J Oral Hyg Health 2018, Volume 6
DOI: 10.4172/2332-0702-C1-009

Full implant bridges and overdentures with implants: An evidence-based for long term success

Alejandro Treviño Santos
National Autonomous University of Mexico, Mexico

We all have experienced the use of dental attachments in both fixed and removable implant-supported prostheses and bringing precision attachments to implant dentistry is a natural development. In edentulous jaws with fixed implant-supported and overdentures, there is not much room to innovate new concepts but the known concepts and analyze in an evidence-based team approach the advantages of favorable techniques and materials, splinting implants and the type of attachment will be reviewed. The number, size and distribution of implants for a full-arch fixed or removable prosthesis needs to be based on the implant-prosthodontic plan, arch form and bone volume, regardless of the loading protocol. Therefore, careful case selection and treatment planning, as well as adequate knowledge, skill and experience of the clinician performing the procedures are keys. Our goal is to anticipate and facilitate maintenance of full implant bridges and overdentures and show techniques to plan easy prosthetic solutions with predictable bar structures design for any fixed or removable implant-supported prostheses. When planning fixed rehabilitation for edentulous patients we have to decide which material is the most adequate to assure prostheses long term success. In these cases, we often decide to deliver an upper fixed ceramic prosthesis and a lower fiber fixed acrylic prosthesis to create a pattern of wear out directed to the lower jaw. This way, we conserve the integrity of the ceramic upper teeth, where esthetic demand is higher, preserving the given occlusal plane and establish a low-cost maintenance to the lower prosthesis, where tartar and dental plaque tends to accumulate more. This working philosophy is based on the concepts of materials and teeth wear out, biomechanics and occlusal forces. To be rational with our working philosophy we need to be capable of determining the amount of vertical dimension reduction whenever assessing maintenance. In order to fulfill this task, a Wear out Indicator Device (WID) which consists in a 4 mm length self-cured acrylic bar is being created. The indicator is placed inside the resin teeth according to patient conditions using a 2 mm diameter drill and retained with self-cured acrylic to have an early alert of the vertical dimension reduction.

aletresan@hotmail.com