

## RECOMENDACIÓN T.4

### INFORME DE BÚSQUEDA Y SÍNTESIS DE EVIDENCIA DE EFECTOS DESEABLES E INDESEABLES Guía de Práctica Clínica Salud Oral Integral: Tratamiento y Rehabilitación Oral en Personas Adultas y Personas Mayores con Edentulismo Parcial o Total

#### A. PREGUNTA

En personas con edentulismo parcial unilateral ¿Se debe rehabilitar por medio de prótesis unilateral en comparación con rehabilitar con prótesis con extensión contralateral?

**Población:** Personas con edentulismo parcial unilateral.

**Intervención:** Rehabilitar por medio de prótesis unilateral.

**Comparación:** Rehabilitar con prótesis con extensión contralateral.

**Desenlace (outcome):** Efectos adversos.

#### B. BÚSQUEDA DE EVIDENCIA

Se realizó una búsqueda general de revisiones sistemáticas asociadas al tema de “Edentulism”. Las bases de datos utilizadas fueron: Cochrane database of systematic reviews (CDSR); Database of Abstracts of Reviews of Effectiveness (DARE); HTA Database; PubMed; LILACS; CINAHL; PsycINFO; EMBASE; EPPI-Centre Evidence Library; 3ie Systematic Reviews and Policy Briefs Campbell Library; Clinical Evidence; SUPPORT Summaries; WHO institutional Repository for information Sharing; NICE public health guidelines and systematic reviews; ACP Journal Club; Evidencias en Pediatría; y The JBI Database of Systematic Reviews and implementation Reports. No se aplicaron restricciones en base al idioma o estado de publicación. Dos revisores de manera independiente realizaron la selección de los títulos y los resúmenes, la evaluación del texto completo y la extracción de datos. Un investigador experimentado resolvió cualquier discrepancia entre los distintos revisores. En caso de considerarse necesario, se integraron estudios primarios.

Seleccionadas las revisiones sistemáticas o estudios primarios asociadas a la temática, se clasificaron en función de las potenciales preguntas a las que daban respuesta. Al momento de definir la pregunta la evidencia ya se encontraba previamente clasificada según intervenciones comparadas. Los resultados se encuentran alojados en la plataforma Living Overview of the Evidence (L-OVE), sistema que permite la actualización periódica de la evidencia.

#### C. SÍNTESIS DE EVIDENCIA

##### Resumen de la evidencia identificada

Se identificaron 9 revisiones sistemáticas que incluyen 92 estudios primarios, de los cuales 22 corresponden a ensayos aleatorizados que evalúan diferentes aspectos de las prótesis parciales. Para más detalle ver “*Matriz de evidencia*”<sup>1</sup>, en el siguiente enlace: [Prótesis parciales removibles](#).

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<sup>1</sup> **Matriz de Evidencia**, tabla dinámica que grafica el conjunto de evidencia existente para una pregunta (en este caso, la pregunta del presente informe). Las filas representan las revisiones sistemáticas y las columnas los estudios primarios que estas revisiones han identificado. Los recuadros en verde corresponden a los estudios incluidos en cada revisión. La matriz se actualiza periódicamente, incorporando nuevas revisiones sistemáticas pertinentes y los respectivos estudios primarios.

Tabla 1: Resumen de la evidencia seleccionada

Revisión Sistemática	9 [1-9]
Estudios primarios	22 ensayos aleatorizados [10-31] y 70 observacionales [32-101]

Además, se analizaron ocho artículos provistos por el equipo de expertos participantes del panel convocado para elaborar la guía, los cuales corresponden a dos revisiones narrativas [102,104], una síntesis rápida de la evidencia (*Rapid response report: Summary with critical appraisal*) [103], cuatro reportes de casos clínicos [105-108], y un estudio observacional retrospectivo [109]. También se revisaron las referencias citadas en estos artículos y se buscaron artículos que citaran a los artículos provistos, sin identificar nuevos estudios relevantes.

### Estimador del efecto

Se realizó un análisis de la matriz de evidencia, observando que ninguna de las revisiones sistemáticas presenta una comparación, directa o indirecta, de la pregunta de interés. Si bien 3 estudios primarios comparan diferentes diseños de prótesis [10, 17, 20], ninguno evalúa contra la comparación específica de interés, por lo cual no es posible calcular un estimador del efecto; un estudio compara distintos conectores mayores [10]: un estudio compara distintos tipos de conectores menores [17]; un estudio compara diferentes retenedores directos [20].

Se decidió excluir parte de la evidencia entregada por los expertos debido a que tres de los artículos corresponden a síntesis de evidencia que no cumplen con los criterios para ser consideradas una revisión sistemática [102-104]. Por otra parte, los otros artículos correspondientes a reportes de casos no corresponden a estudios comparativos, no entregan información relevante ni aumentan la certeza de la evidencia.

Si bien no se encontraron estudios comparativos que evaluaran efectividad ni seguridad de ambas intervenciones, un artículo [109] realiza un análisis retrospectivo de 64 casos de prótesis dentales removibles deglutidas, evaluando los factores predisponentes relacionados al diseño y características propias de la prótesis. Se decidió considerar este estudio enviado por el panel de expertos para la construcción de la tabla de resumen de resultados, realizando un análisis de riesgo del uso de prótesis unilaterales.

### Metanálisis

No aplica.

**Tabla de Resumen de Resultados (Summary of Findings)**

<b>REHABILITAR POR MEDIO DE PRÓTESIS UNILATERAL COMPARADO CON REHABILITAR CON PRÓTESIS CON EXTENSIÓN CONTRALATERAL PARA EDENTULISMO PARCIAL UNILATERAL.</b>			
Pacientes	Personas con edentulismo parcial unilateral.		
Intervención	Rehabilitar por medio de prótesis unilateral.		
Comparación	Rehabilitar con prótesis con extensión contralateral.		
Desenlaces	Efecto	Certeza de la evidencia (GRADE)	Mensajes clave en términos sencillos
Efectividad	No se identificaron estudios que comparen la efectividad de las intervenciones.	--	--
Efectos adversos	Si bien no existen estudios comparativos, un estudio reportó 64 prótesis dentales removibles unilaterales deglutidas e impactadas en el esófago. De ellas, 17 prótesis reemplazaban un solo diente, 32 a dos dientes, 5 a tres dientes y 8 a cuatro dientes. La mortalidad ocurrió en 3 casos (4,68%) como resultado de hemorragia masiva, fuga esofágica, empiema, peritonitis y septicemia. Debido a la mayor retención, soporte y estabilidad de la prótesis con extensión contralateral, este efecto adverso no debiera ocurrir.	⊕⊕○○ <sup>1,2,3</sup> Baja	Rehabilitar por medio de prótesis unilateral probablemente aumenta el riesgo de deglución de la prótesis.

GRADE: Grados de evidencia Grading of Recommendations Assessment, Development and Evaluation.

<sup>1</sup> Diseño observacional.

<sup>2</sup> Se aumentó un nivel de certeza de evidencia por efecto grande, ya que si bien, corresponde a estudios de series de casos, este efecto adverso no debiera ocurrir en el otro tipo de prótesis por lo que la diferencia es grande.

<sup>3</sup> Se disminuyó un nivel de certeza de evidencia por ser indirecta, ya que el estudio realiza un análisis retrospectivo de casos de prótesis unilaterales deglutidas y no se realiza una comparación entre el riesgo de deglución de prótesis con extensión lateral. Además, las prótesis incluidas en el estudio no cumplen con los estándares de calidad de las prótesis dentales removibles realizadas en Chile.

**Fecha de elaboración de la tabla:** Enero, 2019.

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