

Removable Prosthodontics

1. Principles Pertinent to the Evaluation Criteria

Removable prosthodontics in the partially dentate jaw exhibits a broad range of types of anchorage and possibilities of construction. In a sense, this hampers a simple, equally applicable definition of evaluation criteria. Moreover, the terminology partial/complete prosthetics does not express the fact that in patients highly varying combinations of residual dentition or edentulism in the maxilla and mandible can exist. In the average population, total edentulism tends to decrease. Moreover, patients lose many or all teeth only at an elderly stage of life. In parallel with the increasing life expectancy of the old population this entails an extra effort in partial and complete prosthetics, particularly in cases difficult to solve. The spectrum of complete and partial prosthetics to a great degree is affected by demographic and social factors. The use of implants in partly or entirely edentulous patients has brought about great changes in the type of treat-

ment of these patients and to novel alternatives.

In principle, three subgroups of treatment options in partially dentate and edentulous individuals can be defined, which relate to the complexity and the technical effort of the reconstruction (Tab. I).

These levels are not so much a question of quality as a question of the patient-specific indication. Treatment level 1 can be a short-term temporary or definite therapeutic means for the so-called "special-care patient" (e.g. geriatric patients, patients with a physical or mental disability or only a short life expectancy). For each level of treatment quality criteria can be established, regardless of whether it concerns a technically simple or complex rehabilitation. The objective of a removable prosthetic treatment of the partially dentate or edentulous patient is to fulfill the needs in esthetics and function, whereby healthy oral conditions are a prerequisite. This means that prior to the incorporation of partial dentures the residual dentition has to be

prepared periodontally, conservatively, and endodontically. Thereby the motivation of the patient to pursue good oral hygiene and to comply with regular recall checks is an important precondition. It is scientifically proved that the structural elements of partial dentures can hamper oral hygiene and thus facilitate plaque accumulation in the residual dentition. A partial prosthetic treatment requires a synoptic way of thinking of the practitioner including the respective planning and the necessary pretreatment.

General Planning and Therapy Principles

Pretreatment and temporary phase:

1. General and oral history
2. Individual risk analysis taking into account systemic and general medical aspects; these problems are accentuated in elderly individuals who constitute the majority of the denture wearers.
3. Risk analysis and assessment of the strategic importance of the residual dentition, in particular of the prospective abutment teeth
4. Creation of healthy oral conditions, treatment of plaque-related lesions
5. Proper jaw repositioning (elimination of forced bite situations, establishment of the vertical dimension and the occlusion)
6. Treatment of possible myoarthropathy problems; thereby temporary prostheses can play a diagnostic and therapeutic role.
7. Creation of an optimal denture basis by means of minor surgical adjustments and conditioning of the oral mucosa as a foundation in the edentulous portions of the alveolar ridge which will carry a partial or complete denture

Table I: Determination of the treatment level

TREATMENT LEVEL	PROSTHETIC THERAPY GOAL	PROSTHETIC EXAMPLE
Level 1	Rapid replacement of lost teeth and tissues using simplest means, esthetic improvement, social integration	Wire clasp denture Immediate denture (as a rule temporary)
Level 2	Replacement of the lost tissues Improvement of form, function, and esthetics using simple means	Cast clasp denture Complete denture Lower complete denture with two implants
Level 3	Restoration of form, function, esthetics, and comfort	Elaborate solution Telescopic prostheses, slide attachments, perio-overdentures, upper bar-supported denture on implants

8. Treatment with implants for the support of hybrid dentures in the edentulous maxilla and mandible or for the augmentation of the abutments in the partial denture patient (e.g. perio-overdentures)

In the treatment spectrum alternatives are to be considered, particularly if only few teeth are missing, e.g. single tooth implants, a short implant-supported bridge in a unilateral free-end situation, adhesive techniques for short edentulous spaces, a shortened dental arch.

Planning Principles in Complete Prosthetics

- The mental readiness to wear complete dentures and the patient's understanding of what it means to be edentulous should be determined in conversation. Unrealistic perceptions as well as motor deficiencies are to be recognized as early as possible.
- In principle it has to be born in mind that in the edentulous individual the oral situation, i.e. the shape and intermaxillary relationship of the alveolar ridges, the degree of atrophy, the quality of the mucosa, as well as the quality and quantity of the saliva, to a variable extent contributes to denture retention. Therefore, detailed intraoral diagnostics is an important aspect of the complete prosthetic treatment.
- Information regarding esthetics, the vertical dimension of occlusion, and the relationship of the alveolar ridges as far as possible and reasonable is to be derived from either the residual dentition or an earlier prosthetic work. Old dentures or immediate dentures can be useful in the planning of a complete denture. They enable adjustments regarding the occlusion, the vertical dimension, esthetics and accordingly can be used as means of diagnostics and therapy.

- Occlusion: a stable cusp-fossa relationship with bilateral balancing is to be aimed at.
- Select a distribution of abutment teeth which as far as possible avoids mucosal support of the saddles.

Planning Principles in Partial Prosthetics

In various respects the principles pertinent to planning and preparation of complete dentures are to be taken into account in the context of partial dentures as well. With its design, partial prosthetics should try to maintain healthy conditions:

- With the elements of the framework components covering as little tissue as possible and only as much as necessary.
- Aim at a symmetric distribution of the abutment teeth (reduce anchorage, symmetry of the frameworks).
- Design small connectors in a periodontal-friendly manner, cross the periodontium as little as possible.
- Large connectors should impair speech and function as little as possible.
- Rigid anchorage (the simple wire clasp denture can meet this requirement only to a limited extent).
- Take into account the space conditions when assessing the abutment teeth (retention, no overcontouring, hygienic conditions, esthetics).
- Interproximal design of the framework in the abutment area: cleaning with toothpicks or small interdental brushes should also be possible with the inserted denture. However, not all partial prosthetic varieties and not all types of anchorage, e.g. because of tight space conditions, allow this way of cleaning.
- Occlusion: one occlusal contact per pair of antagonists is sufficient. The cusp-fossa relationship corresponds to this concept ("freedom in centric").
- If feasible, take into account esthetic aspects; when designing the framework let as little metal as possible become visible.

By the current state of knowledge in periodontology, endodontology, and cariology it is possible to rehabilitate teeth with a doubtful prognosis and to preserve them for the long term by means of an adequate aftercare. From a biological and psychological perspective, the preservation of as many teeth as possible is justified, although it can lead to substantial problems with the design of removable dentures. A more radical approach often results in better conditions for a good framework design (space, occlusion, intermaxillary relationship, anchorage, hygienic possibilities). In the prognosis of an individual tooth it should therefore be distinguished between biological, technical, and strategic aspects.

Biological: safe, doubtful, unworthy of preservation

Technical: structural integrity of the crown and the root, type of retention

Strategic: position within the residual dentition, importance as abutment

2. Evaluation Criteria for the Quality Levels A+ to C

	DESCRIPTION	FUNCTION, OCCLUSION AND VERTICAL DIMENSION	DESIGN OF DENTURE BASE
A+	<ul style="list-style-type: none"> Optimal outcome with respect to function, wearing comfort, and esthetics; moreover, care by the patient is also impeccable. 	–	–
A	<ul style="list-style-type: none"> Good outcome in functional and esthetic respects; no objectifiable factors are noted which could lead to negative biological consequences. After completion of the treatment no interventions in the mouth of the patient and/or on the dentures are necessary. The patient contributes to a good outcome through good oral hygiene. According to objective criteria, the patient would have to be satisfied. 	<ul style="list-style-type: none"> The denture ensures the normal function. At least one centric contact per pair of antagonists is present. Interference-free sliding is possible, no disturbing guidances or premature contacts can be recognized. Speech is not hampered and chewing function is ensured. The vertical dimension is correct. 	<ul style="list-style-type: none"> The design of the base is optimal, the saddle areas are not overextended, perfectly abut on the mucosa, exhibit a good finish, and the gingival shaping of the prosthetic teeth meets all demands regarding naturalness and esthetics. Possible reservations do not require alterations.
B	<ul style="list-style-type: none"> In one or several points the outcome does not or not completely meet the requirements. Limited reversible tissue damage due to the prostheses, which can be eliminated by means of a modification of the denture. The deviations can be fixed by direct measures in the oral cavity or indirectly. Maybe the deficiencies have been noted or deplored by the patient. 	<ul style="list-style-type: none"> Minor deviations in the occlusion and articulation which can be adjusted by means of a direct or indirect occlusal analysis and grinding off Alterations in the vertical dimension are possible through repositioning of teeth. 	<ul style="list-style-type: none"> Finishing of the base as well as the accuracy of fit can be improved. Existing reversible or prospective tissue damage Adjustments such as relining, grinding of the margins, and esthetic corrections yield the desired improvements.
C	<ul style="list-style-type: none"> The outcome is not acceptable. Substantial tissue damage from the denture Objectifiable factors are noted, which have led to irreversible biological consequences for the oral tissues. The situation can only be improved by means of a newly made denture. Maybe also interventions at the residual dentition or, in some cases, even extractions are necessary. 	<ul style="list-style-type: none"> Deficient occlusal conditions and/or wrongly chosen vertical dimension which can only be corrected by means of a denture redesign; examples for a deficient occlusion are: forced bite situations, strong unilateral guidances, coarser non-correctable interferences. Speech and/or chewing function are hampered. 	<ul style="list-style-type: none"> Finishing of the base and the accuracy of fit exhibit serious deficiencies. Irreversible tissue damage The design of the base hardly can be improved by simple measures. A new fabrication of the denture or at least of the base is indicated.

	ESTHETICS	DENTURE DESIGN/TISSUE REACTION (ONLY PARTIAL PROSTHETICS)
A+	<ul style="list-style-type: none"> Perfect esthetics 	<ul style="list-style-type: none"> There are only components which are necessary for the construction.
A	<ul style="list-style-type: none"> Design, construction, and individually optimal positioning of the teeth lead to an esthetically good result. At speaking distance, the construction is hardly recognizable as such. 	<ul style="list-style-type: none"> The existing residual dentition, the edentulous jaw regions, as well as the palate are correctly comprised in the support of the framework. Wherever possible, periodontal-friendly design considering the individual comfort, the symmetry of the denture, as well as the sound production Connectors are rigid, the incorporation of the denture is properly prepared in the residual dentition (anchorage, implants). A good communication between the dentist and the technician is recognizable.
B	<ul style="list-style-type: none"> In various respects, the esthetic outcome is not quite satisfactory. Overcontouring of various elements, good visibility of fixation elements or framework parts, missing individually customized positioning of the teeth 	<ul style="list-style-type: none"> Inadequate design of the framework and/or the anchoring structure (e.g. contour of crowns, telescopes, root post copings) Inadequate utilization of the saddle area, gingiva covered more than necessary, inefficient retention zone; unfavorable placement of implants Insufficient communication and collaboration with the technician
C	<ul style="list-style-type: none"> Objectively, esthetics does not satisfy and can only be improved through a new design of the dentures. 	<ul style="list-style-type: none"> Overcontouring with damaging components, non-rigid connectors Insufficient occlusal support For the incorporation of a partial denture, teeth are improperly prepared, implants are misplaced. Missing communication between the dentist and the technician

	CONSTRUCTION, MATERIALS, ANCHORAGE (ONLY PARTIAL PROSTHETICS)	RETENTION AND STABILITY (ONLY COMPLETE PROSTHETICS)
A+	-	-
A	<ul style="list-style-type: none"> ▪ All construction elements fit accurately, are well shaped, positioned, and finished, as well as not or hardly visible at normal speaking distance. ▪ Regarding the biological reaction, the materials utilized are harmless and processed in a qualitatively superior manner. ▪ The anchoring elements such as clasps, telescopes, cone crowns, slide attachments, crowns, and placement of the implants are optimal for the correct construction of the denture. ▪ Little reservations which do not require measures 	<ul style="list-style-type: none"> ▪ By means of an optimal design regarding the extension of the denture base and the muscular apposition, a maximal adhesion at the alveolar ridge is ensured (length of the margin, A-line, tuber, trigone, passages of ligaments, sublingual region). ▪ The design of the occlusion in the centric contact situation as well as in the articulation promotes the stability (tooth positioning adapted to ridge). ▪ The ridge conditions (shape, quality of the mucosa) and the saliva (quality and quantity) to a variable extent contribute to retention.
B	<ul style="list-style-type: none"> ▪ The construction elements are insufficiently adjusted or badly positioned. ▪ The anchoring elements attain an insufficient retention effect. ▪ They are improperly designed, e.g. due to preparation mistakes, or finishing of the elements is unsatisfactory. ▪ Direct or indirect adjustments are feasible (e.g. activation of retentive components, replacement of anchoring elements, such as matrices of retention elements and bars, slide attachment parts, new fabrication of secondary crowns associated with telescopes and cone work). 	<ul style="list-style-type: none"> ▪ The design of the base does not meet all the requirements for good retention (under- or overextension, open valve margin, compressed air). ▪ Through a new design of the margin and/or relining, the retention must and can be re-established. ▪ Unfavorable occlusal contacts in centric relation (premature contacts) or articulation result in instability. ▪ By means of direct or indirect occlusal adjustments, the stability of the denture can be improved.
C	<ul style="list-style-type: none"> ▪ The construction elements are badly adjusted or positioned so that substantial tissue damage has occurred or function is restricted. ▪ Because of a deficient construction or an inadequate choice of materials and processing, individual elements do not fulfill their function or are already defective. ▪ A new fabrication is indicated. 	<ul style="list-style-type: none"> ▪ Due to the deficient design of the base and/or the occlusion, the stability of the denture is not ensured. ▪ Adjustments no longer result in the desired improvement. ▪ A new fabrication of the denture for the improvement of retention and stability is indicated.

	RETENTION AND STABILITY (ONLY PARTIAL PROSTHETICS)	AFTERCARE
A+	–	<ul style="list-style-type: none"> An individually optimal recall program relying on a good organization and control mechanisms has been offered to the patient.
A	<ul style="list-style-type: none"> The anchoring elements (good fit, function, retention), good planning of the framework as well as a proper design of the base and occlusion assist retention and stability. 	<ul style="list-style-type: none"> The participation in a well-organized recall with regular invitations has been offered to the patient.
B	<ul style="list-style-type: none"> Direct or indirect adjustments are necessary and feasible: e.g. activation of retentive components, replacement of anchoring elements such as matrices of retention elements, bars, parts of slide attachments, new fabrication of secondary crowns, adjustment and adaptation of the base by means of relining, occlusal adjustments. 	<ul style="list-style-type: none"> The possibility for a participation in the recall program exists, but has been communicated too little. The motivation by the practitioner is not sufficient.
C	<ul style="list-style-type: none"> Adjustments do not make sense or are impossible, a new fabrication is indicated. 	<ul style="list-style-type: none"> A possibility for regular aftercare was not offered.

3. Explanatory Notes on the Evaluation Criteria

Partial, hybrid, and complete prosthetics have to take into account the individual wishes of the patient, their needs, and their oral conditions. We strive for patient satisfaction regarding subjective wellbeing, esthetics, and function. It has to be noted that in partial prosthetics, as in other areas of dentistry, patient satisfaction and technical quality sometimes do not correlate. Oral conditions such as narrow alveolar ridges, thin mucosa, difficult intermaxillary relations, and an unfavorable stock of residual teeth can lead to varied results in regard to retention, stability, design, and technical construction of the denture. Even if all objective criteria for an optimal denture configuration are fulfilled, the patient can be dissatisfied. Moreover, patient wishes also interfere with biological, technical, and constructional principles; for example tooth positioning merely according to esthetic aspects can have a negative influence on the occlusal stability.

Various factors can account for dissatisfaction:

- Fundamental aversion against dentures of any kind and missing acceptance of wearing a removable dental prosthesis; for diverse reasons a removable option is out of the question for the patient.
- Reduced adaptability, foreign body sensation, clumsiness in handling; rather often this can be observed particularly in elderly patients or initial

denture wearers. The problems can be enhanced in the context of various disease patterns (e.g. hemiplegia).

- Discomfort associated with wearing of removable dentures, particularly complete dentures, can increasingly arise in combination with xerostomia. Various medications and disease patterns can negatively affect the quality and quantity of saliva and thus the entire oral milieu.
- In cases of oral mucosal burning, a causal relationship between removable dentures, material components, and mucosal findings often cannot be identified clinically.

In difficult cases and when problems are foreseeable, as well as in cases of denture incompatibility, only adjustments of already existing dentures instead of a new fabrication are to be considered. For the purpose of an improvement in comfort, placement of implants is also a possibility. However, psychogenic denture incompatibility neither can be eliminated by means of implants, mostly neither through fabrication of new dentures. In the analysis of problems with an already existing removable denture, a checklist can be used, which in the mutual conversation could help to clarify problems, expectations, and obscure issues.

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With the highly appreciated collaboration of dedicated practitioners and specialists
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Clinic of Prosthetic Dentistry

Patient:

Practitioner:

Date:

Questionnaire: Removable Prosthetics

	Maxilla	Mandible
Type of denture		
1. Insufficient retention of the denture		
2. The gingiva underneath the denture hurts, burns		
3. The palate hurts, sensation of pressure		
4. Sensation of tension from retaining elements		
5. Pressure marks caused by the metal		
6. Food gets caught in the clasp		
7. Food gets underneath the denture		
8. The denture moves during speaking		
9. Clasps do not fit, snap fasteners do not snap		
10. Wearing the denture gives you the feeling of illness		
11. The denture breaks again and again		
12. Clasps are broken		
13. The color of the prosthetic teeth is incorrect		
14. The shape of the prosthetic teeth is incorrect		
15. The position of the prosthetic teeth is incorrect		
	YES	NO
Do you have problems with chewing on the molars?		
Do you have problems upon functioning with the front teeth?		
Do the dentures impair you upon speaking?		
Do the prosthetic teeth fit on each other?		
Do the dentures feel too big?		
Does your face/head hurt after an extended wearing time?		
Is the thought of wearing a denture unpleasant to you?		
Do the denture cause metal taste?		
Which problems can definitely be solved?		
Which problems can probably be solved?		
Which problems can be improved, but not solved?		
Which problems cannot be solved with conventional partial dentures?		

This questionnaire was discussed together on

Signature patient:

Signature dentist: