OVERDENTURES



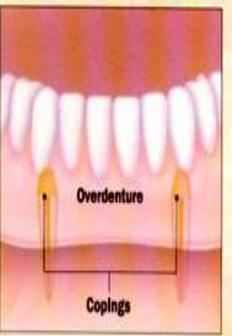


A removable partial or a complete denture that covers and rests on one or more remaining <u>natural teeth</u>, <u>Roots</u> and /or <u>dental implants</u>.

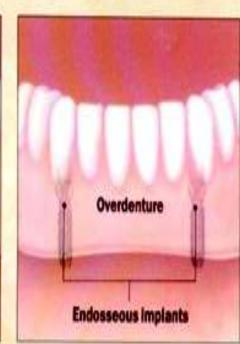
A dental prosthesis that replaces the lost or missing natural dentition and associated structure of the maxilla and /or mandible and receives <u>partial support</u> <u>& stability</u> from one or more modified natural teeth.



Overdenture Overdenture fitted over copings of endodontically



Overdenture Overdenture fitted over retained natural teeth



Implants with Overdenture Overdenture fitted over endosseous implants



- **1. OVERLAY DENTURES**
- 2. ONLAY DENTURES
- 3. TELESCOPED DENTURES
- 4. HYBRID DENTURES
- **5. BIOLOGIC DENTURES**
- 6. COPING PROSTHESIS
- 7. SUPERIMPOSED DENTURE

Terminology

*Overlay Denture *Hybrid Prosthesis (European) *Telescoping Denture *Tooth Supported Denture *Overdenture



This Is The Type Of Patient Who May Benefit From Overdenture Treatment





Q Why not extract all the remaining teeth and plan a complete denture?

- Teeth and alveolar bone are closely interlinked.
- Natural teeth if absent Resorption.
- Preservation of alveolar bone.
- Better function & control over denture due to presence of nerve receptor. (**Proprioception**).

Q Why not leave the remaining tooth and make the R.P.D?????



RPD takes support from natural teeth.

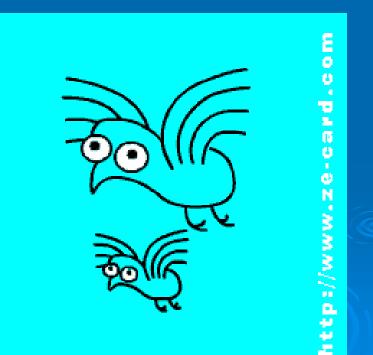
If RPD is large with few remaining natural teeth present for support & retention, it results in

> Excess stress Mobility. (PDL breakdown) Failure of abutment

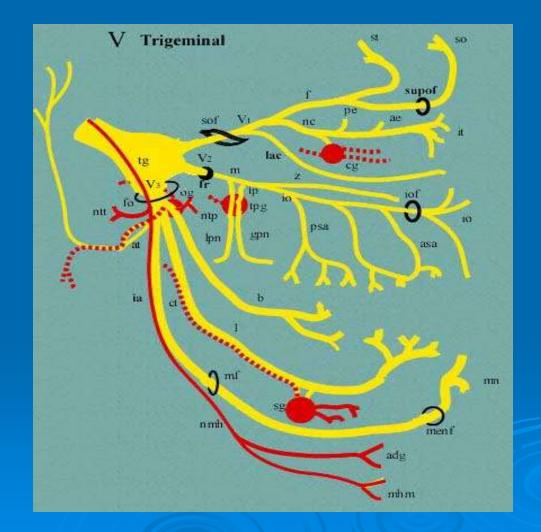


1. Maintain teeth as a part of residual ridge

Support & retention



Patient manipulative skills by preserving proprioceptive impulses





DECREASE Rate of resorption.

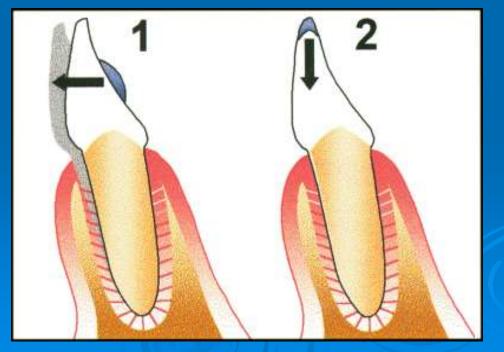


REQUIREMENTS OF OVERDENTURE

, Abutment tooth analysis

1. Maintenance of health PDL condition Mobility







3. Basal seat tissue

4. Simplicity of construction.

5. Ease of manipulation.

INDICATIONS



➡ Poor prognosis for routine complete denture.

$\hfill >$ Very young patient facing total extraction.

Patient with congenital or acquired intraoral defect.

\Rightarrow Severe attrition.





☐ Good oral hygiene and perio condition

CONTRAINDICATIONS.

\Rightarrow High caries index.

 \Rightarrow Poor oral hygiene.

Abutment with doubtful prognosis.

Endo Rx not possible



Even after Perio therapy +

C / R ratio

Perio health unimproved

Uncooperative, terminally ill or senile patient.

rightarrow Class III mobility.

ADVANTAGES



- Preservation of alveolar bone.
- ➡ Preservation of proprioceptive response.
- Support —→ Denture stability
- \Rightarrow Retention.
- ☐ If abutment fails ——→COMPLETE DENTURE

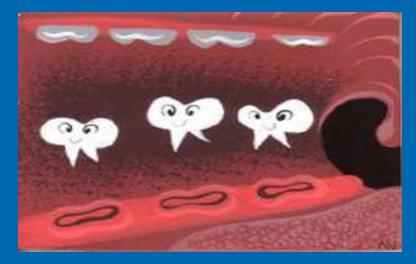
Advantages of Overdentures

*Support And Stability *Ridge Preservation *Increased Biting Force For Patient *Proprioception *Retention *Psychological Advantages For Patient

DISADVANTAGES

- 1. Caries susceptibility
- 2. Perio problem
- 3. High cost

- 4. Over contour
- 5. Tooth arrangement difficult





Physiologic Basis For Overdenti

*Sensory Input From Periodontal Receptors

*Alveolar Bone Preservation *Occlusal Forces Substantially Increased *Masticatory Performance *Tooth Mobility Greatly Reduced

Psychological Advantages For The Overdenture Patient

"I still have some of my own teeth."

If the teeth are lost later due to caries, the transition and adaptation to complete dentures has been made more gradually.

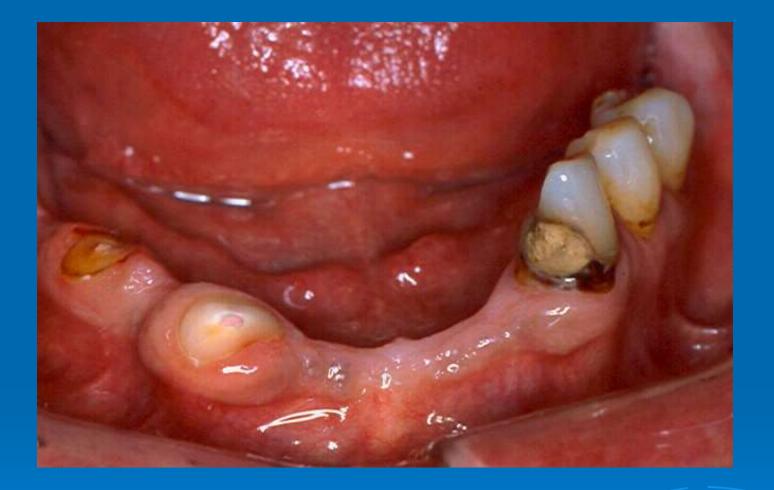


















Maxillary Overdentures To Prevent Combination Case







Source: Jeff Shotwell, University of Michigan, 2008





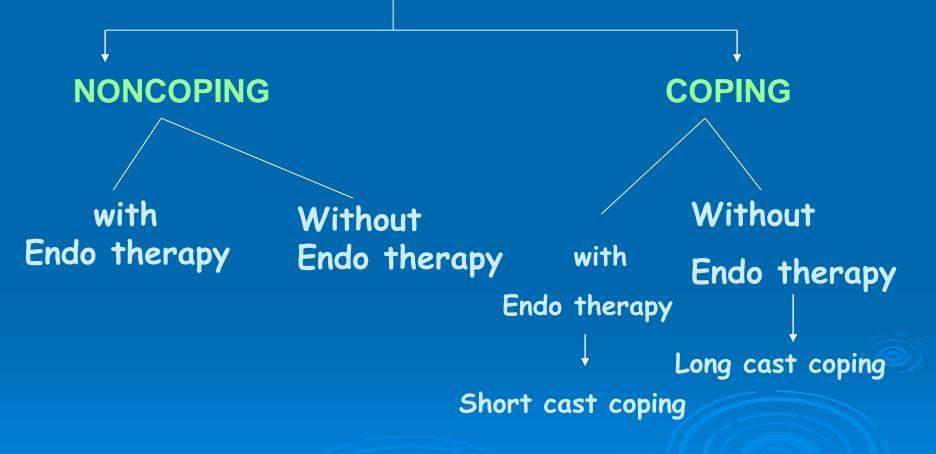
Patient with heavy occlusal function unlike the previous patient







OVERDENTURE



BASED ON TYPE OF OVERDENTURE

TRANSITIONAL

REMOTE



NON COPING WITH ENDODONTIC THERAPY

 \Rightarrow **BECAUSE OF LACK OF INTEROCCLUSAL SPACE**

REDUCED CORONAL HIGHT 2 TO 3mm

☐ Contoured to a convex or dome shaped

RCT RESTORED WITH AMALGUM OR COMPOSITE OR GUTTA PURCHA

NON COPING WITHOUT ENDO THERAPY

➡ IF interocclusal space present

➡ Non sensitive



THIN COVERING ON ABUDMENT TOOTH

FOR PROTECTION AGAINST CARIES





→ 2-3mm LONG TOOTH ONLY

ENDO TREATMENT REQIRED BCZ OF PULP EXPOSURE

FILLED WITH GUTTA PURCHA

LONG COPING

S-8mm LONG TOOTH



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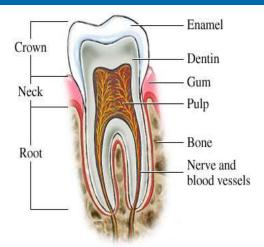
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TREATMENT SEQUENCE

1.EXAMINATION, DIAGNOSIS, Rx PLANNING



PDL ASSESMENT ABUDMENT TOOTH SELECTION PATIENT EDUCATION AND MOTIVATION

ORAL HYGIENE

2.COMPLETE PRE REQUISITE Rx



periodontic

Endodontic

3 PREPARED ABUDMENT. TOOTH

4. FLUORIDE APPLICATION

5.FABRICATION OF COPING

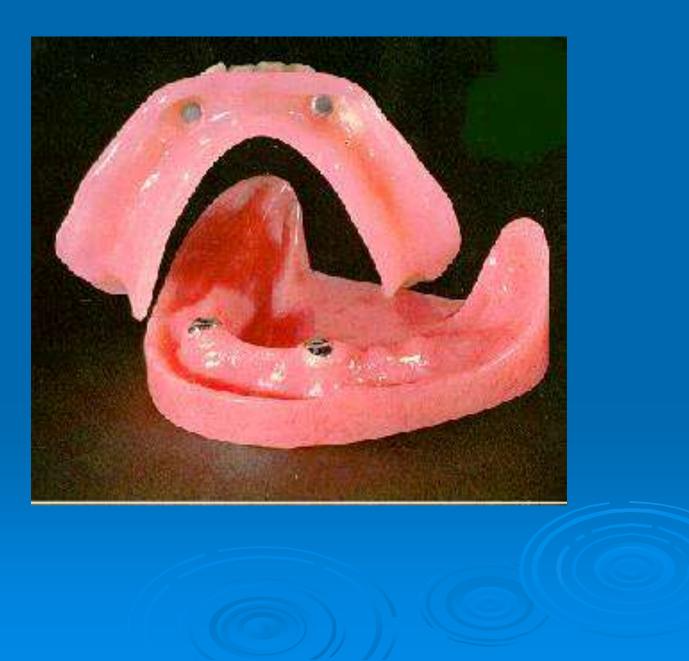
6.TAKE IMPRESSION

7.CONSTUCTION OF OVERDENTURE











RETENTION

If more retention is req. & ridge is well formed, then

Overdenture is constructed with some retentive device.









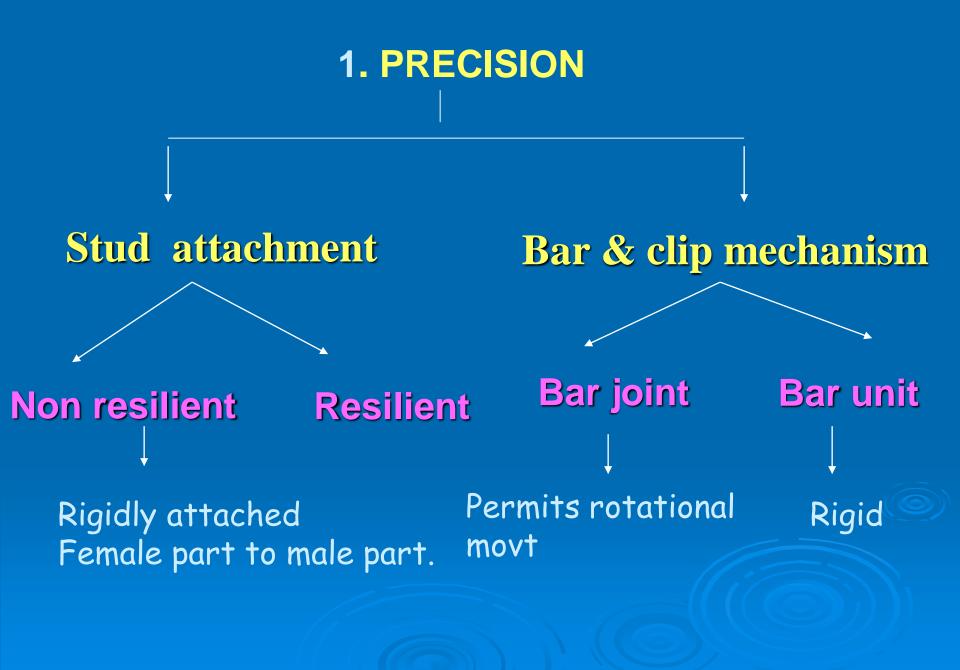
INDICATIONS :-

1. Decrease caries index.

2. Improved PDL health.

3. Good oral hygiene.

4. Greater bone support.



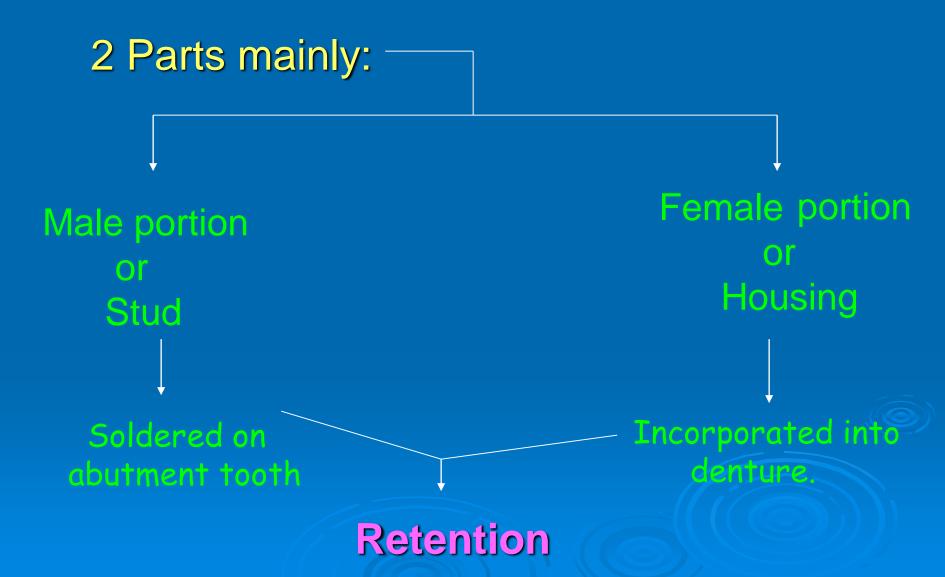
DISADVANTAGES

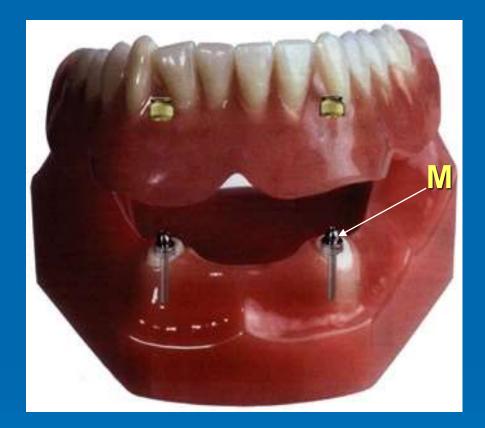
1. More expensive.

2. Increased time to construct.

3. Difficulty to correct in case of failure.

STUD ATTACHMENT







SOME EXAMPLES OF STUD ATTACHMENTS

Quinlivan

Zest anchor

QUINLIVAN

Ball head attached to abutment tooth

MALE PART

Incorporated into denture

FEMALE PART



Ball head attached to overdenture

MALE



cemented in root of abutment

FEMALE



- 1. Overcome space problem.
- 2. The leverage on the abutment tooth is negligible because it lies below alveolar bone level.



BAR AND CLIP ATTACHMENT

Bar connects 2 or more abutments. Eg: Bar joining or connecting 2 canines.

Metal or Plastic clip fixed on the tissue side of the denture.

Bar are attached to abutment coping by soldering

Eg : Baker clip , Ackerman clip, CM clip Hader & Dolder bar



FUNCTION

- 1. Splinting of the abutments.
- 2. Provide more support and retentive fxn.
- 3. Allows rotational movt.





 Special magnets are attached to overdenture abutment.

 Magnet attract small metal plates embedded in the overdenture.

Generates some force of attraction sufficient to provide retention.

