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materials such as resins and ceramics.. Reconstruction of a cranial vault defect is a frequent challenge. The objectives of this study are to describe the benefits and drawbacks of reconstructing the cranial vault defect with prosthesis made of different materials and techniques. Clinical data of 27 patients who received a reconstruction with a custom-made cranial prosthesis from 2012 to 2017 were retrospectively analyzed. Age, sex, site and cause of skull defect, material, time between decompression and cranioplasty were collected from our database. Post-operative complications and patient's satisfaction with the aesthetic result – on a scale ranging from 1 (very dissatisfied) to 5 (very satisfied) – were studied. The use of preformed prosthesis in cranial vault defect reconstruction is a reliable technique with a high patient satisfaction rate and with few complications.

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## 55. Patient specific customized cranial implant: "precision makes the difference"

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Decompressive craniectomies are common emergency neurosurgical procedures performed for treating severe head injuries and major stroke. Autologous bone flaps are cryo- preserved or often placed in patient's abdominal wall and used for cranioplasty within 6 weeks. Beyond this timeline, autologous bone flap are not used. Apart from these scenarios, in cases of severe trauma with bone loss, prosthetic customized cranial implants are used for cranial vault reconstruction. Prosthodontist can play a significant role in preparation of customized cranial implants to be used for cranioplasty. Various types of replacement materials have been used in the past including coconut shells, bones from both human and non-human donors, metals including gold, silver, tantalum and titanium and more recently, biosynthetic