

AFFORDABLE ALTERNATIVE TO IMPLANT DENTURE

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INTRODUCTION

IMPLANTS have, in the last 15 to 20 years, paved the way to restoration of the edentulous and partially edentulous mouth. However, many patients cannot afford the time or money required to complete this treatment successfully. Making an Overdenture (OVD) using a simple ball-and-socket type of attachment for extra retention is a proven and easy alternative treatment to implants. A precision attachment overdenture² is a denture which locks into your own teeth. This 'locking' effect holds the denture in place very securely giving you the confidence to socialize normally, and smile confidently. The attachment itself is made up of two components. The 'male' part is glued/cemented to your tooth, and the female section is incorporated into your denture. When the denture is in place the female and the male aspects lock together to yield a very stable prosthesis. Due to the type of attachments we use the amount of retention can be adjusted to suit your requirements. As long as the attachments and teeth are cared for you should experience very few problems³. Over the years the denture may need to be touched up and the attachments may need to be reattached. But for this type of overdenture patient need to have at least two strong healthy teeth and healthy gums. Present case report describes fabrication of an maxillary attachment overdenture opposing mandibular flexible partial denture.

Case report

A 65 years old partially edentulous patient came to the department of prosthodontics & crown & bridge & implantology for replacement of missing teeth. Intra-oral examination revealed fractured canine and abrasion with premolar on maxillary right and left side, attrition with mandibular central and lateral incisors on both sides of the arch and grade III mobility with mandibular 3rd molar on left side. Intra oral IOPA radiographs revealed adequate bone support with all the remaining teeth except mandibular 3rd molar, so it was extracted. Root canal treatment was done on remaining maxillary teeth. Post space was created for intra radicular stud attachment. Impression of post space was made using impression post and sent to the lab for intra radicular stud attachment fabrication. Root canal treatment and crowns were planned for mandibular anteriors but patient couldn't afford the treatment cost so they were left untreated. Intra radicular stud attachments were cemented and impressions were made of both the arches. Maxillary complete denture was

fabricated in the conventional manner by the laboratory. Nylon attachments were incorporated into an overdenture with self cure acrylic resin. Flexible mandibular partial denture was fabricated. Both the dentures were inserted and checked for occlusion. Besides getting good retention with the attachments we could also make it a roofless overdenture which had given the patient an extra advantage of having normal sensation through palate.

Discussion

Anchoring an overlay denture to retained roots enhances denture stability and provides the patient with numerous functional advantages^{4,5}. And overdentures, whether supported by natural roots or implants are far superior to complete dentures.

References

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