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A preventive prosthetic rehabilitation of a patient with few teeth remaining using attachments to provide optimum retention and stability: A case report

Introduction: An ever daunting and challenging task in rehabilitation of edentulous patients is to achieve a stable and retentive prosthesis. The standard treatment protocol for a completely edentulous patient is a complete denture resting on the soft tissue covering the underlying bone. Patients presenting themselves as a candidate for complete denture usually have few retained natural teeth. In such conditions, using natural teeth to improve the efficiency of the prosthesis to provide stability, retention, support, preservation of the underlying bone can be an alternative possible by application of “overdenture therapy”. Alveolar bone anchoring the teeth is a dynamic tissue. Tooth extraction results in the initiation of the bone resorption. However, when tensile stress is received by bone, additional bone formation takes place. Such stresses occur when occlusal forces are transmitted to the alveolar bone by the periodontal ligament. This principle helps preserve bone. Overdenture therapy protocol may not be the elixir, but it is a positive means for delaying the process of complete edentulism and helps in the preservation of bone by continuing the sensation of proprioception to the underlying bone which can be practiced by application of basic principal of preventive prosthodontics. Overdenture is any removable dental prosthesis that covers and rests on one or more remaining natural teeth, the roots of natural teeth and/or dental implants (GPT-9). Tooth supported overdenture therapy stand on principal of preservation, where two or more coronally modified or retained tooth abutment are frequently endodontically prepared and used as an abutment for overdenture. An attachment (bar and clip or ORD-OS system) abutment retained overdenture prosthesis protocol option in tooth supported overdenture has proven to be successful in improving esthetic, prosthesis function and comfort of the patient.

Case report: The case study begins with a 51 years old woman reported to the Department of Prosthodontics in Yenepoya Dental College, Mangalore with complaints of difficulty in chewing food and ill-fitting removable mandibular partial denture and maxilla overdenture. She wanted a well-retained and esthetic prosthesis with better chewing efficiency. Maxillary arch had presences of three anterior teeth with metal coping present over it and mandibular arch showed presence of lateral incisor and canine in each quadrant. Clinical and radiographic evaluation revealed that the maxillary teeth had no periapical pathology with existing metal coping retained teeth whereas the mandibular lateral incisors and canines ever endodontically treated with no mobility but reduced tooth structure coronally. Using the previous denture, it was determined that there was presence of enough vertical space for the placement of copings, bar and clip, denture base thickness and for the arrangement of teeth. Keeping in mind, the patient's desire and availability of enough vertical space, it was decided to fabricate a maxillary overdenture retained over ‘O’ rings attached to remaining tooth roots and a mandibular Hader bar and clip retained overdenture.

Conclusion: Complete prosthodontics rehabilitation with overdentures is one of the best ways to provide a very retentive and stable removable prosthesis, in addition to providing proprioception and preventing ridge resorption with an enormous psychological benefit to the aging patient.

Biography

Sanath Kumar Shetty is presently working as a Senior Professor in the Department of Prosthodontics at the Yenepoya Dental College, Yenepoya University, Mangalore. He is presently the Editor of Journal of Indian Prosthodontic Society and The Journal of Interdisciplinary Dentistry. He is also part of the Editorial Board Member of many national and two international journals. He has been the Executive Council Member of the Indian Prosthodontic Society for four years. He has been the Past President and the Past Scientific Chairman of the Indian Society of Prosthodontics, Restorative and Periodontics. He has been the President of the IDA, D K Branch. He has been the Member of Academic Council and presently the Member Board of Studies in the Department of Prosthodontics at Yenepoya University. He is presently the Executive Council Member of Karnataka Prosthodontic Society and Indian Dental Association, Karnataka State for the past six years. He has conducted many state and national level conferences and conventions.

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