Prosthodontics sheet #18 part 2

The prosthetic options in implant dentistry

Treatment modalities and strategies in dental implants:

1. Treating fully edentulous patients.
2. Treating partially edentulous patients, with fixed supported bridge by implants.
3. Orthodontic cases.
4. Maxillo-facial prosthesis, where the patients lost their ears or nose.

Prosthodontic modalities in treating completely edentulous patients:

If there is a good quantity and quality of bone we go for 6 fixtures "**which is called implant supported prosthesis**" Or implants can be placed and an overdenture is over them "**overdenture retained either by ball attachment or bar attachment or magnetic attachment".**

As a first line of treatment you should take in consideration:

1. The condition of the ridge, that the patient comes with compromised retention and support.
2. Patient acceptance and desire, the patient wants a fixed supported prosthesis and due to psychological problems he refuses to wear a removable complete denture.
3. Lack of Support, stability and retention.

So what are the options of treatment?

1. Pre-prosthetic surgery.
2. Implants; either an overdenture (if there is no enough bone) or a fixed prosthesis supported by implants (if there is a good quality and quantity of bone).
3. Treatment of fully edentulous patients full mouth rehab fixed bridges or fixed partial dentures.
4. Short arched fixed prosthesis (Hybrid), extends only to the 6 or to the 5 if it wasn't cantilever.
5. Implant retained overdenture (ball attachment or bar or magnetic).

Should the implant prosthesis be fixed or removable? That depends on the bone quality and quantity

In patients that don't have enough bone in the lower, we can insert 2 implants between the intermental foramina then we can construct an overdenture retained by these attachments.

If the lip is dropped down and there is no support for the lips we go for removable complete denture because its flanges would support the lips or we can put semi-flanges to give more support to the lip.

If there is a defect in the palate we go for implant retained ovedenture by free attachment ball and socket or magnetic or bar attachment.

* **Ball and socket attachment:** consists of metal or rubber.

Indications in general for overdenture:

1. When there is no enough bone for fixed bridges.
2. When there are anatomical contraindications or close to the vital structures (especially the inferior alveolar nerve in the mandible and the maxillary sinus and nasal cavity in the maxilla).
3. Financial considerations.
4. The denture itself that is retained by implants is completely tissue- bone denture ??!
5. Magnetic attachment is indicated for handicapped for easier placement.
6. We don't prefer to put implants with ball attachment in the pre-maxilla (canine to canine area) because this area is prone to over growth of soft tissue so we prefer to put a bar attachment with at least 5mm from the gingival margin to the lower part of the bar so that space doesn’t require soft tissues.