

**Minimally Invasive Prosthodontics.**  
**Clinical Perspectives in some Removable Prosthodontics**

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**INTRODUCTION: New Modalities are Changing our Treatment Planning**

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- In the past, one accepted treatment approach for single clinical condition was acceptable.
- Now many possibilities, including now treatment, are reasonable or sometimes questionable approach.



**INTRODUCTION: Emerging of New Techniques**

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- The treatment outcome with sinus grafts, bone growth, gingival graft, Implant & variety of abutments, adhesive dentistry with stronger resins & porcelains, is predictable to certain degrees.
- These new techniques & Data complicated the treatment-planning process. (Malament JADA 2000)



**Implant Dentistry Practice**

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Anyone placing or restoring implants must be prepared for the possibility of potential complications.

- These may be minor or major, reversible or irreversible in nature.
- "We have been are still learning from our mistakes".

**"Good judgment comes from experience, & experience come from bad judgment."**  
 Barry LePartner

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**Disasters In Implant Dentistry**

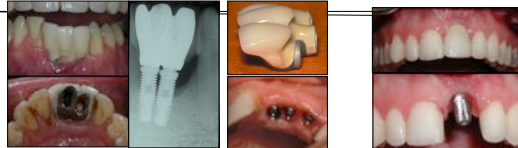
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- Failures can be at one or multiple levels:
- Implant Level (peri-implantitis 5% & 63.4%)
- Material Selection
- Occlusion + Screw Issues
- Hygiene
- Continuous care
- Complex dental procedures




**This year, celebrating my 40th-year of practice in Los Angeles County!!!**

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**"I thought I've seen it all"**


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**"The Bleached-Crowns Syndrome"**

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7 implants


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**Inadequate Treatment Plan: "Failure to look at the big picture"**

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Practicing dentist defended his/her treatment plan: "...was not able to fix the lower arch, because my patient "run out of money..."

**TREATING THE "WHOLE" MOUTH NOT THE "HOLE" IN THE MOUTH.**



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**Can These Be Prevented?**

**KISS Principle: Keep It Simple Is Smart**

- Know your limitations
- Improve your skills
- Learn complete mouth rehabilitation prosthodontic principles first before learning implant surgery principles.

Before After

**Cost-Effectiveness: Implant VS Retaining Teeth Periodontally**

The cost of maintaining implants due to peri-implantitis, was determined to be 5 times higher than the cost of maintaining teeth through periodontal care

Fardal. J Clin Periodontology 2013

**Clinical Comparison of Saving Teeth vs Extraction & Replacement with an Implant**

- Regarding treatment cost & treatment time, there was a significant advantage for the group that retained their teeth.
- Authors concluded: "Saving a compromised tooth is more favorable for the patient than extraction & replacement".

Cortellini, Int J Periodontics Restorative Dent 2021;41:637-645

**What Factors Made this Treatment Successful For Natural Teeth For 40 years?**

- Collaboration in planning & treatment
- Patient commitment to regular maintenance (3-month regular recare)
- Prosthesis design for oral hygiene access.

**Peri-implantitis & Therapeutic Decisions**

- The "Honey-Moon" period that we have with implant dentistry is approaching the end, because of number & type of implant
- These complications shorten the success rate of our implant therapy. This requires us to be creative in the enable us to manage implant complications throughout all stages of patient's life.
- A strong removable implant supported prosthesis is preferable & needed.
- A rigid continuous care protocol for periodontally treated teeth.

**"It is smart to consider basic prosthodontic time-tested treatments"**

**"SYSTEMIC & SOCIAL & DENTAL & TIME & MONEY FACTORS"**

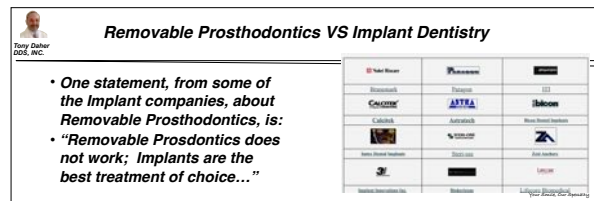
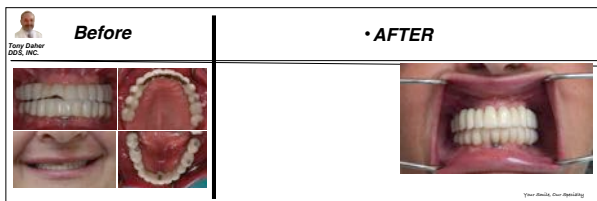
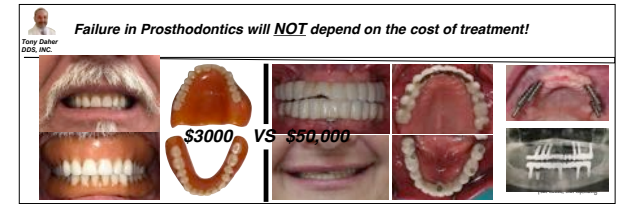
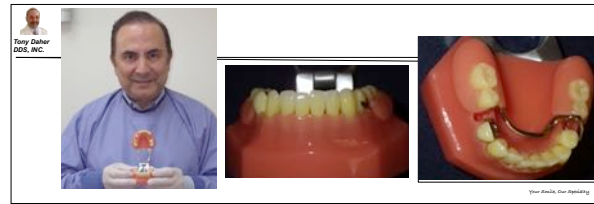
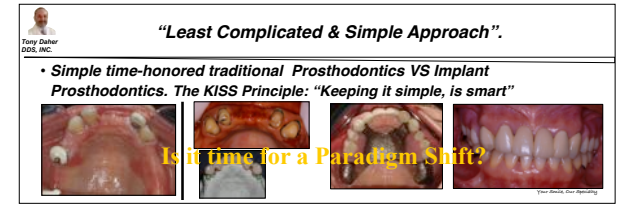
Many options available in prosthodontics:  
 Fixed Prosthodontics  
 Removable Prosthodontics  
 Combination of Fixed & Removable Prosthodontics.

**"Any Final type of Prosthetic Treatment must have good outcome."**

**Diagnosis: Problem List**

**4 Zimmer implants immediately placed after tooth extraction**





**Removable Complete Denture Can Be Successful**

“functionally acceptable”

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**Bilateral Balanced Denture Occlusion with Anatomic Posterior Denture Teeth**

- Bilateral Posterior Centric Contact
- Centralized Forces
- “Balanced” Occlusion to minimize tipping

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**Non-interceptive, Linear Occlusion (AutoCentric Occlusion)**

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**Custom-Made Complete Dentures: Application of the Non-interceptive, Linear Occlusion**

Before After

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**Clinical Example**

**BASIC PRINCIPLES OF C.D. PROSTHODONTICS MUST BE RESPECTED IN IMPLANT PROS. USES.**

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**BASIC PRINCIPLES OF C.D. PROSTHODONTICS MUST BE RESPECTED IN IMPLANT PROS. USES.**

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**2 implants can not help badly made removable denture.**

**2 implants will improve a well made removable denture.**

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**“Collection of Records is very important”**

Final Impressions

Alameter  
Papillameter

Lab Rx & Procedures:  
# Final casts  
# Record Bases:  
1. Max wax rim (ECB)  
2. Neutral Zone,  
3. Tracers

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**DDS should guide the technician on the 6 Anterior Teeth Set-up.**

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Male	Female
Young 6	Young 8
Middle 5	Middle 7
Old 4	Old 6

**Retruded Contact Position (Centric Relation-Centric Occlusion)**

- Retruded
- Unstrained
- Repeatable
- Learnable
- Start of mand. movements

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**Geneva Dental Institute of Sacramento: Complete Denture 2-day Course with Patients (Next Course Oct 3-4, 2024)**

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**"Badly" Misplaced Implants: What do you do?**

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**CAD-CAM Locator Abutments**

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**CAD-CAM Locator Abutments JPD Feb 22, 2024**

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**Solution**

OpalDam™ and OpalDam™ Green  
ULTRADENT

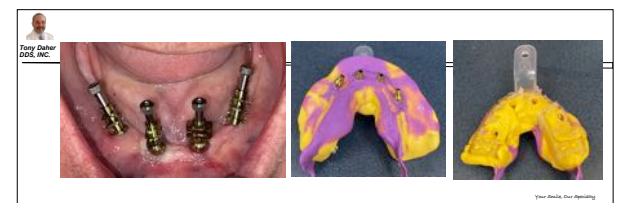
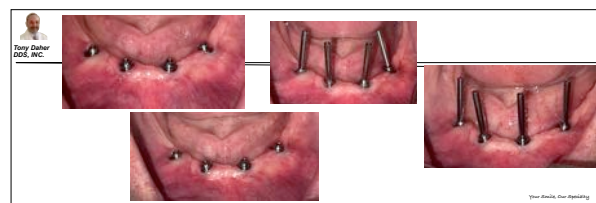
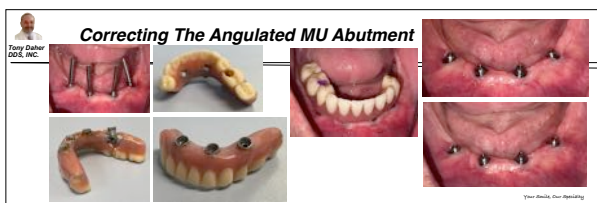
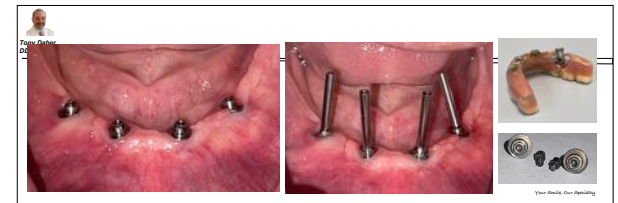
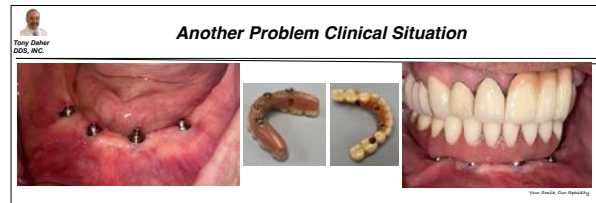
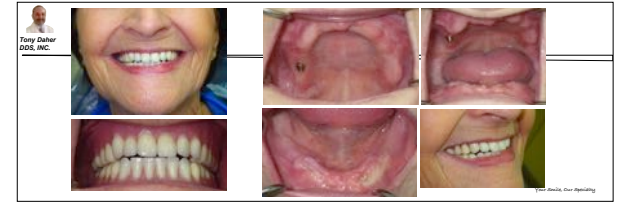
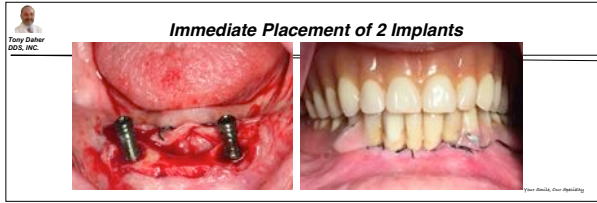
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**Mary Gardener M.G.**

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**Maxillo-Mandibular Relations Records**

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**Mandibular 4-Implant Overdenture**

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CHAIRSIDE

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**Mandibular Removable 4-Implant Overdenture**

Interim?

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**How to improve the clinical situation?**

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**Adding 2 Posterior implants**

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**Mandibular Zirconia Fixed Complete Denture with 6 Locators Fixed**

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**Final Zirconia Fixed Locator Denture**

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**Final Zirconia Fixed Locator Denture**

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**Retentive Locator Fixed Inserts Recommendations**

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**Post Operative Check Visit**

- Purposes to check:
- Occlusion
- Hygiene
- any problems

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**Adjusting the intaglio surfaces for proper Oral Hygiene**

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**Purposes of Prosthodontic Treatment:**

- 1. Stop the progression of disease and maintain existing structures.

*"The patient's fundamental need is the continued preservation of what remains of his chewing apparatus rather than the meticulous restoration of what is missing, since what is lost is in a sense irretrievably lost."*  
De Van MM. J Am Dent Assoc 1942; 29: 1981-90

Genetic, Caries, & periodontal Disease are responsible for lost teeth.

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**What Is Our Main Purpose in Dentistry?**  
*Is it preserve of what remains OR restore of what is missing,*

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**Clinical Situation: Treatment Planning**

- Multiple Bone Grafting procedures (6-12 months) & Interim RPD (\$7,000-10,000)
- Immediate Dentures & 8 Implant Placement (3-6 months) (\$20,000)
- Interim PMMA Fixed Complete Dentures (3 months) (\$1,000)
- Final Implant Fixed Complete Dentures. (\$14,000)
- Total > \$45,000 in >2 years.

**8 Crowns+ 4 attachments + Max. Mand. RPD = \$16,000 in 6 months**

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**Are Isolated Teeth At Risk?**

- Isolated tooth distal to edentulous space is not at risk.
- Majority of such teeth are not lost if missing teeth not replaced
- Survival rate when missing teeth replaced or not by FPD, is significantly better than with RPD restoration (Quality of RPD design is important)

Shugars DA, et al. J Am Dent Assoc 1998; 129:1089-95

**Tilting of isolated teeth!!!**

- Few patients experienced clinically significant tilting of the teeth adjacent to the edentulous space. (Aquilino et al: JPD01)







**"All What You Need to Learn About RPDs"**

Editors:  
Dr. Charles Goodacre  
Dr. Patrick Naylor

Contributors:  
40 Authors  
Many chapters  
Many photos & videos




**Controversy: Are implants going to replace RPDs?**



**When to consider RPD Treatment?**

- Tooth loss is creating more partially edentulous patients.
- Cost of implants & treatment time needed, precludes this therapy for most patients.

Probably less than 5% of all partially edentulous patients will be restored with implant therapy



Bassi et al, 1996


**-Controversy-: "RPDs compromise the remaining dentition".**

- RPDs and oral health:
  - Perceived compromise of the remaining teeth not supported by the evidence.
  - No evidence of destruction of the periodontium of remaining teeth.
  - Most important factors are patient compliance and close follow up.

Goodacre et al. 2017

**-Controversy-: Majority of Patients are not satisfied with RPDs?**

- Patient satisfaction
  - Review of 400 mandibular RPDs provided by private dentists
- Results
  - 74% satisfied with their RPDs
  - 26% dissatisfied with their RPDs



"Little Partial Denture Don't You Cry You'll Be A Full Denture By And By"

**ARTICULATED DIAG. CASTS**

- At the correct OVD & CR (RCP)
- On a semi adjustable articulator (face-bow & protrusive record)

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**Close Look at OVD: 5 Clinical Situations**

- General moderate to severe tooth wear
- Splaying of ant teeth
- Multiple Tooth Loss & Tilting
- Few centric stops.
- No post support

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**Clinical Situation (Valplast)**

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**Survey Crowns & Tooth set-up**

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**Before**

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**#11: Cost Analysis of Completely Implant Supported- Fixed Prosthesis**

- 5 implants (2000 each)
- 2 Sinus grafts (3,000 each)
- 5 Imp crowns (2000 each)
- 2 pontics (1,500 each)
- 3 surveyed PFMs (1500 each)
- Total Cost: \$33,000 ☺

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**Cost Analysis of Implant Retained/Supported Removable Prosthesis**

- 2 implants (2000 each)
- Max RPD (3,000)
- Attachments (500 each)
- 3 surveyed PFMs (1500 each)
- Total Cost: \$12,500 ☺

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**Cost Analysis of Implant Retained/Supported Removable Prosthesis**

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**#12: Case of Missing Anterior Teeth: Implants + RPD**

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**Implants + RPD**

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**Complex Situation: Integrating Fixed & Removable Prosthodontics**

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**Continuous Care 8 years Check**

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