ADDITIONAL RETENTION OF IMPLANTS IN FULL TOOTHLESS. SIMPLE SOLUTION WITH MAXIMUM EFFICIENCY

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ABSTRACT

The classical treatment plan for the edentulous patient is the complete removable maxillary and mandibular denture. This treatment is relatively inexpensive in comparison with fixed implant-supported prostheses, but it has several drawbacks. Like all dental restorative procedures, a complete removable denture requires extensive attention to detail if an excellent clinical result is to be achieved. Depending on the shape of the regional ridge, the denture may be unstable or inadequately retained, leaving the patient dissatisfied with the functional result.

Keywords: Implant overdentures, implant-supported overdentures

TYPES OF TREATMENT RESULTS

One of the most common debilitating oral condition existing on a routine level is edentulism in the mandible. It is estimated that about 40 million patients in the United States are edentulous. Most patients who have the unfortunate experience of coping with lower dentures are dissatisfied with them. However, these same patients are often satisfied with their upper dentures.

Osseous integrated dental implants have been proved successful in total and partial edentulous treatment cases.

For solving the unstability and inadequate retention of complete removable dentures, implant-retained overdenture has been proposed as the standard of care for the restoration of the edentulous mandibular arch, Figures 1-3.

Fig. 1 - Overdenture supported by two implants
The Mc-Gill University (Canada) consensus statement of 2002 and the York consensus statement of 2009 discussed the advantages of the mandibular implant-retained overdenture when compared to the conventional complete denture prosthesis. The benefits include improved stability, retention, function, and esthetics, reduced ridge resorption, simplicity of fabrication, and the ability to convert an existing denture into an overdenture.

CONCLUSIONS

Conventional removable complete dentures for edentulous arches are not well accepted by many patients.

There are several alternatives for edentulous arches. Because of the significantly increased patient satisfaction associated with these alternatives, dentists should be motivated to educate patients about the alternatives and become clinically competent in these important concepts.

REFERENCES


