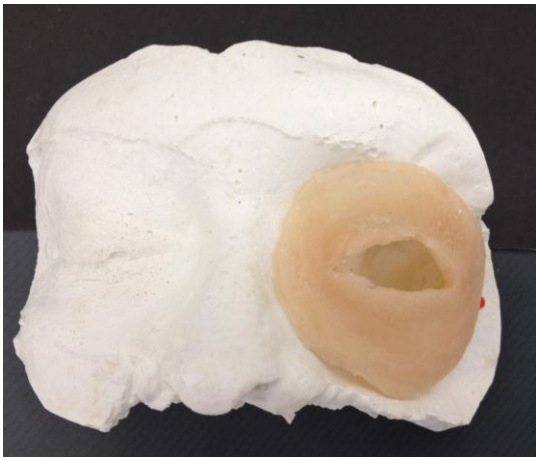

Figura 5 - Acabamento com tesoura e tiras de lixa em modelo de gesso.

Figura 6 - Pêlos artificias utilizados para representar os cílios.

Figura 7 - Adesivo químico para fixação da prótese.

Figura 8 - Prova e ajustes finais da prótese.

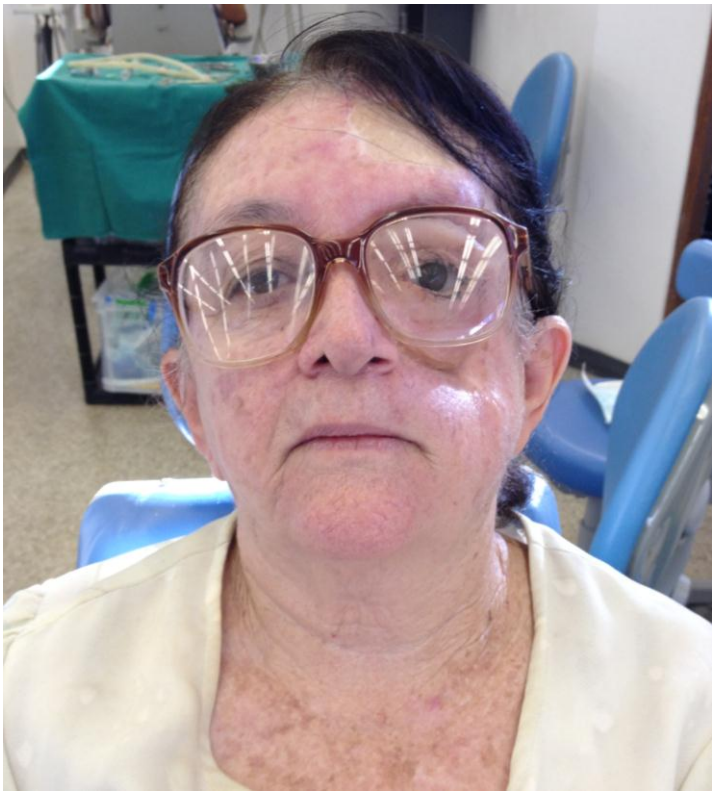

Figura 9 - Paciente com prótese instalada.

DISCUSSÃO

Segundo Rezende (4), prótese oculopalpebral trata-se de uma restauração aloplásica do olho e da região palpebral, se diferencia da prótese oftálmica por não substituir apenas o globo ocular e sim o conjunto oculopalpebral, normalmente com etiologia patológica que levam a exéreses oncocirúrgicas, deixando assim um aspecto de mutilação, gerando a necessidade de uma intervenção terapêutica para proteção de tecidos adjacentes bem como a reinclusão do paciente na sociedade.

Pacientes que possuem essas condições relatam que a aceitação social é muito difícil, principalmente por parte das crianças que enxergam a deformidade como uma aberração. Os olhares e comentários discriminatórios causam desconforto e permitem aos

pacientes com defeitos maxilofaciais sentirem o prejuízo social. Muitas vezes, a reconstituição facial não é possível de ser realizada cirurgicamente, tanto por despender altos custos, quanto por se tratar de um procedimento muito delicado e que necessita de tecido ou suporte ósseo adequado para ser bem sucedido (2). No caso clínico descrito, se observa a reconstrução facial, por tecido enxertado em região orbital esquerda. Contudo, tal abordagem não ofereceu harmonia estética, dissimulação do defeito ou conforto psicossocial. A cirurgia plástica atuou como coadjuvante para que a prótese maxilofacial completasse o processo. O principal resultado da reabilitação cirúrgica-protética ocorre no âmbito psicossocial.

Quando uma pessoa é acometida por um carcinoma basocelular e não dispõe de um diagnóstico

precoce, compromete muito sua estética, devido às proporções que a lesão pode tomar (6), uma vez que o tratamento indicado para esse tipo de lesão é a exérese total do tumor com margem de segurança de 3 a 5 mm em toda sua extensão (7), a mesma deve passar por um intensivo acompanhamento psicológico para que tenha consciência de que sua aparência permanecerá alterada para o resto de sua vida (3), porém este processo requer muito esforço e tolerância. O profissional de saúde, em sua possibilidade de integração multidisciplinar, tem fundamental importância no processo de resgate desses pacientes.

CONCLUSÃO

A reabilitação com o uso de próteses oculopalpebrais é de extrema importância para uma reintegração social, melhoria na qualidade de vida e restabelecimento psicológico.

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ANEXOS

NORMAS DA REVISTA

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Instructions to the Authors

General | About Journal | Permissions | The Editorial Process | Clinical trial registry | Authorship Criteria | Conflicts of Interest/ Competing Interests | Submission of Manuscripts| Preparation of Manuscripts| Reprint and Proofs| Copyrights || Contributors' form

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A manuscript will be reviewed for possible publication with the understanding that it is being submitted to National Journal of

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Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format. Page proofs are sent to the corresponding author. The corresponding author is expected to return the corrected proofs within three days. It may not be possible to incorporate corrections received after that period. The whole process of submission of the manuscript to final decision and sending and receiving proofs is completed online. To achieve faster and greater dissemination of knowledge and information, the journal publishes articles online as 'Ahead of Print' immediately on acceptance.

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Authorship Criteria

Authorship credit should be based only on substantial contributions to each of the three components mentioned below:
Concept and design of study or acquisition of data or analysis and interpretation of data;
Drafting the article or revising it critically for important intellectual content; and
Final approval of the version to be published.
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Data acquired from the research with appropriate statistical analysis described in the methods section should be included in this section. The results section should highlight the important results obtained. Data should be organized into figures and tables. Qualitative as well as quantitative results should be included if applicable.

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	microgram	µg
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	minute	min
	hour	h
	day	d
	week	w
	month	mo
	year	y
Amount of substance	mole	mol
Area	square meter	m2
Volume	cubic meter	m3
	liter	l
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Acknowledgements

Those who have helped the authors carry out the study and/or prepare the manuscript but have not made significant intellectual contribution to deserve authorship must be acknowledged. Mention all applicable grants and other funding that supported the work.

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