Fixed Partial Dentures /FPDs/, Implant Supported Prosthesis/ISP/ in implant prosthodontics

Prof.dr.Tamas Divinyi

Semmelweis University, Faculty of Dentistry Department of Oral and Maxillofacial Surgery

Glossary terms

Fixed Partial Denture /FPD/

Non removable *partial* prosthesis supported and retained by teeth and/or implants.

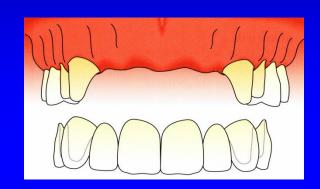
Implant Supported Prosthesis /ISP/

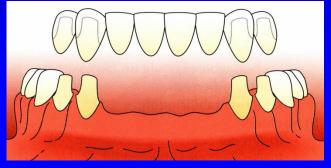
Replacement for missing natural teeth that receives retention, support, and stability from dental implants.

/Laney W.R.edit.:Glossary of oral and Maxillofacial Implants . Quintessence.2007/

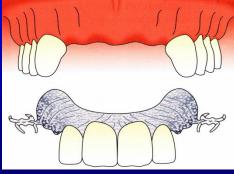
Conventional proshetic therapy:

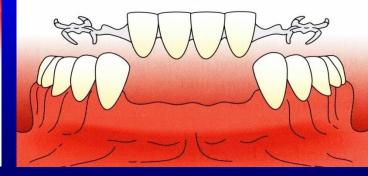
FPD





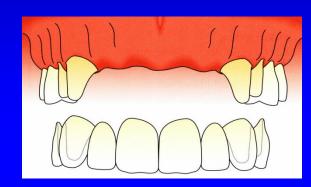
Removable prosthesis

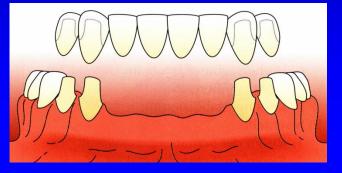




Conventional proshetic therapy:

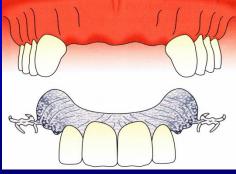
FPD

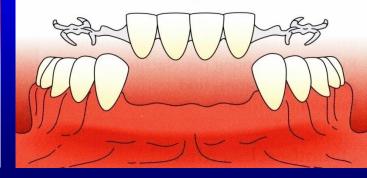




Bone loss in long term?

Removable prosthesis

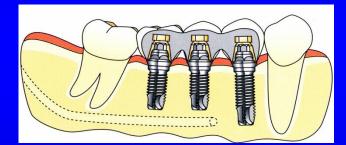


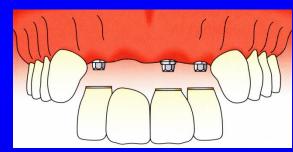


Partial tooth loss IMPLANT THERAPY:

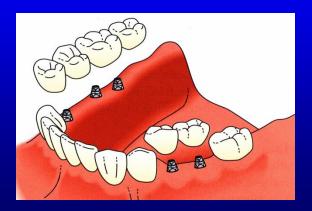
Single, implant supported crowns

Implant supported and retained FPD









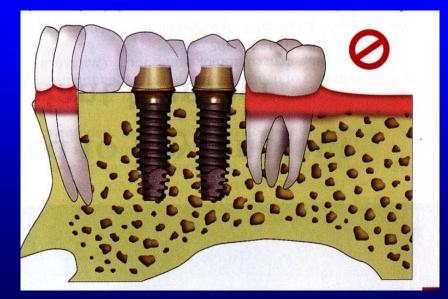
Partial tooth loss IMPLANT THERAPY:

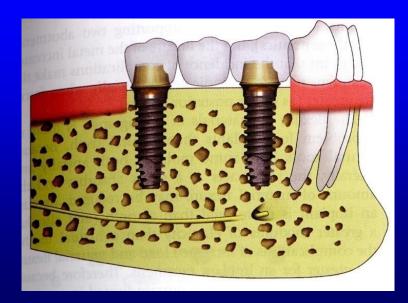
Single, implant supported crowns

Implant supported and retained FPD

Basic rules:

No cantilevers /exeptions/





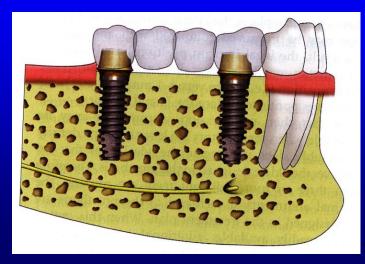
Partial tooth loss IMPLANT THERAPY:

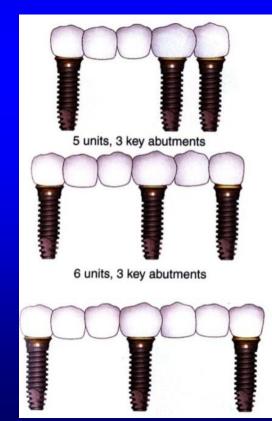
Single, implant supported crowns

Implant supported and retained FPD

Basic rules:

- No cantilevers /exeptions/
- No three adjecent pontics

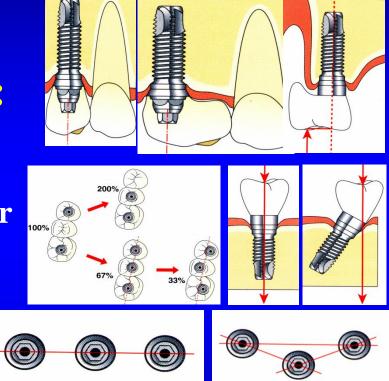


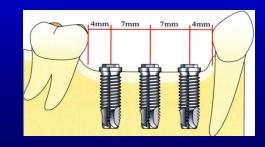


The span of the pontics in the ideal treatment plan should be limited to the size of two premolars /13.5-16.0 mm/.

/ Misch 2006/

- Implant prosthodontics differ from the conventional therapy:
- Splinting of implants, if possible
- Precise mesio-distal, oro-vestibular positioning,
- "Tripodial" placement?
- Axial loading?





What about the different clinical situations?

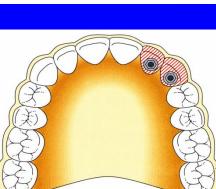
How does a FPD look like?

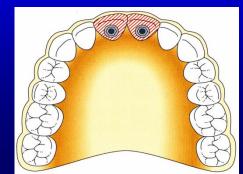
Clinical situations:

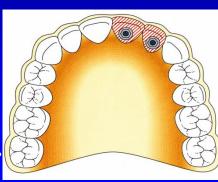
Replacement of maxillary central and lateral incisor

Replacement of maxillary lateral incisor and canine

Replacement of maxillary central incisors





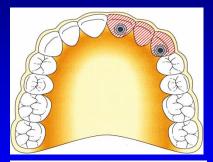


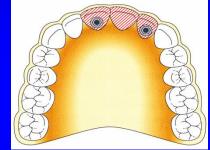
Clinical situations:

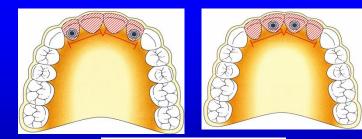
- Missing central, lateral incisors and canine
- Missing central incisors and lateral one

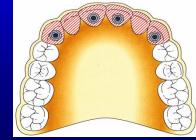
Missing 4 incisors

Missing 4 incisors ,2 canines



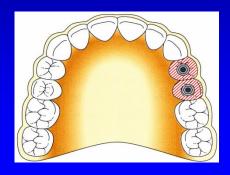


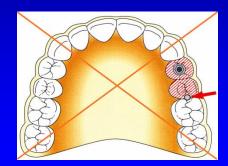




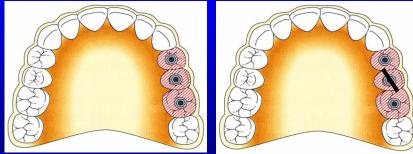
Clinical situations:

Missing premolars





Missing premolars and molar



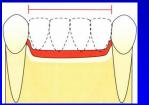
Basic questions in implant prosthodontics: •support ? •retention

Partial tooth loss Clinical situations:

Mandibular incisors and canines

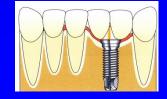
Mandibular premolars, molars

Support and retention?







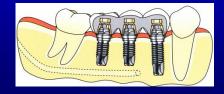








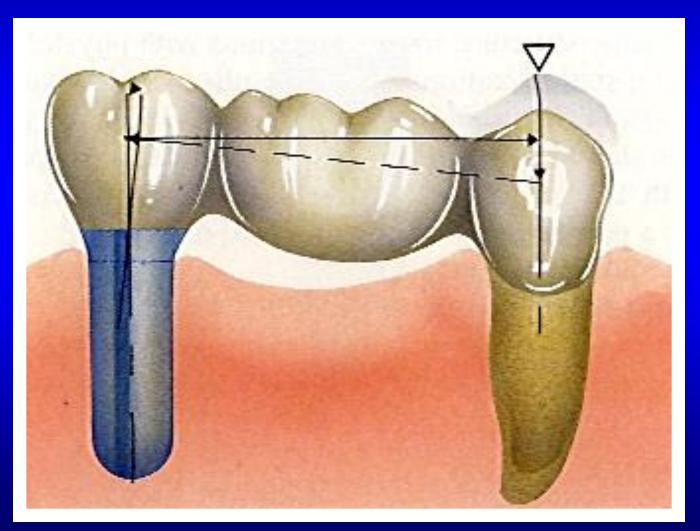




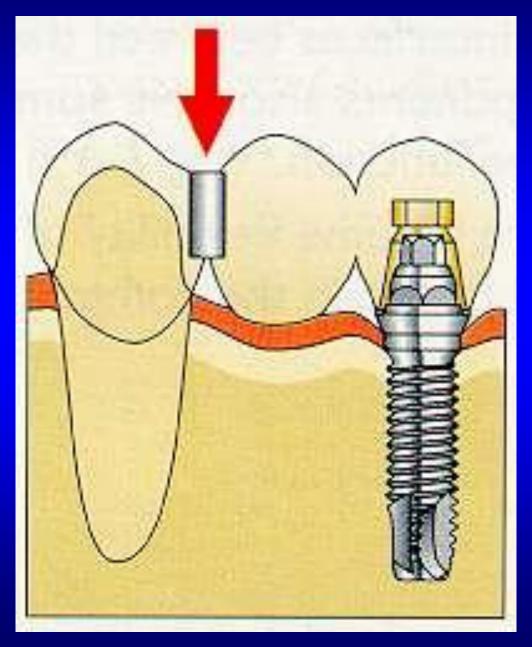


Types of implant restorations Removable /overdenture/ **Fixed partial denture/FPD/** (support, retention) (mode of retention) implant mucosa implant + mucosa cementation screw (support) tooth+implant

IMPLANT-TOOTH SUPPORTED FIXED PARTIAL DENTURE



Precision attachement in implant-tooth supported FPD



Implant-tooth supported fixed partial denture

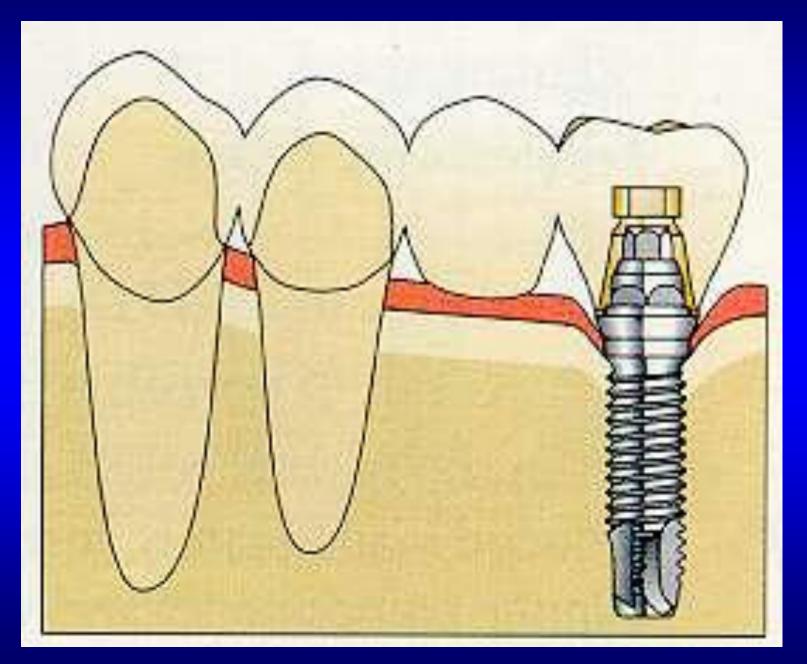
Advantages:

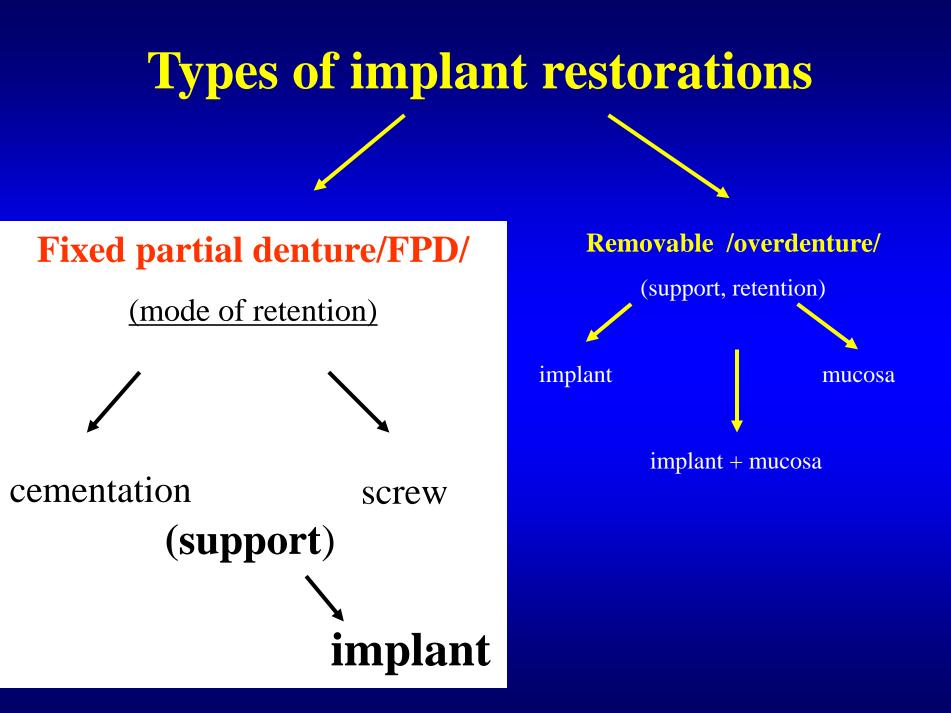
- less implants necessary
- proprioceptive reflexes through natural teeth
- similar to conventional restorations

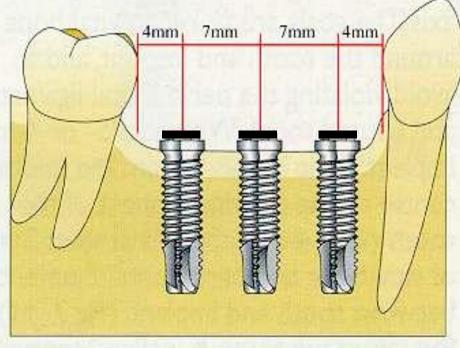
Disadvantages:

- sacrificing tooth substance
- different kinematics between abutments
- uncertain predectibility because of decay

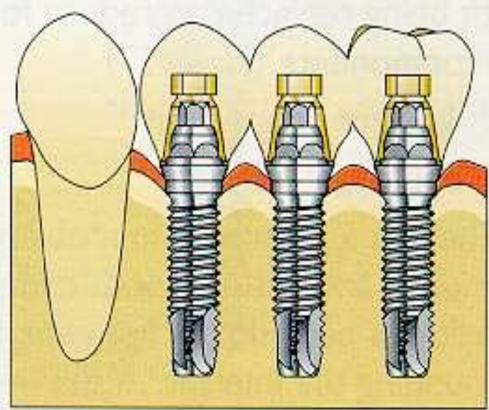
Splinting of teeth in implant-tooth supported FPD







Precise placement of implants for implant supported FPD



Implant supported fixed partial denture

Advantages:

- saving tooth structure
- similar kinematics between abutments
- implants preserve bone volume
- predectibility

Disadvantages:

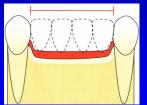
- impaired sensory innervation
- higher costs

Partial tooth loss Clinical situations:

Mandibular incisors and canines

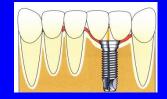
Mandibular premolars, molars

Support and retention?







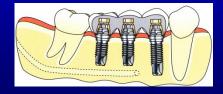




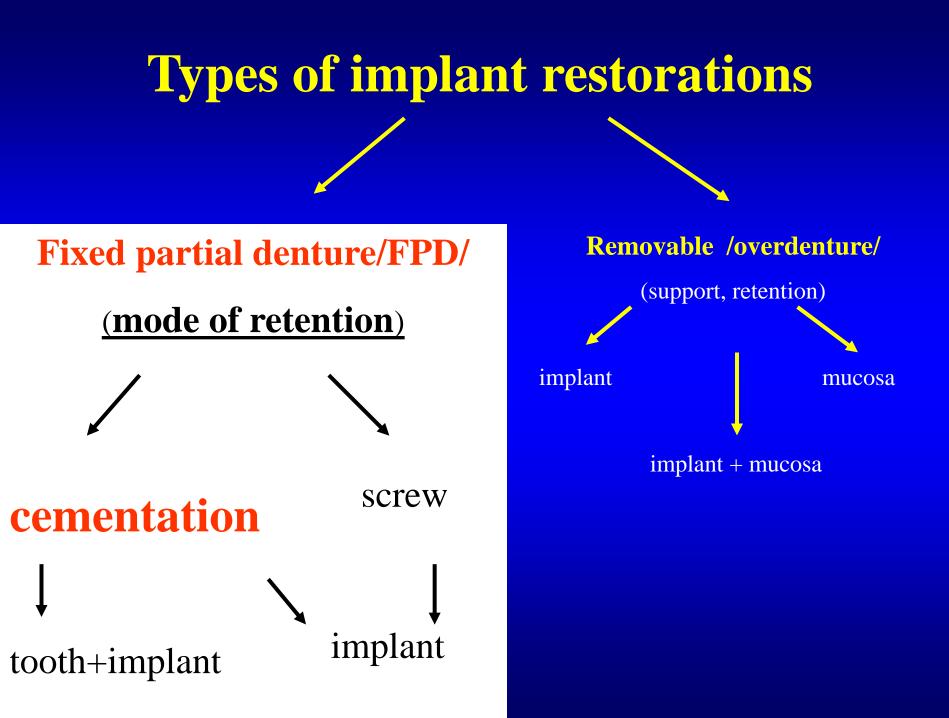












Cemented fixed partial denture /FPD/

Advantages

- passive suprastructure
- conventional laboratory work
- easy completing procedure
- good esthetics

Disadvantages

- no retrievibility, correction is difficult
- larger abutment, extended intermaxillary space is needed
- possible excess of cement

Preparing cemented fixed partial denture





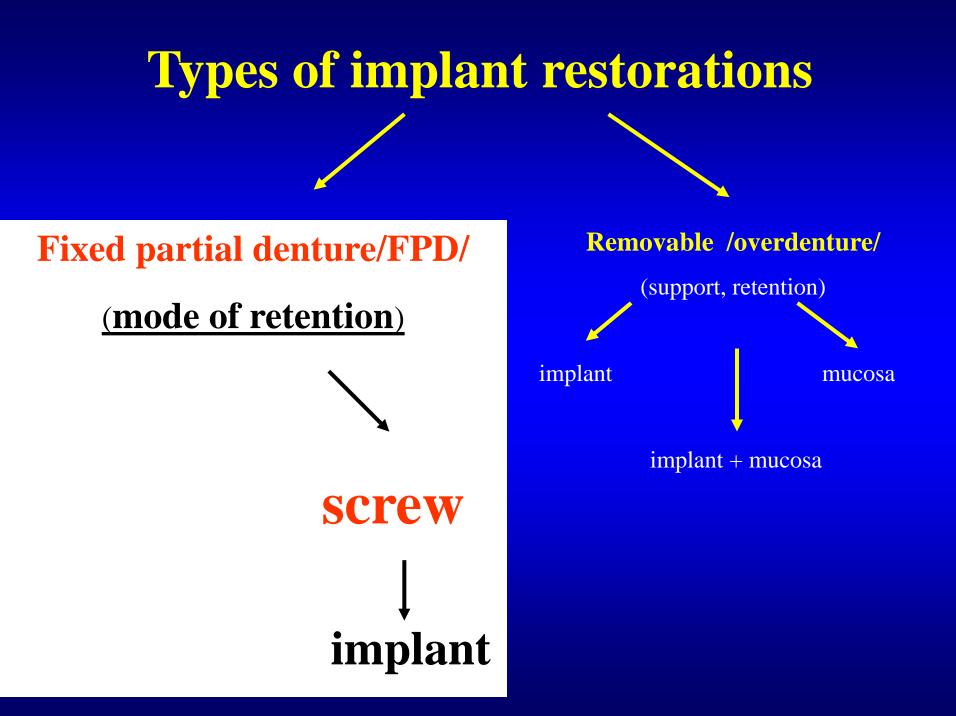












Screw retained prosthesis

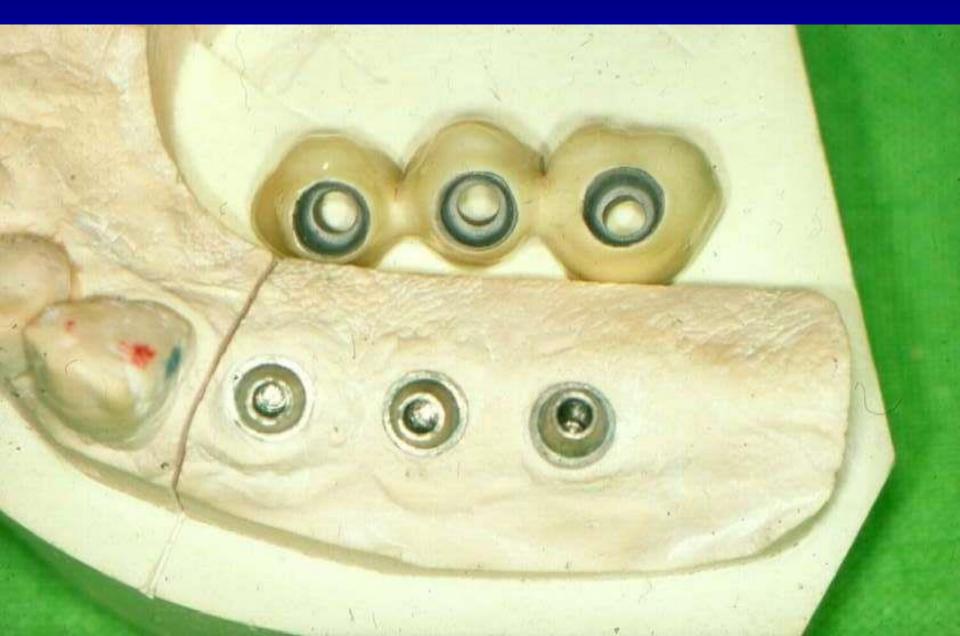
Advantages

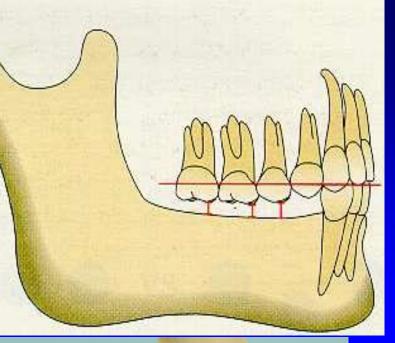
- shorter superstructure less intermaxillary space is needed
- divergencies can be easily corrected
- easy retrievibility correction of failures

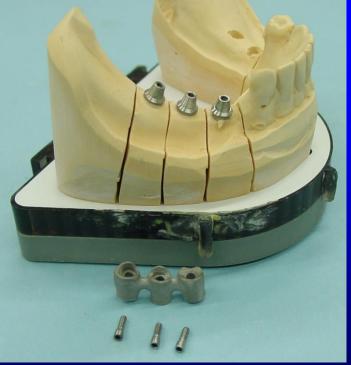
Disadvantages

- more difficult completion
- very precise laboratory work is needed
- screw openings may cause esthetic problems

Screw retained FPD







Screw-retained FPD, in the case of limited intermaxillary distance



Preparation of screw-retained FPD:

Direction of screw: VERTICAL













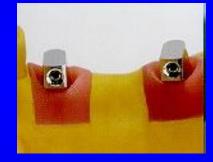
Preparation of screw-retained FPD:

Direction of screw: HORIZONTAL







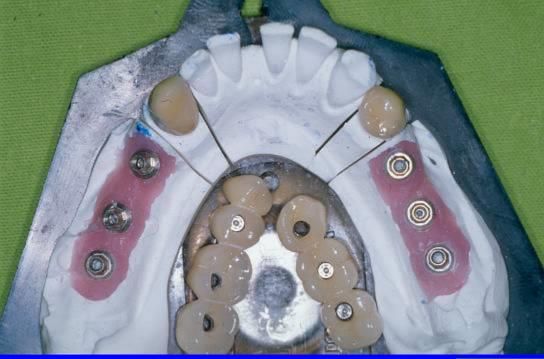












Screw retained FPDs



Implant supported and screw-retained fixed partial dentures





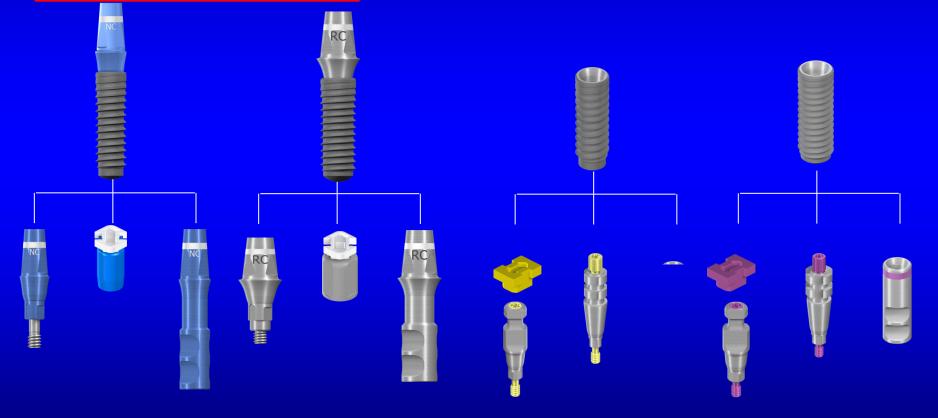
Screw openings covered by composit resin



Possibilities for impression

Possibility A About the abutment

Possibility B About the implant



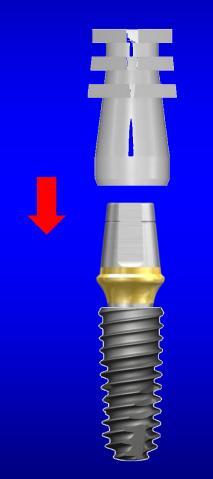
Impression methods on implant level





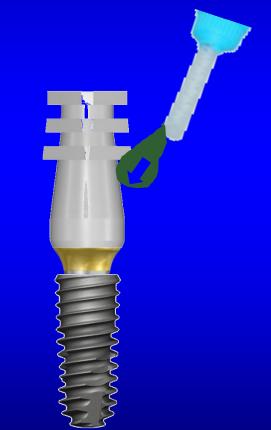
How to use Impression Coping

1. Connect Imp. Cap



2. Apply impression

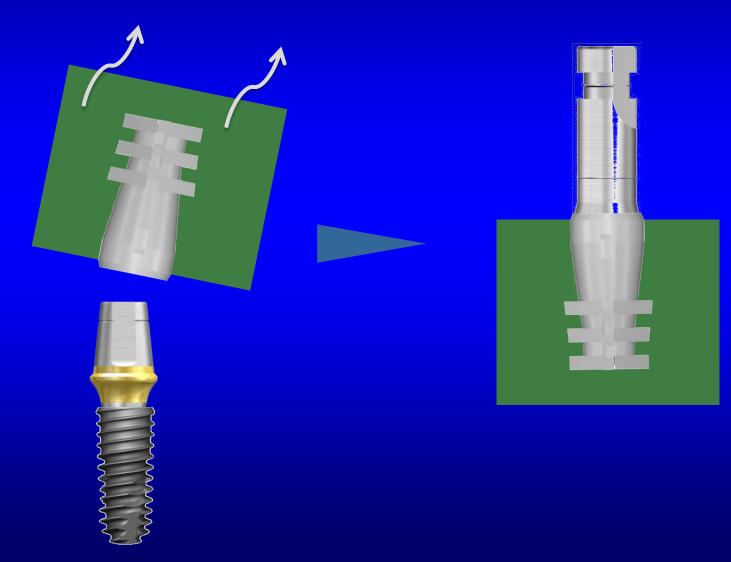
material



How to use abutment level implant cap

3. Remove impression body

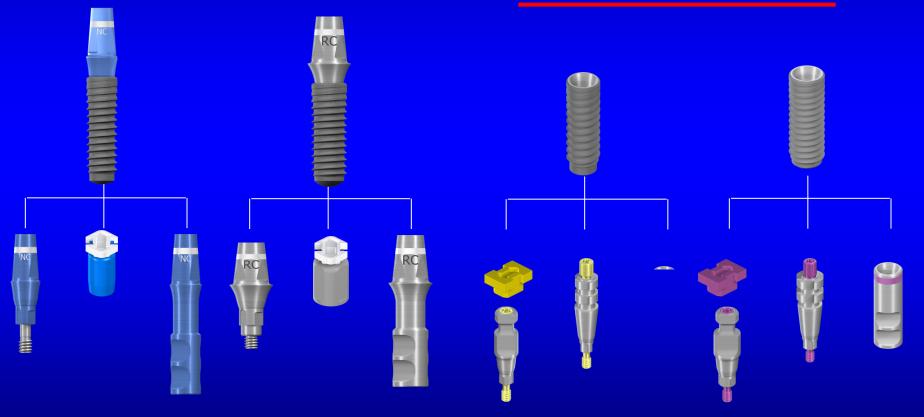
4.Connect Lab analog

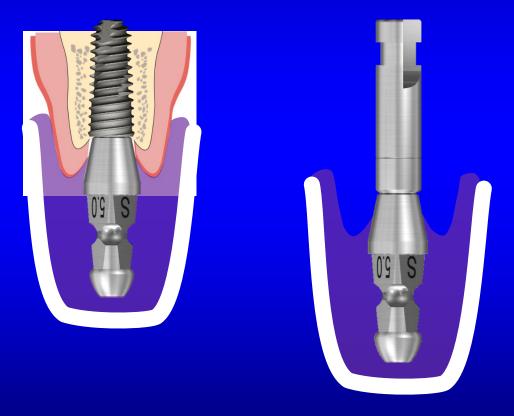


Possibilities for impression

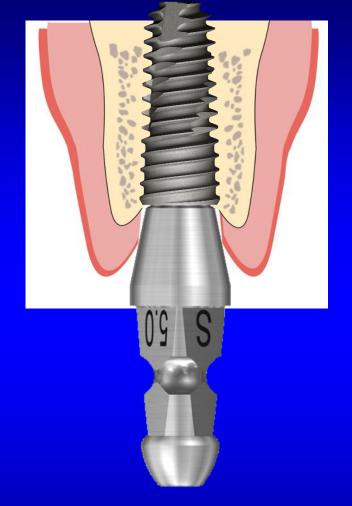
Possibility A About the abutment

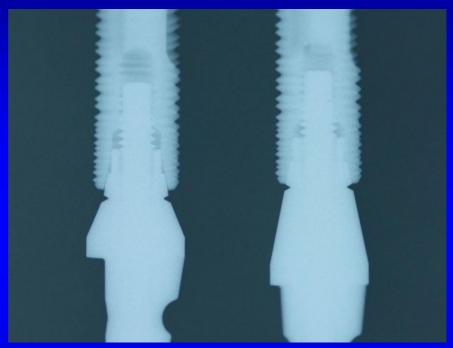
Possibility B About the implant

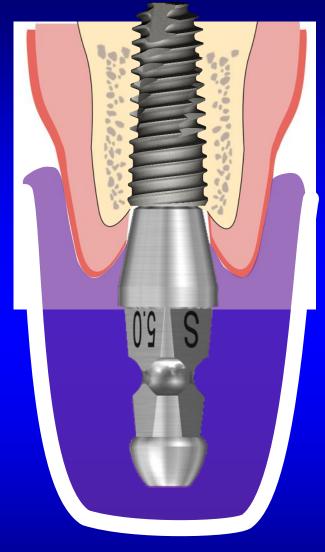


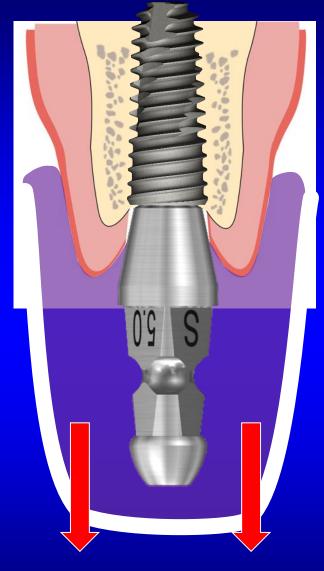


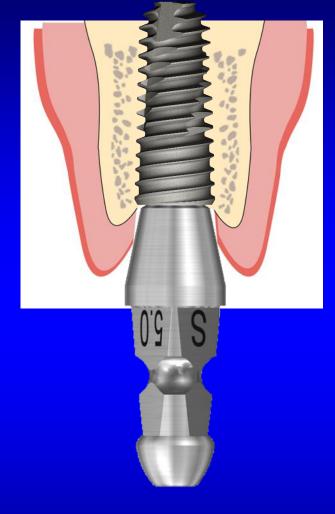
Closed tray technique

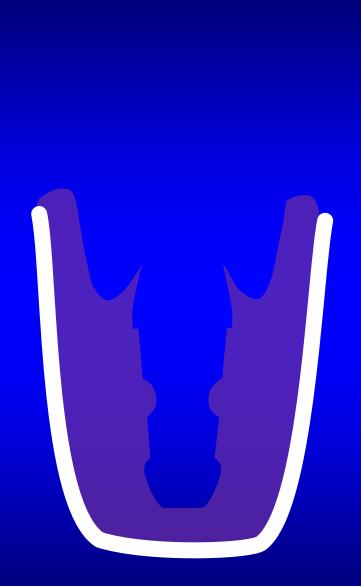


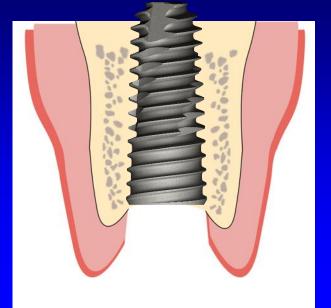


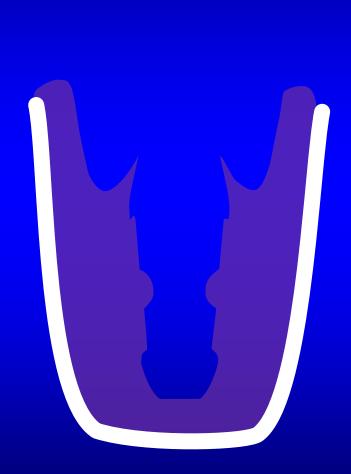


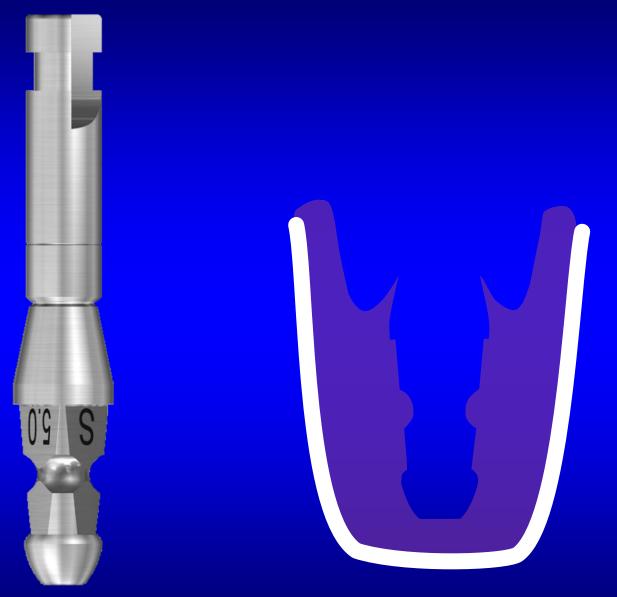


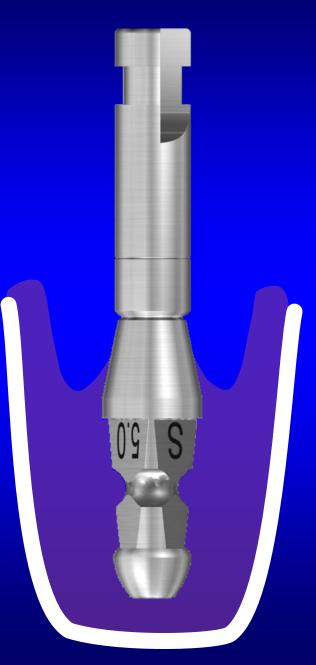


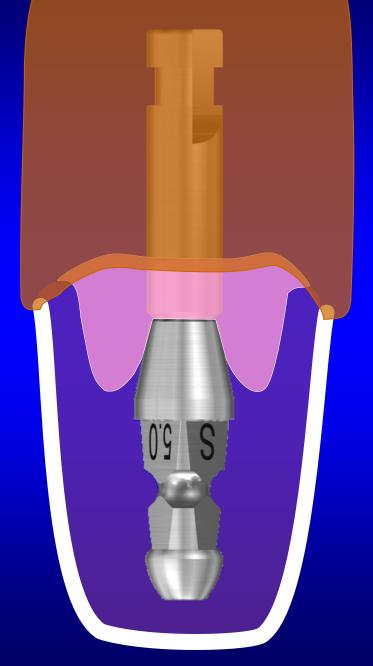


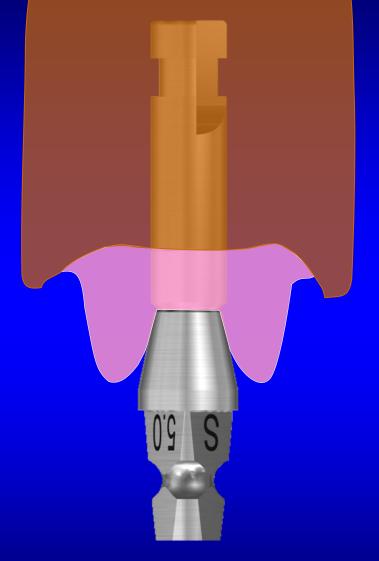


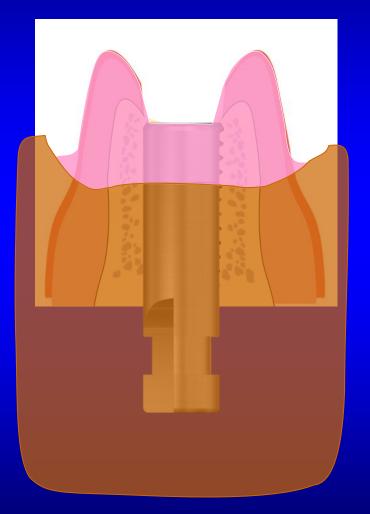












When using closed impression tray method?

- When the implants relatively paralell to each other
- Cement retained restoration on 1-3 implants
- Screw retained restoration on 1-2 implants
- Preliminary impression for open tray
- When fabricating a provisional restoration
- Limited mouth opening

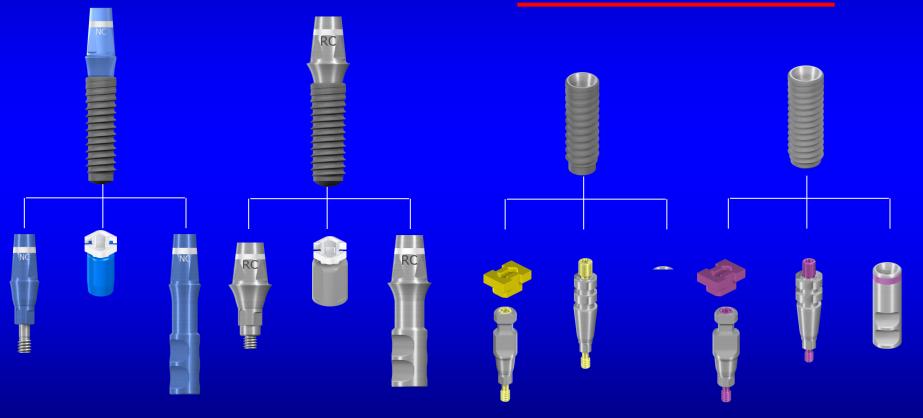
Impression methods on implant level

Closed impressiontray Open impressiontray

Possibilities for impression

Possibility A About the abutment

Possibility B About the implant



Open tray impression technique





















When using an open impression tray method?

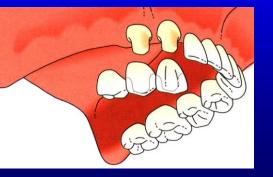
- When the implants are not so paralell to each other
- Cement retained restorations on 4 or more implants
- Screw retained restoration on 3 or more implants
- In case of a bar type implant overdenture

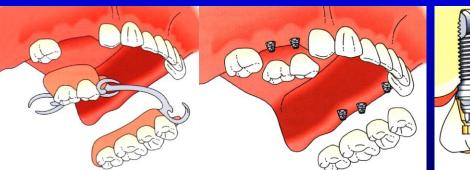
Maxillary "free end" edentulism

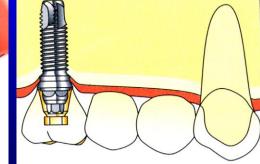
Conventional prosthetic therapy

Implant therapy

No treatment
FPD with cantilever
Partial removable denture
Orthodontic treatment: distalization of tooth Implant supported and retained FPD
Implant-tooth supported and retained FPD





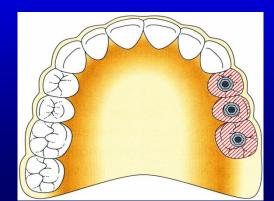


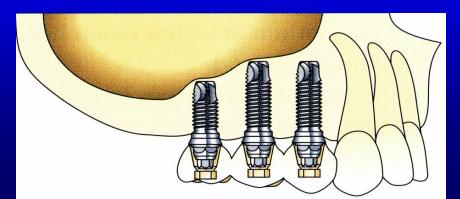
Maxillary "free end" edentulism

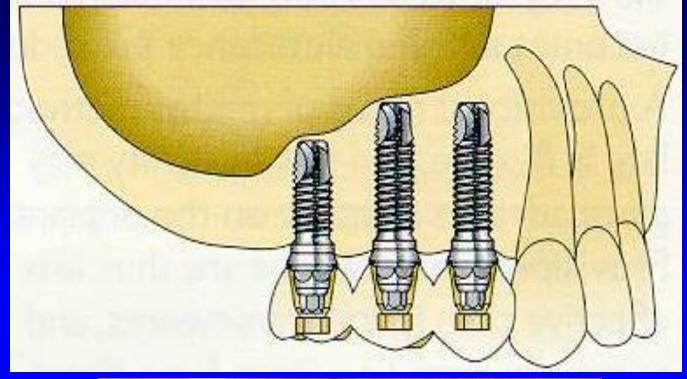
Anatomic limitations:

Maxillary sinusPoor bone quality

Concept: Each missing roots to be replaced by implants







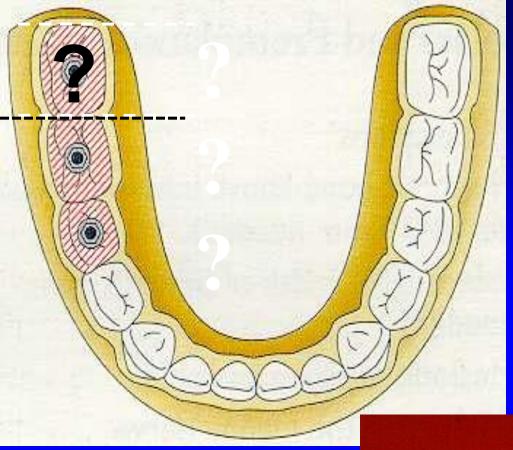


Screw retained FPD









Mandibular " free end" edentulism:

replacement until first molar

Totally edentulous jaws

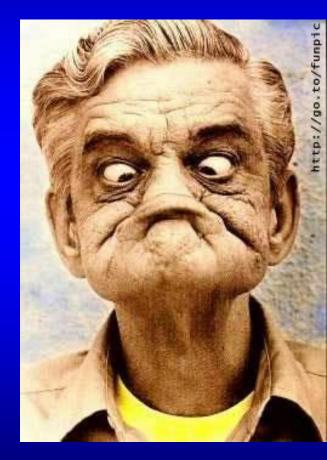
Conventional therapy: Removable denture

Implant therapy:

•Implant retained ,/supported/ overdenture

• Fixed hybrid prosthesis

Implant supported prosthesis



Totally edentulous jaws

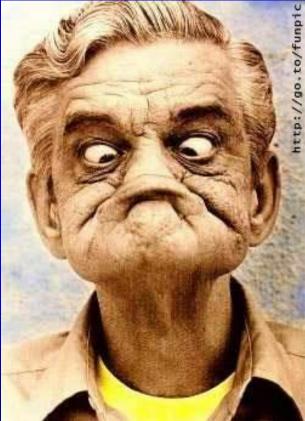
Conventional therapy: Removable denture

Implant therapy:

•Implant retained ,/supported/ overdenture

Fixed hybrid prosthesis

Implant supported prosthesis



Edentulous mandible Implant supported prosthesis





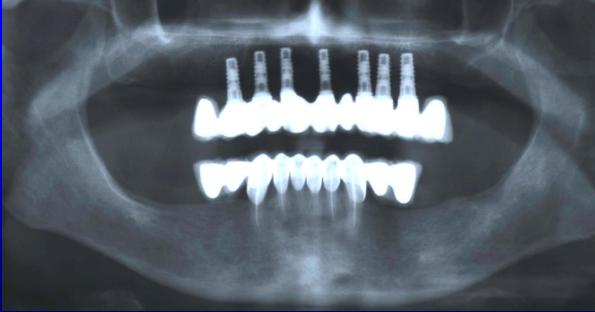




Edentulous maxilla







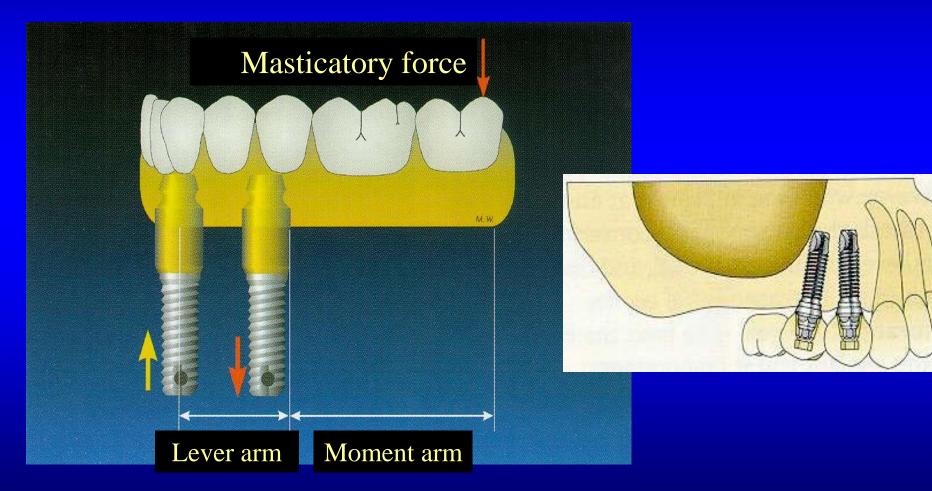
Edentulous maxilla Implant supported prosthesis with cantilevers







Biomechanics of a cantilever fixed bridge



Cantilever may be acceptable in following clinical situations:

- edentulous jaws /distal/
- pontic replacing lower first premolar /mesial/
- pontic replacing lateral upper incisor /mesial, distal/

Totally edentulous jaws Implant supported prosthesis Support: **Retention:** Implant Implant **Disadvantages: Advantages:** •High costs •Stability Optimal bone conditions •Psychological aspects •Esthetic problems •Phonetic problems/Maxilla/ •Hygenic problems

Totally edentulous jaws

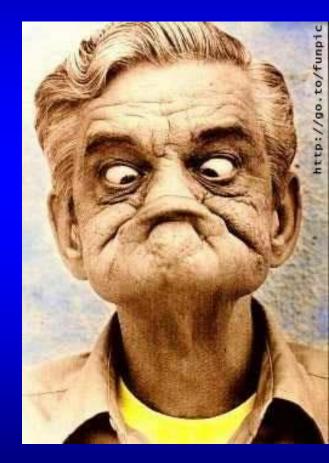
Conventional therapy: Removable denture

Implant therapy:

•Implant retained ,/supported/ overdenture

Fixed hybrid prosthesis

Implant supported prosthesis



Hybrid prosthesis: Fixed, removable or maxillofacial prosthesis designed and fabricated with an atypical combination of materials or structural components.

/Laney W.R.: Glossary of oral and maxillofacial implants/

Edentulous mandible









Edentulous mandible

Implants with abutments for screw retention



Abutments with hygenic caps



Screw retained, implant supported hybrid prosthesis







Totally edentulous jaws Fixed hybrid prosthesis: Support: **Retention:** Implant Implant **Disadvantages: Advantages:** •High costs •Stability •Difficult hygenic •Less precise implant positioning is necessary access

Totally edentulous jaws

Conventional therapy: Removable denture

Implant therapy:

•<u>Implant retained ,/supported/</u> <u>overdenture</u>



Next lecture

