Introduction to Prosthodontics

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History of false teeth

- Replacements of lost teeth have been produced for thousands of years
- 1st dentures were 700 BC from ivory & bone
- Silver, gold, mother of pearl
- In 1774, dentures made from porcelain
- The real breakthrough came when vulcanized rubber was discovered

History of false teeth

 The discovery of acrylic resin is the next major revolution in prosthodontics

• Another important milestone in tooth replacement was the introduction of implants.

Definitions

- Prosthetics: Replacements for missing parts of the human body.
- Prosthodontics: The branch of dentistry pertaining to the restoration and maintenance of oral function, comfort, appearance, and health of the patient
- Prosthesis: An artificial replacement of absent part of human body

Definitions

- Dentulous: An individual who has his/her natural teeth present.
- Edentulous: The individual who has lost his/her natural teeth.
- Depending on the number of teeth missing they may be partially or completely edentulous.

Branches of Prosthodontics

- 1. Fixed prosthodontics
- 2. Removable prosthodontics
 - a) complete denture prosthodontics
 - b) partial denture prosthodontics
- 3. Implant prosthodontics
- 4. Maxillofacial prosthetics

Types of Prostheses

- Denture: A prosthesis which replaces the one or more teeth and related structures in the mouth. Partial, complete, fixed or removable.
- Partial denture: A dental prosthesis which restores part not all of the dentition.
- Fixed partial denture: luted or securely retained to natural teeth, roots, or dental implants. The patient cant remove from the mouth.

Types of Prostheses

- Removable partial denture: Any prosthesis that replaces the teeth in a partially dentate arch. The patient can remove it from the mouth.
- Complete denture: A removable dental prosthesis that replaces the entire dentition and associated structures of the maxilla and mandible.

Reasons for tooth loss

- Traumatic injuries
- Caries
- Periodontal diseases
- Cysts, malignancies and tumors
- Radiation therapy for tumors
- Grossly malaligned teeth
- Iatrogenic extraction
- Congenitally missing teeth
- Failure to erupt (impacted teeth)

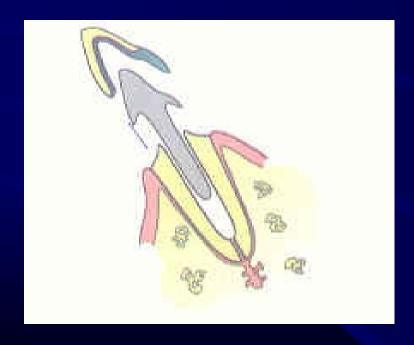
Sequelae of tooth loss

- Resorption: The socket gradually remodels until it assumes the shape of the rounded edentulous ridge.
- Tilting
- Drifting
- Occlusal disharmony leads to discomfort, pain, or damage to temporomandibular joints.

Sequelae of tooth loss



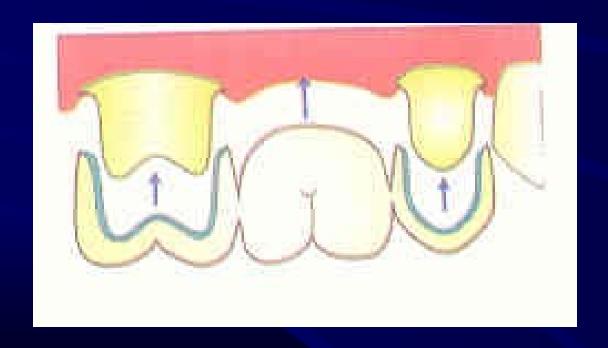
- Preservation and prevention
- Post and core/crowns



Implants



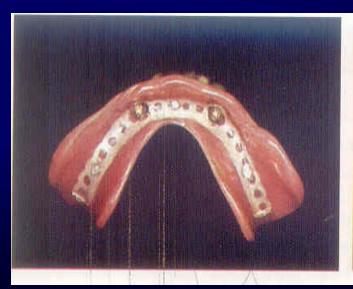
Fixed partial dentures

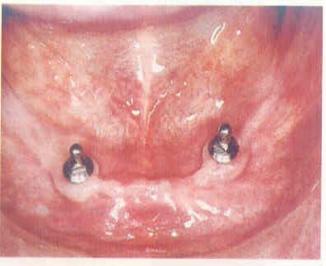


Cast Removable partial dentures



Overdenture





Complete denture

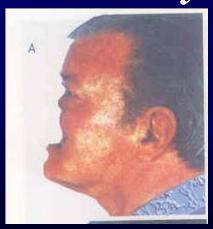


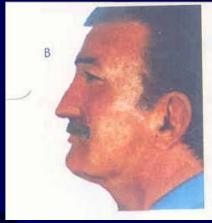
Implant retained denture



Maxillofacial prostheses

Make prosthetic replacements of other areas of the mouth and face lost by disease and trauma





Treatment objectives of CD

- Patient education
- Restoration of esthetics
- Improvement of mastication
- Improvement of speech
- Preservation of remaining oral structures

Treatment objectives of CD

- Maintenance of the health and comfort of the mouth
- Maintenance of the health of the TMJ
- General physical and psychological well being of the patient.

The residual alveolar ridges

Following loss or extraction of teeth:

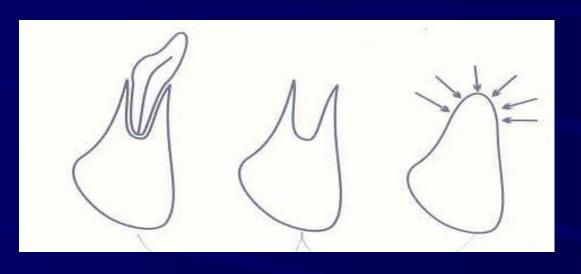
- The empty socket fills with clot and gradually replaced with new bone
- The bone around the socket reorganizes
- The mucoperiosteum gradually heals & covers the healing socket
- The remodelling process results in a rounded ridge like structure known as the <u>residual alveolar ridge (RAR)</u>

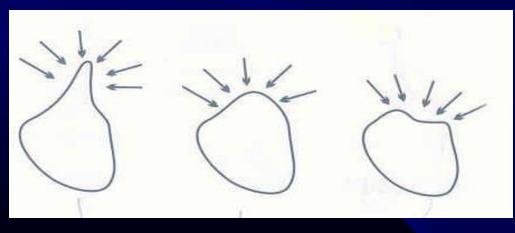
• The RAR plays a very important role in the construction of the CD

Six orders of residual ridge form

- Order I Preextraction
- Order II Postextraction
- Order III High, well rounded
- Order IV Knife edge
- Order V Low, well rounded
- Order VI Depressed

Six orders of residual ridge form





Rate of resorption

- Most rapid in the first 1 year after extraction and can be as high as 4.5 mm / year.
- After healing of residual ridge, annual rate of reduction in height is about 0.1-0.2 mm in mandible
- Annual rate of reduction in height is about 4X greater in mandible than in maxilla.

Pattern of resorption

Maxilla

The resorption is upwards and inwards (smaller)

Mandible

The resorption is downward and outward (wider)

Masticatory loads

- Significantly lower than that produced by natural teeth
- Natural teeth can produce forces up to 175 pounds but usually 40 to 50 pounds
- Denture wearers: the average force was in the region of 22-24 pounds in the molar-bicuspid region

Masticatory loads

CD wearers are able to generate forces that are only 10-15% of those with natural teeth

Complete Denture Overview



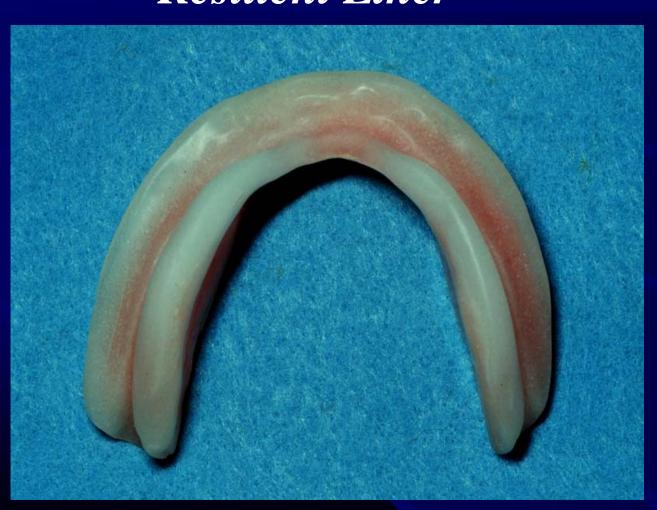
Diagnosis and Treatment Plan



Tissue Condition Improve Tissue Health



Tissue Condition Resilient Liner



Preliminary Impressions



Pour Diagnostic Casts



Make Custom Trays

More Accurate Impressions





Border Mold

Accurate Registration of Peripheries for Retention

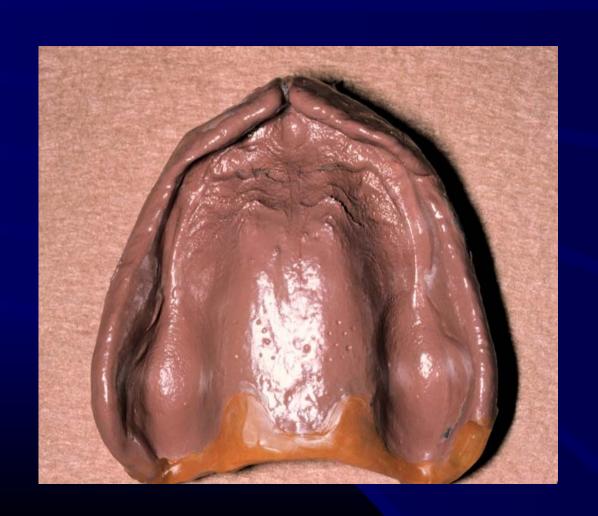


Remove Tray Spacer and Load Impression Material





Make Final Impression

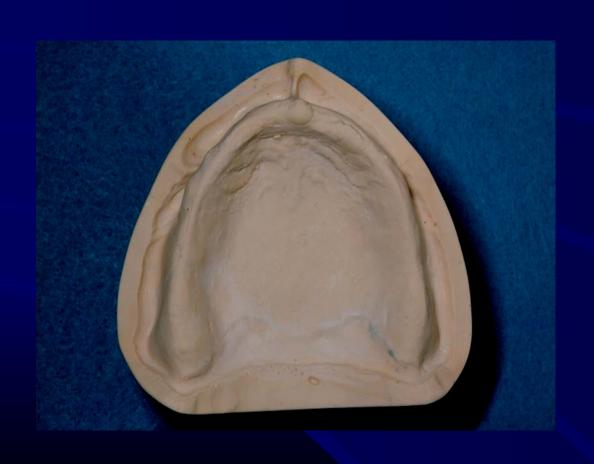


Box Impression

Stronger cast with peripheries for processing

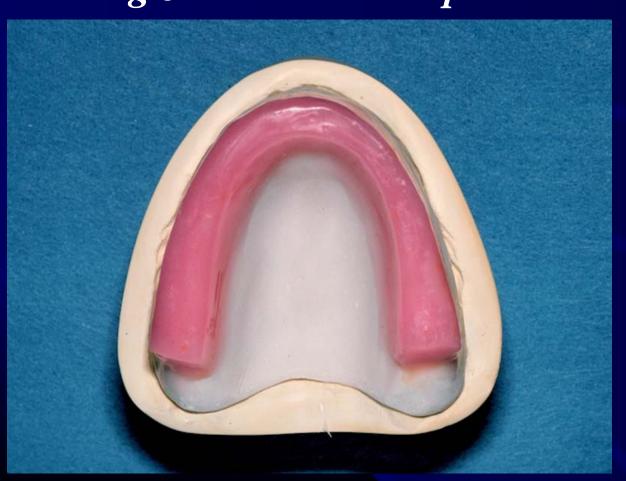


Pour Master Casts



Record Bases and Occlusion Rims

For Making Jaw Relationship Records



Facebow Record

Relates Maxilla to Transverse Hinge Axis



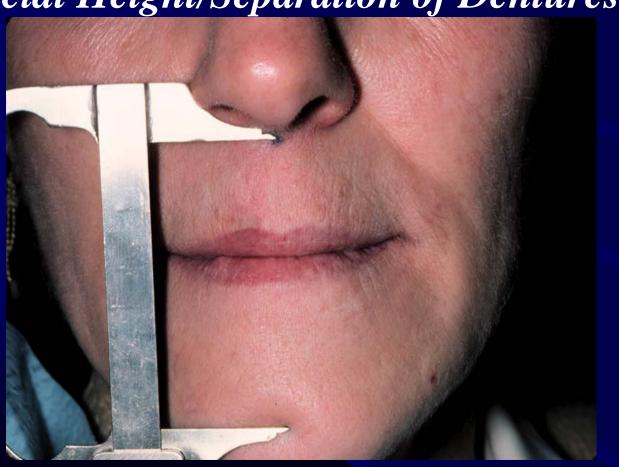
Mount Maxillary Cast

Same Relationship to Transverse Hinge Axis



Determine Occlusal Vertical Dimension

Facial Height/Separation of Dentures



Centric Relation Registration

Ant/Post & Mediolateral Relationships



Mount Mandibular Cast on Articulator



Set Anterior and Posterior Teeth in Wax

Ability to Visualize and Change Appearance



Finalize Waxup



Remove Denture from Articulator Flask for Processing





Flask Waxup







Boil Out Wax and Remove Record Bases

Teeth Trapped in Stone



Pack Acrylic Resin

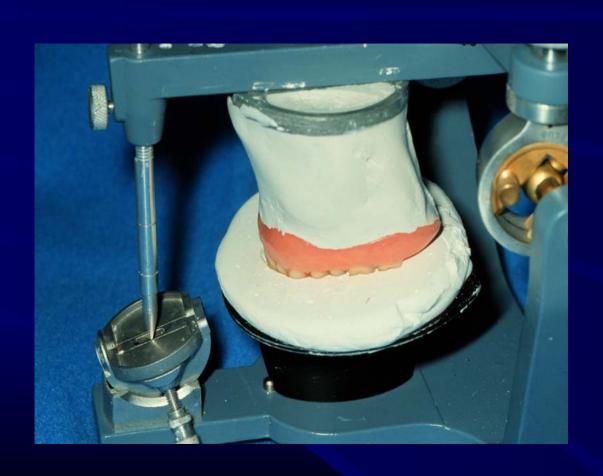
Hydraulic Pressure or Injection



Remount and Adjust for Processing Errors



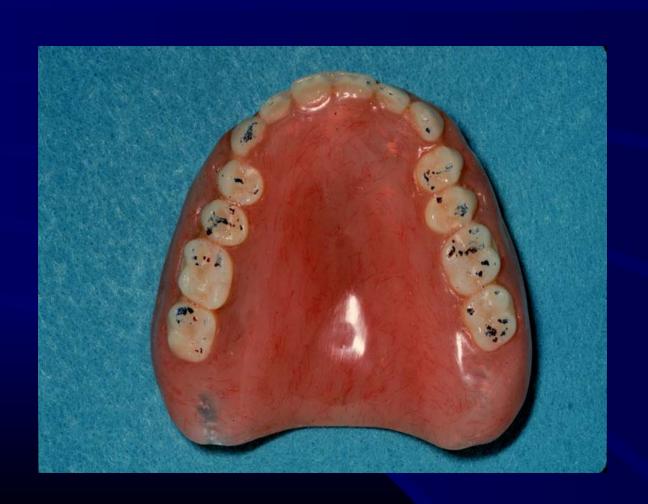
Fabricate Remount Index



Remove From Cast Finish and Polish

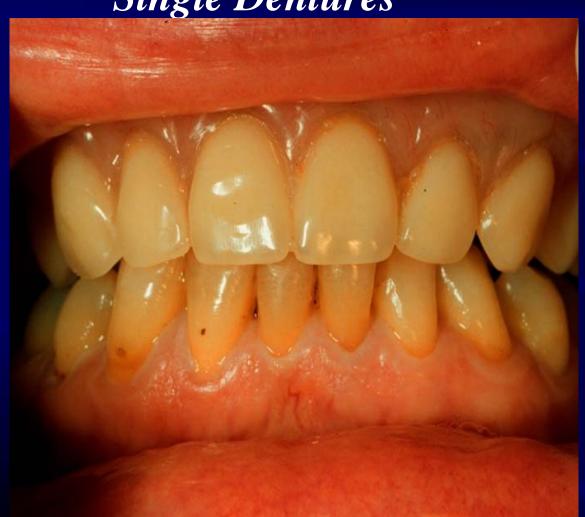


Remount & Adjust Occlusion



Variations

Single Dentures



Variations

Overdentures



Variations Immediate Dentures



References:

Complete Denture Prosthodontics, 1st Edition, 2006 by John Joy Manappallil, Chapters 1 & 2

Any Question ?