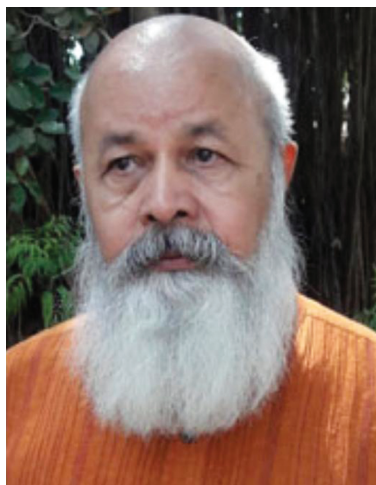


# Future of Anaplastology

Daril Atkins

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The word Anaplastology means to form again. It is an art and science concerned with the design and fabrication of life-like prosthetic restorations. Patients may have a loss or an absence of external anatomy due to trauma, disease, surgery or, a congenital defect. Surgeons may refer the patient for prosthetic restoration when reconstructive surgical procedures are ruled out or postponed due to a contraindication.

These restorative prosthetic devices enable psychosocial rehabilitation and may be considered interim in some cases.

Traditionally, life-like prosthetic restorations made by an Anaplastologist are hands-on manual methods consisting of several stages. This requires the artistic skills of a sculptor and painter to achieve a life-like appearance. Recent advances have made it possible to jump traditional skill sets using digital scanning, followed by a cut, flip, paste, and 3D print of a prototype. This stage is then followed by manual molding and casting. Basic skin tone replication using a spectrophotometer makes possible remarkably close skin tone matching, however, the life-like variations of the skin tone and textures need to be incorporated manually. While development work may be in progress, the skipping of artistic skill sets such as prototype and color matching is the status quo. The molding, casting, and final skin tones are yet done by the traditional methods.

In the future, the ideal life-like prosthetic restoration will have an uncanny life-like texture and anatomy. The basic skin tone and its variations will respond to light putting an end to metamerism issues. The material elasticity and softness will imitate the surrounding tissues. The peripheral seam borders will blend in with the surrounding skin blending the prosthetic restoration. The 3D scanning and CAD will enable either the negative mold or the

DA Anaplastology India, Bengaluru, Karnataka, India

**Corresponding Author:** Daril Atkins, DA Anaplastology India, Bengaluru, Karnataka, India, Phone: +91 9108167321, e-mail: darilatkins60@gmail.com

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outcome in its basic tone. The accurately placed implants eliminate the need for skin adhesives and can promote the hygiene and longevity of the prosthesis.

An interdisciplinary team dedicated from the pre-op stage onward, passing on the baton in a planned strategy can achieve outstanding outcomes. The restoration team consisting of the Maxillofacial Prosthodontist and Anaplastologist must have adequate training in digital technology pertinent to the task. To justify the need for this protocol, the outcome must excel in accuracy, retention, camouflage, and longevity.

The need of the hour is to provide education and training to Maxillofacial Prosthodontists and Anaplastologists in the state-of-the-art digital technology. The scope for the development of the system to achieve high-quality outcomes should motivate the interdisciplinary team. This is indeed a new frontier and groundbreaking advancement in the treatment of craniofacial deformities.

Taking a reality check, one may find that developing nations have many patients with the need for restorative life-like prostheses. The issue of access to such treatment includes cost, proximity, and the availability of dedicated interdisciplinary teams. Thus, the objective of providing the patients with the optimal outcome is linked to all the factors mentioned. However, the traditional system in use worldwide by Anaplastologists is destined to continue due to obvious factors. Patients may prefer minimally invasive surgery, affordable procedures, proximity, and continuity of team members. The disruptive technology in the context of Anaplastology has demonstrated its advantages in advanced countries. It will take time to become the status quo in developing countries.