



ADVANCED POLYMERIC MATERIALS FOR RECONSTRUCTIVE TREATMENT AFTER THE INTRA-ORAL TUMOR RESECTIONS

Oktawian Bialas, Jarosław Żmudzki, Marcin Adamiak

Department of Engineering Materials and Biomaterials, Silesian University of Technology, Konarskiego St. 18a, 44-100 Gliwice, Poland

Corresponding author: Oktawian Bialas, oktawian.bialas@polsl.pl

Abstract: Obturators/blocking devices are used to reconstruct physiological functions of the oral cavity after extensive resections in the facial part of the skull. The article shows the study of mechanical properties of foamed polyurethanes, potentially used as a flexible obturator filling. Recently, hard silicone-coated plastics have been used in the construction industry. In the course of study, static tensile test, wear test of the surface and microscopic examination of the obtained porous structure together with statistical evaluation of the obtained results were performed. The obtained foamed polyurethanes (PUF) showed adequate deformation and strength. The results obtained during the study allowed to determine the presence of a non-porous shell, which may constitute a barrier for the penetration of saliva, liquids and food into the porous structure. The resistance to abrasion was about one month of exploitation, which is sufficient for the expected exploitation period taking into account hygienic considerations.

Key words: obturator, polyurethane foams, oral biomedical application, cancer defects

1. INTRODUCTION

Abnormal embryogenesis, genetic conditions or cancer appear to be the main causes of a congenital or acquired condition in which the space of the maxillary sinuses or nasal cavity joins the space of the oral cavity. Head or neck cancer is the diagnosis that 5% of cancer patients will have to face each year, according to WHO data from 2012. A densely vascularized and well-bloodied location makes even early detection of cancer relatively bad prognosis. Surgical treatment involving extensive facial resections is usually supported by chemo and/or radiotherapy [18,49,56]. Prosthetic rehabilitation of patients with massive cavities resulting from extensive facial surgeries is one of the most difficult problems faced by modern prosthetics. Oncological therapy leads to very unfavorable conditions within the prosthetic field and makes the tissue reconstruction difficult. They result from large soft and hard tissue loss and deformation of surrounding tissues, xerostomia (dry mouth), inflammatory changes in the mucous membrane, changes in saliva

pH, as well as circular caries and pathological tooth clash [24]. Intraoral resections which result in a connection between the oral cavity and the nasal cavity or the maxillary sinus space are common. The connection causes in swallowing, difficulty in speaking and chewing impairment [26,32,43,60].

The condition of patients creates difficulties at every stage of denture design, and required individual and unconventional solutions. The traditional approach to prosthetic rehabilitation of patients with oral communication with the maxillary sinus is to create an obturator to close the acquired resection cavity primarily within the hard palate, but also on the adjacent structures of the alveolar cavity and soft tissues. Once the face looks as natural as possible, swallowing, speech and chewing conditions are restored, the patient also improves his/her mental condition, which has beneficial effects on the systemic effects of treatment. The obturator is a part of the postoperative maxillary prosthesis, which is an additional element closing the junction created after resection [4,32,33]. The retention force of the obturator is important factor, which decreases significantly with its mass, which leads to impaired speech function and food consumption [2,3,10,14,16,19,46,38,44,50,54].

The materials commonly used for obturators include acrylates (methyl polymethacrylate), silicones and also titanium [32,39] and postoperative dentures [4,6,30,33,60] are made from thermoformed polymers, including polyurethane[5]. However possibility of using foamed polyurethanes was not investigated.

Polyurethane is a polymer often used for medical purposes. High biocompatibility and its relative chemical stability in the tissue environment have been identified as potentially useful for prosthetic purposes [64].

Additional use of foaming agents could reduce weight and increase flexibility, which improves retention and equalizes pressure. In the work polyurethane foams were examined, which were made using the one-shot process with the use of the natural blowing agent in the form of acetone [24,30,53].

The development of the one-shot process for obtaining foams as the most common, simplest and most frequently used technology for manufacturing polyurethanes [53,57]. Technologic simplicity is important factor in dental technique.

2. EXPERIMENTAL

2.1 Materials characteristics

Samples of material were made of flexible polyurethane foam (PUF) available commercially under the name Flex 140. The PUF is a two-component polyurethane system designed for mold production with increased density and mechanical strength. The foam consists of two components which are chemically different and have different physical properties as shown in the Table 1.

Table 1. Physical characteristics of the flex 140 components

Feature	component A	component B
Appearance	Prescription polyol mixture in the form of an oily liquid without Suspensions.	Liquid without suspensions
Colour	White	Honey - brown
Density at temp. 20 ⁰	1.05 ± 0.02 g/cm ³	2.33 ± 0.03 g/cm ³
Viscosity at temp. 20 ⁰	300 – 700 mPa·s	250 – 450 mPa·s
Smell	Characteristic, not intrusive	Characteristic, not intrusive

To make the samples with a possibly homogeneous structure and repeatable production method, a 50 cm³ polypropylene form was prepared. Additionally, to obtain a more porous structure it was decided to add blowing agent in the form of acetone by C% ≥99.6%. The foam was obtained by the one-shot process with set process parameters presented in the Table 2 below:

Table 2. Foam production parameters

Parameter	Value
Form volume	50cm ³
Apparent sample density	0.425g/cm ³
Mixing time	15s
Component A to B ratio	17ml / 8ml
Mixer speed	1100 rpm (6 vane agitator)
Added porophor (acetone)	0.35ml; C% ≥99,6%
Process temperature	40 , 50 , 60 °C

The temperature of the process has been selected to correlate the crosslinking time of the polymer with the appropriate boiling intensity of the blowing agent. The qualitative evaluation was based on the homogeneity of the obtained structure and the average size of the pores. During the polymer crosslinking reaction, specific stages occur one after

another, the occurrence of which determines the final properties. According to the manufacturer's data, their duration is presented in the Table 3 below:

Table 3. The occurrence and duration of the different reaction steps

Parameter	time [s]
Starting time ¹	18-22 s
Gelation time ¹	65-85 s
End of growth	90-115 s
Apparent density ²	0.14±0.02 g/cm ³

¹ Response time measured from the start of mixing; start time until the mixture starts to grow.

² Apparent density determined as the quotient of the weight of the foam in the casting mold to the volume of the casting mold.

2.2 Samples preparation for microscopic observatio

The samples for microscopic examination were cut with a sharp tool lengthwise to the direction of foam growth so as not to damage the non-porous layer intended to protect the material from absorbing the liquid. After taking pictures showing the non-porous layer, the samples were turned by 90 degrees so that the cross-sectional area across the entire porous surface becomes visible.

2.3 Microscopic observation

Using the ZEISS Axio Vert A1 light microscope with the AxioCam ERc 5s microscope module, the microstructure on the cross-section and the surface of the samples were taken for each polymerization temperatures (40, 50 and 60°C) at magnifications of 100x, 200x, 500x. The photos were taken by coupling with a PC microscope with AxioVision software installed.

2.4 Static tensile test

The static tensile test was carried out with a Zwick Roell Z. Samples were cast in polypropylene molds, which allows obtaining uniform thickness and repeatable conditions for the formation of a non-porous coating. To obtain reliable statistics, 5 correct static tensile tests were carried out for each polymerization temperature. Sample dimensions are showed at Figure 1. Samples were stretched to its destruction and tensile strength and elongation were obtained [24]. The test was carried out following the standard PN-EN ISO 6892-1.

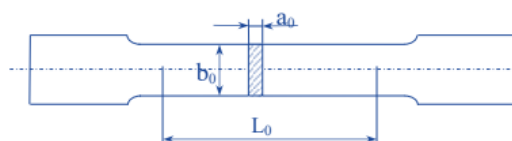


Fig. 1. Tensile test standard sample a_0 - sample thickness, b_0 - width at the point of narrowing, L_0 - measurement length

2.5 Tribological tests

The tribological pin-on-disc tests were performed with the CSM Instruments Tribometer. Samples differing in polymerization temperature were testing in a demineralized water environment and under the same test conditions. The preparation of the samples consisted of cutting out a circle with a diameter of 30mm in the longitudinal direction to the direction of foam growth (perpendicular to the non-porous layer). The measurements were recorded on diagrams according to the distance traveled between a tool steel sample and the friction force recorded by the device during the measurement. Tests were carried out following ASTM G99 & DIN 50324 standard. The Table 4 presents the test parameters [8].

Table 4. Tribological test parameters

Parameter	Value
Circle Radius	4.98 [mm]
Linear speed	2.00 [cm/s]
Load	4 [N]
Distance	20.00 [m]
Sampling rate	10.0 Hz
Temp. of the environment	25°C
Environment	demineralized water

3. RESULTS AND DISCUSSION

3.1 Microscopic observation

As a result of microscopic observations made using light microscopy, a strongly porous structure was found on the cross-section. Irregular pores were created as a result of rapid evaporation of the blowing agent during the exothermic polymerization reaction. It was observed that as the polymerization temperature increases, the pores increase and initially at 50°C they are heterogeneous. However, as the polymerization temperature increases to 60°C the obtained pores are much more homogeneous, but their size decreases slightly. This shows a better correlation between the time of blowing off the blowing agent and the curing time of the polymer. During the examination of the surface of the samples, a thin "membrane" was found.

Results of microscopic observations are presented in Figures 2-4.

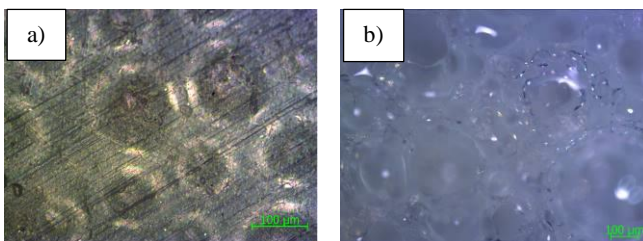


Fig. 2. Microscopic image of the polyurethane sample polymerised at 40° C, a) surface, b) section

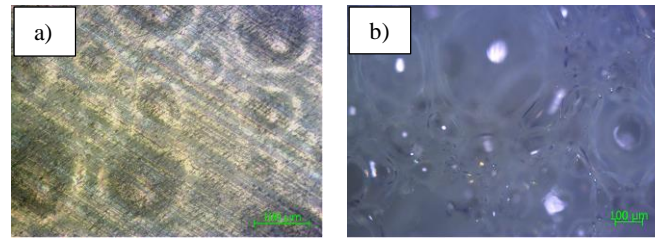


Fig. 3. Microscopic image of the polyurethane sample polymerised at 50° C, a) surface, b) section

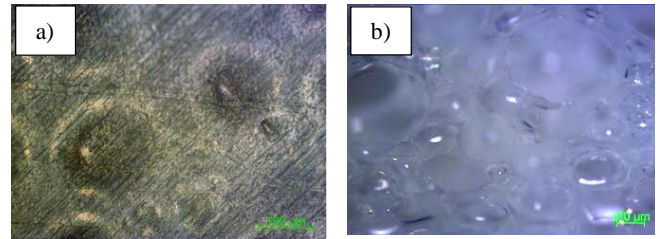


Fig. 4. Microscopic image of the polyurethane sample polymerised at 60° C, a) surface, b) section

The obtained microscopic images allowed for the analysis of material porosity using Image J software are presented at Figure 5 and Table 5.

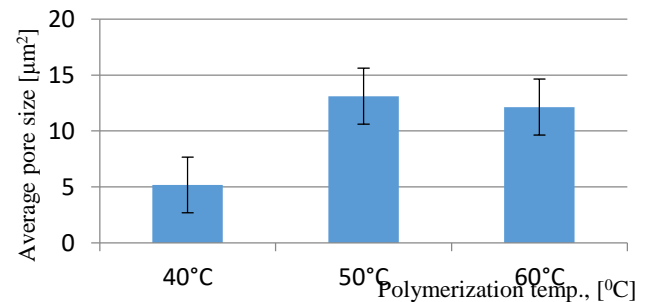


Fig. 5. Average pore size due to polymerization temperature

Table 5. Average pore size due to polymerization temperature

Polymerization temperature, [°C]	40	50	60
Average size [µm ²]	5.2	13.1	12.1
Standard deviation	3.2	9.6	6.8

3.2 Static tensile test

The shape of the recorded tensile curves showed in the Figures 6-8 are typical of hyperelastic foam materials without a specific yield point suggesting the pores of the porous material slowly closing. As the temperature of the polymerization reaction increases, the tensile strength of the materials reduces, this is due to the presence of a more porous form correlated with the evaporation of the blowing agent during the crosslinking of the polymer resulting in a lower proportion of the polymer compared to the substrate thickness. Mechanical characteristics showed low deviations at a level of 0.06MPa for the stress and 7.53% for elongation (Tables 6–8), which were satisfying despite the laboratory scale of obtainment. This is due to the introduction of an electric stirrer and the correctly measured ambient temperature in which the reaction occurred.

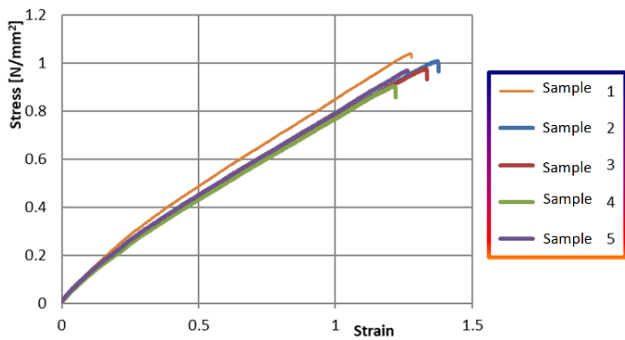


Fig. 6. Tensile test result for the PUF cross linked at 40°C

Table 6. Statistical averaged results for samples with polymerization temperature 40°C

Serie	σ_M , [MPa]	ϵ_M , [%]
x	0.97	115.31
s	0.05	5.47
v	5.20	4.74

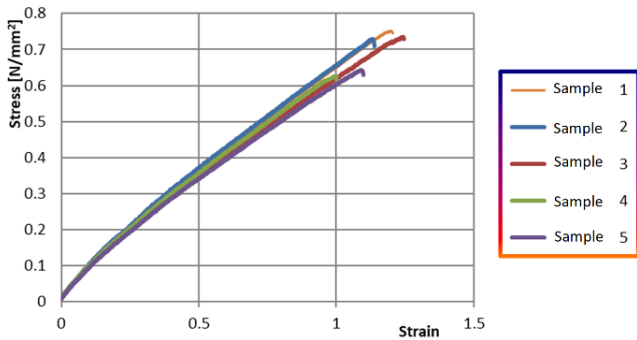


Fig. 7. Tensile test result for the PUF cross-linked at 50°C

Table 7. Statistical averaged results for samples with polymerization temp 50°C

Serie	σ_M , [MPa]	ϵ_M , [%]
x	0.70	101.14
s	0.06	8.48
v	8.29	8.39

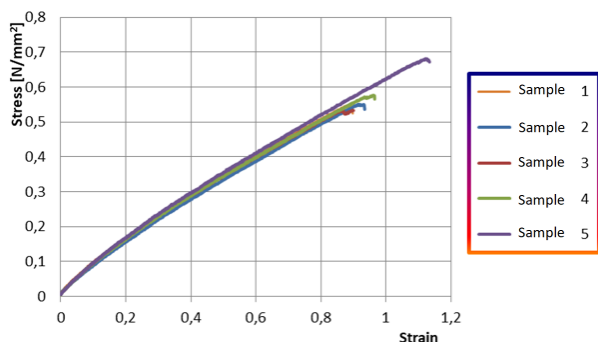


Fig. 8. Tensile test result for the PUF cross-linked at 60°C

Table 8. Statistical averaged results for samples with polymerization temp 60°C

Serie	σ_M , [MPa]	ϵ_M , [%]
x	0.58	85.44
s	0.07	8.64
v	12.09	10.11

3.3 Tribological test

The shape of the recorded wear curves are showed in Figures 9-11. During the surface samples analysis it was noticed that some of the samples were completely degraded - while others were damaged unnoticed by the naked eye. To observe the extent of surface degradation, the samples were again microscopically checked after the tribological test using the Zeiss SteREO Discovery Stereo light microscope – Figures 12-14. Samples from every tested polymerization temperature exhibit rapid wear under the specified test conditions, but the average distance to degradation of the non-porous coating was not less than 500 cm.

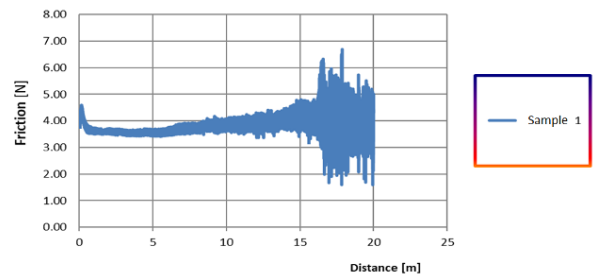


Fig. 9. Tribological test of the sample polymerized at temperature 40°C

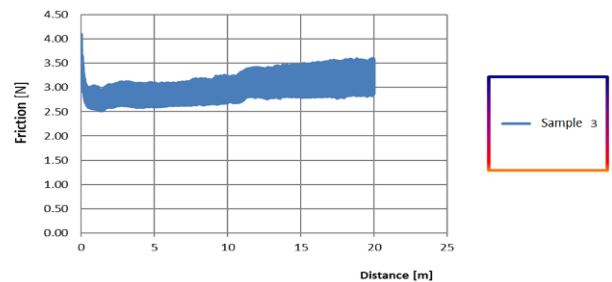


Fig. 10. Tribological test of the sample polymerized at temperature 50°C

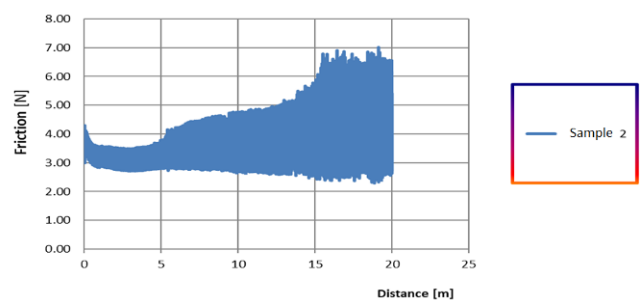


Fig. 11. Tribological test of the sample polymerized at temperature 60°C

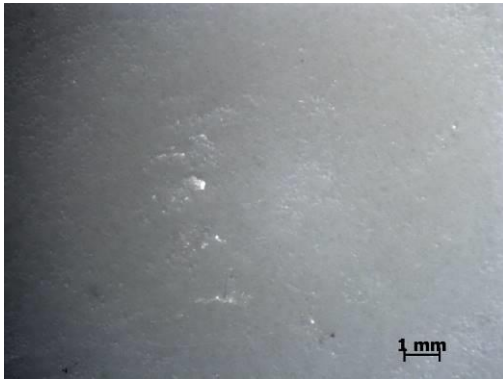


Fig. 12. Almost imperceptible damage of the surface of the sample polymerized at 40°C, magnification 10x

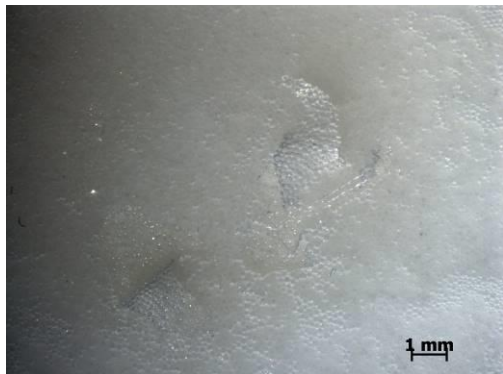


Fig. 13. Minor damage to the the surface of the polymerised sample at 50°C, magnification 10x



Fig. 14. Heavy degradation of the surface of the sample polymerized at 60°C, magnification 10x

PUFs shows favorable thermal insulation properties [12,34,61,] which are important due to heating of the obturator while drinking and eating. Favorable mechanical properties in the case of obturators differ from other bone reconstructions. In the case of bone implants desired foam stiffness is similar to bone [51]. In the case of obturators, the characteristics more closely match the breast implants [28,47] and artificial skin [35]. However, in the case of both bone and breast implants, tissue ingrowth into open pores is expected [17,25,27]. In the case of obturator tight and wear-resistant cover is desired. Foams generally works under compression [13,20,23,36,51]. The obturator can be not only compressed, but also

stretched while being removed from the mouth or by the cycling mastication forces generating a lever. The pilot mechanical study was performed in the work and use of biotolerant polyurethane was assumed in the future from economic reason. It was possible to state that the course of the registered tensile curve is typical for hyperelastic foam materials, without a clear yield point, which indicates gradually closing pores of the porous material [6,8,24,33]. The scattering of the results of a static tensile test despite the laboratory scale of obtaining can be considered to be satisfactorily low. This is due to the introduction of an electric stirrer and a precisely adjusted temperature of process. As the temperature of the polymerization reaction temperature increases, the tensile strength of the samples decreases. In the work [45] tensile strength of the PU foam decreases with increasing foaming pre-heat temperature from 20-70°C. It is related to the occurrence of an increasingly porous structure associated with the evaporation of blowing agents during the polymer crosslinking, which results in a lower proportion of polymer with the material volume [24, 30]. However, with increasing pre-heat temperature, there is a tendency to increase compliance [57] which is important factor related to soft tissue pressure [45]. Excessive values of permanent load can induced pressure ulcer, but too little interference can result in impairment of retention even during the action of tongue that can affect the retention of prostheses [65]. In cancer patients, this is particularly important because the state of soft tissues and salivation is usually worse, and these factors affect the load bearing ability [29, 66].

The tests of polyurethane foam samples showed that the material exhibit relatively rapid wear under the given conditions. Chemical environment of the oral cavity, body temperature and foods and drinks, as well as hygienic procedures [10, 42, 59] are other factors accelerating changes in chemical composition and foam structure [62, 48].

Microscopic examination revealed the presence of a thin layer of non-porous material 'membrane', which potentially can protect the foam from uptake fluid into the structure. The microscopic examination performed after the tribological test revealed complete degradation of the surface layer for some samples. Elastomer foams based on PU characterized relatively low abrasion resistance which decrease with blowing agent content [7,63]. Taking into account six insertions and removings of obturator per day and of about 1cm for each movement an average wear distance of 3.6m per month can be estimated.

However, the duration of use in oral cavity should also be considered in the hygienic criteria [21,22,41,52]. The colonisation of micro-organisms (bacteria, fungi) inside the material is significant after

about a month [9]. Work on improving bacterial resistance of soft denture lining materials has been going on for years. Although the beneficial effects of some biocides have been demonstrated [11,31,55,58], such materials have not yet been implemented in clinical practice. It seems reasonable to limit the time of use to one month when consider the disadvantages of bacterial colonization of obturators [1,15,37,40]. The worst sample significantly exceeds the assumed lifetime.

4. CONCLUSIONS

The pilot study, including stress-strain behaviour and wear resistance allowed to conclude that foamed polyurethane with non-porous surface showed wear resistance sufficient to be used for about a month as obturator.

The higher polymerization temperature resulted in an increase of pore size, which reduced strength and slightly affected foam deformability.

5. ACKNOWLEDGMENTS

Co-financed by the European Union through the European Social Fund (grant POWR.03.05.00-00-Z305).

6. REFERENCES

1. Ali, M.M., Khalifa, N., Alhaji, M.N., (2018). *Quality of life and problems associated with obturators of patients with maxillectomies*. Head Face Med., **14**(1), 2.
2. Anitha, K.V., Gopi, C.N., Karthikeyan, V., Hariharasudan, R., (2019). *Finite element analysis of displacement with single and two piece hollow bulb obturator prosthesis*. Med J Armed Forces India, **75**(4), 395-399.
3. Arigbede, A.O., Dosumu, O.O., Shaba, O.P., Esan, T.A., (2006). *Evaluation of speech in patients with partial surgically acquired defects: pre and post prosthetic obturation*, J Contemp Dent Pract, **7**(1), 89-96.
4. Bilhan, H., Geckili, O., Bural, C., Sonmez, E., Guven, E., (2011). *Prosthetic Rehabilitation of a Patient after Surgical Reconstruction of the Maxilla: A Clinical Report: Prosthetic Rehabilitation of Maxillectomy Patient*, J. Prosthodont, **20**, 74–78.
5. Broekema, FI., van Oeveren, W., Zuidema, J., Visscher, SH., Bos, RR., (2011). *In vitro analysis of polyurethane foam as a topical hemostatic agent*, J Mater Sci Mater Med, **22**(4), 1081-1086.
6. Buddy, Ratner, D., et. Al, (2004). *Biomaterials science: an introduction to materials in medicine*, (Amsterdam: Elsevier Academic Press).
7. Capanidis, D., (2016). *The influence of hardness of*

- polyurethane on its abrasive wear resistance*, Tribologia, **4**, 29-39.
8. Chałada, Ł., Adamiak, M., Woźniak, A., (2019). *Evaluation of properties of anti-adhesive coatings on the surface of injection moulds made of Al alloys*, Arch. Mater. Sci. Eng, **97**(1/2) 5-11.
9. Chladek, G., Basa, K., Mertas, A., Pakieła, W., Żmudzki, J., Bobela, E., Król, W., (2016). *Effect of Storage in Distilled Water for Three Months on the Antimicrobial Properties of Poly(methyl methacrylate) Denture Base Material Doped with Inorganic Filler*. Materials (Basel), **9**(5), pii: E328, <https://doi.org/10.3390/ma9050328>.
10. Chladek, G., Basa, K., Żmudzki, J., Malara, P., Nowak, A.J., Kasperski, J., (2016). *Influence of aging solutions on wear resistance and hardness of selected resin-based dental composites*. Acta Bioeng Biomech, **18**(3), 43-52.
11. Cierech M, Wojnarowicz J, Kolenda A, Krawczyk-Balska A, Prochwicz E, Woźniak B, Łojkowski W, Mierzwińska-Nastalska E, (2019). *Zinc Oxide Nanoparticles Cytotoxicity and Release from Newly Formed PMMA-ZnO Nanocomposites Designed for Denture Bases.*, Nanomaterials (Basel), **9**(9), doi: 10.3390/nano9091318.
12. Członka, S., Strąkowska, A., Strzelec, K., Kairytė, A., Kremensas, A., (2020). *Bio-Based Polyurethane Composite Foams with Improved Mechanical, Thermal, and Antibacterial Properties*. Materials (Basel).2;13(5). pii: E1108, doi: 10.3390/ma13051108.
13. Dacheng, Q., Yannan, H., Zhiqiang, Y., (2019). *Investigation on Compression Mechanical Properties of Rigid Polyurethane Foam Treated under Random Vibration Condition: An Experimental and Numerical, Simulation Study*, Materials (Basel). **12**(20), 3385, doi: 10.3390/ma12203385.
14. Dalkiz, M., Dalkiz, A.S., (2018). *The Effect of Immediate Obturator Reconstruction after Radical Maxillary Resections on Speech and other Functions*. Dent J (Basel), **6**(3), pii: E22, doi: 10.3390/dj6030022.
15. Depprich, R.A., Handschel, J.G., Meyer, U., Meissner, G., (2008) *Comparison of prevalence of microorganisms on titanium and silicone/polymethyl methacrylate obturators used for rehabilitation of maxillary defects*. J Prosthet Dent, **99**(5), 400-5, doi: 10.1016/S0022-3913(08)60089-X.
16. Dos Santos, D.M., Caxias, F.P., et al.. (2018). *Oral rehabilitation of patients after maxillectomy. A systematic review*. Br J Oral Maxillofac Surg **56**(4), 256–266.
17. Duxbury PJ1, Harvey JR2., (2016). *Systematic review of the effectiveness of polyurethane-coated compared with textured silicone implants in breast surgery*. J Plast Reconstr Aesthet Surg., **69**(4), 452-460.
18. Dziadziuszko, et al., (2011). *Zalecenia postępowania diagnostyczno-terapeutycznego w*

- nowotworach złośliwych, pp. 195-246, Via Medica, Gdańsk.
19. Elangovan. S., Loibi, E., (2011) *Two-piece hollow bulb obturator*. Indian J Dent Res. **22**(3):486-488.
 20. Forni, C., Searle, R., (2020). *A multilayer polyurethane foam dressing for pressure ulcer prevention in older hip fracture patients: an economic evaluation*. J Wound Care. **2**, **29**(2), 120-127.
 21. Gacon, I., Loster, J.E., Wieczorek, A., (2019). *Relationship between oral hygiene and fungal growth in patients: users of an acrylic denture without signs of inflammatory process*, Clin Interv Aging., **14**, 1297-1302, doi: 10.2147/CIA.S193685.
 22. Garbacz K, Kwapisz E, Wierzbowska M., (2019). *Denture stomatitis associated with small-colony variants of Staphylococcus aureus: a case report*. BMC Oral Health, **19**(1):219. doi: 10.1186/s12903-019-0910-6.
 23. Gibson, L.J., (1999). *Cellular Solids: Structure and Properties*, 2nd ed., (Cambridge, UK: Cambridge University Press)
 24. Gong, L., Kyriakides, S., Jang, W.Y. (2005). *Compressive response of open-cell foams. Part I: Morphology and elastic properties*, Int J Solids Struct, **42**, 1355–1379.
 25. Handel, N., (2006). *Gutierrez Long-term safety and efficacy of polyurethane foam-covered breast implants*. J.Aesthet Surg J. **26**(3), 265-274.
 26. Haug, S.P., (2007). *Maxillofacial Prosthetic Management of the Maxillary Resection Patient*, Atlas Oral Maxillofac Surg Clin, **15**, 51–68.
 27. Hebda, E., et al. (2020). *Examining the influence of functionalized POSS on the structure and bioactivity of flexible polyurethane foams*. Mater Sci Eng C Mater Biol Appl., **108**, 110370.
 28. Hyo-Jin, K., Min-Sil, K., Jonathan C. K., Myoung-Seon, G., (2014). *Synthesis of highly elastic biocompatible polyurethanes based on bio-based isosorbide and poly(tetramethylene glycol) and their properties*, J Biomater Appl., **29**(3), 454–464.
 29. Inamochi, Y., et al. (2019). *Does oral dryness influence pressure pain sensitivity in the oral mucosa of removable denture wearers?* doi: 10.1007/s00784-019-03118-1.
 30. Ionescu, M., (2007). *Chemistry and technology of polyols for polyurethanes* pp. 820, (UK: Rapra technology).
 31. Jabłońska-Stencel, E., Pakieła, W., Mertas, A., Bobela, E., Kasperski, J., Chladek, G., (2018). *Effect of Silver-Emitting Filler on Antimicrobial and Mechanical Properties of Soft Denture Lining Material*. Materials (Basel), **11**(2). pii: E318, doi: 10.3390/ma11020318.
 32. Kasperski, J., Rosak, P., (2008). *Prosthetic rehabilitation after the operation of the resection of the jaw – a clinical report*, Protet. Stomatol, LVIII, 124–129.
 33. Kranjčić, J., Džakula, N., Vojvodić, D., (2016). *Simplified Prosthetic Rehabilitation of a Patient after Oral Cancer Removal*, Acta Stomatol Croat, **50**, 258–264.
 34. Kurańska, M., Prociak, A., (2016). *The influence of rapeseed oil-based polyols on the foaming process of rigid polyurethane foams*. Ind. Crop. Prod., **89**, 182–187.
 35. Li, H., Sinha, T.K., Oh, J.S., Kim, J.K., (2018). *Soft and Flexible Bilayer Thermoplastic Polyurethane Foam for Development of Bioinspired Artificial Skin*. ACS Appl Mater Interfaces, **10**(16), 14008-14016, doi: 10.1021/acsami.8b01026.
 36. Linul, E., Șerban, D.A., Marsavina, L., Sadowski, T., (2017). *Assessment of collapse diagrams of rigid polyurethane foams under dynamic loading conditions*. Arch. Civ. Mech. Eng., **17**, 457–466.
 37. Lyons, K.M., Cannon, R.D., Beumer, J. 3rd, Bakr, M.M., Love, R.M., (2020). *The Role of Biofilms and Material Surface Characteristics in Microbial Adhesion to Maxillary Obturator Materials: A Literature Review*. Cleft Palate Craniofac J., **57**(4), 487-498.
 38. Mani, U.M., Mohamed, K., Krishna Kumar, A., Inbarajan, A., (2019). *A modified technique to fabricate a complete hollow obturator for bilateral maxillectomy in a patient with mucormycosis-A technical case report*. Spec Care Dentist, **39**(6):610-616.
 39. Mauli, Agrawal, C., (1998). *Reconstructing the human body using biomaterials*, JOM, **50**, 31-35
 40. Murakami, M., Nishi, Y., Seto, K., Kamashita, Y., Nagaoka, E., (2015). *Dry mouth and denture plaque microflora in complete denture and palatal obturator prosthesis wearers*, Gerodontology, **32**(3), 188-194, Epub 2013 Sep 4.
 41. Niemirowicz-Laskowska, et al.(2020). *Antimicrobial and Physicochemical Properties of Artificial Saliva Formulations Supplemented with Core-Shell Magnetic Nanoparticles*. Int J Mol Sci., **21**(6), doi: 10.3390/ijms21061979.
 42. Nowakowska-Toporowska, A., Malecka, K., Raszewski, Z., Wieckiewicz, W., (2019). *Changes in hardness of addition-polymerizing silicone-resilient denture liners after storage in artificial saliva*. J Prosthet Dent, **121**(2), 317-321.
 43. *Obturator Protetyczne* Available from: <http://e-dentalworld.eu/protetyka/obturatory-protetyczne/> Accessed: 18/11/2019.
 44. Omondi, B.I., Guthua, S.W., Awange, D.O., Odhiambo, W.A., (2004). *Maxillary obturator prosthesis rehabilitation following maxillectomy for ameloblastoma: case series of five patients*. Int J Prosthodont, **17**(4), 464-468.
 45. Oponna, C., Hackneya P.M., Shyhaa, I., Birkett M., (2015). *Effect of Varying Mixing Ratios and Pre-Heat Temperature on the Mechanical Properties of*

- Polyurethane (PU) Foam*. *Procedia Engineering* 132, 701 – 708.
46. Padmanabhan, T.V., Kumar, V.A., Mohamed, K.K., Unnikrishnan, N., (2011). *Prosthetic rehabilitation of a maxillectomy with a two-piece hollow bulb obturator. A clinical report*. *J Prosthodont*, **20**(5), 397-401, Epub 2011 Jun 8.
47. PCastel, N., Soon-Sutton, T., Deptula, P., Flaherty, A., Parsa, F.D., (2015). *Polyurethane-Coated Breast Implants Revisited: A 30-Year Follow-Up*, *Arch Plast Surg.*, **42**(2), 186-193.
48. Pellizzi, E., Lattuati-Derieux, A., Lavedrine, B., Cheradame, H., (2014). *Degradation of polyurethane ester foam artifacts: Chemical properties, mechanical properties and comparison between accelerated and natural degradation*. *Polym. Degrad. Stab.*, **107**, 255–261.
49. Piekarczyk, B., Młynarska-Zduniak, E., Winiarska-Majczyno, M., (2003). *Rozszczep wargi i podniebienia: poradnik dla rodziców*, (Warszawa: Wydawnictwo Lekarskie PZWL).
50. Punjabi, A.R., Mistry, G., Shetty, O., Rathod, A., (2019). *Maxillary hollow-bulb obturator: A paradigm shift*. *J Indian Prosthodont Soc.*, **19**(1), 74-78.
51. Qiu, D., He, Y., Yu, Z., (2019). *Investigation on Compression Mechanical Properties of Rigid Polyurethane Foam Treated under Random Vibration Condition: An Experimental and Numerical Simulation Study*. *Materials*, **12**(20), E3385, doi: 10.3390/ma12203385.
52. Ribeiro, A.B., et al., (2019). *Hygiene protocols for the treatment of denture-related stomatitis: local and systemic parameters analysis - a randomized, double-blind trial protocol.*, *Trials.*, **20**(1), 661, doi: 10.1186/s13063-019-3854-x.
53. Scarpa, F., Pastorino, P., Garelli, A., Patsias, S., Ruzzeno M., (2005). *Auxetic compliant flexible PU foams: static and dynamic properties*, *Phys. Status Solidi B*, **242**, 681–694, <https://doi.org/10.1002/pssb.200460386>.
54. Singh, K., Kumar, N., Gupta, N., Sikka, R., (2015). *Modification of existed prosthesis into a flexible wall hollow bulb obturator by permanent silicone soft liner for a hemimaxillectomy patient with restricted mouth* *J Prosthodont Res.*, **59**(3), 205-209.
55. Sokołowski, J., Szyrkowska, M.I., Kleczewska, J., Kowalski, Z., Sobczak-Kupiec, A., Pawlaczyk, A., Sokołowski, K., Łukomska-Szymańska, M., (2014). *Evaluation of resin composites modified with nanogold and nanosilver*. *Acta Bioeng. Biomech.*, **16**, 51–61.
56. Tessier, P., (1976). *Anatomical Classification of Facial, Craniofacial, and Latero-Facial Clefts*, *J Maxillofac Surg.*, **4**(2), 69-92.
57. Thirumal, M., Khastgir, D., Singha, N.K., Manjunath, B.S., Naik, Y.P., (2008). *Effect of foam density on the properties of water blown rigid polyurethane foam*. *J. Appl. Polym. Sci.*, **108**, 1810–1817.
58. Tylińczak, B., Drabczyk, A., Kudłacik-Kramarczyk, S., Bialik-Wąs, K., Kijkowska, R., Sobczak-Kupiec, A., (2017). *Preparation and cytotoxicity of chitosan-based hydrogels modified with silver nanoparticles*. *Colloids Surf B Biointerfaces.*, **160**, 325-330, doi: 10.1016/j.colsurfb.2017.09.044.
59. Walczak, K., Thiele, J., Geisler, D., Boening, K., Wieckiewicz, M., (2018). *Effect of Chemical Disinfection on Chitosan Coated PMMA and PETG Surfaces-An In Vitro Study*. *Polymers (Basel)*, **10**(5), doi: 10.3390/polym10050536.
60. *Wzrost przeżycia u chorych z nowotworami głowy i szyi* Available from: <http://naukawpolsce.pap.pl/aktualnosci/news%2C402161%2Ceksperci-wzrost-przezycia-u-chorych-z-owotworami-glowy-iszyi.html> Accessed: 13/11/2019.
61. Xiaosheng, D., Jingchuan, L., Shuang, W., Haibo, W., Xu, C., Zongliang, D., (2018). *Fabrication and characterization of polyurethane foams containing phase change materials for thermal energy storage*. *Thermochimica Acta* **670**, 55-60.
62. Yarahmadi, N., Vega, A., Jakubowicz, I., (2017). *Accelerated ageing and degradation characteristics of rigid polyurethane foam*. *Polym. Degrad. Stab.*, **138**, 192–200.
63. Zhen, X. Z., Tao, Z., Dan, W., Xin, Z., Zhenxiang, X., Prakashan K., (2017). *Physicomechanical, friction, and abrasion properties of EVA/PU blend foams foamed by supercritical nitrogen*. *Polymer Engineering and Science*, **58**(5), <https://doi.org/10.1002/pen.24598>.
64. Żmudzki, J., Burzyński, M., Chladek, G., Krawczyk, C., (2017). *CAD/CAM silicone auricular prosthesis with thermoformed stiffening insert*, *Arch. Mater. Sci. Eng.*, **83**(1), 30-35.
65. Żmudzki, J., Chladek, G., Krawczyk, C., (2017). *Relevance of Tongue Force on Mandibular Denture Stabilization during Mastication*. *J Prosthodont.*, **28**(1), e27-e33, doi: 10.1111/jopr.12719.
66. Żmudzki, J., Chladek, G., Malara, P., (2018). *Use of finite element analysis for the assessment of biomechanical factors related to pain sensation beneath complete dentures during mastication*. *The Journal of Prosthetic Dentistry*, **120**(6), 934-941, doi: 10.1016/j.prosdent.2018.02.002.

Received: April 30, 2020 / Accepted: December 20, 2020 / Paper available online: December 25 , 2020 © International Journal of Modern Manufacturing Technologies