Prevention of conventional complete denture problems with tooth supported overdentures

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Abstract
Preventive prosthodontics emphasizes the importance of those procedures that can delay or eliminate future prosthodontic problems. Resorption of the residual alveolar ridge is an unavoidable consequence of tooth loss seen in patients wearing conventional complete dentures after complete loss of teeth. In modern dental practice, multiple treatment modalities are available for the preservation of teeth and prevention of bone loss since both are said to be interrelated. Dentures fabricated over these retained tooth/teeth or roots of teeth are called overdentures, which is a part of “preventive prosthodontic therapy”. The article describes two cases treated by providing tooth supported overdentures.

Keywords: Telescopic denture, Overlay denture, Overdenture, abutment, Cast coping, Preventive dentistry.

Introduction
The architecture of maxilla and mandible is designed to house the roots of teeth and not to act as support for artificial dentures. Extraction of teeth eliminates the need for alveolar process and hence alveolar bone starts resorbing.¹ Alveolar bone loss is said to be progressive and irreversible following extraction of tooth or teeth.² The only reliable method known to prevent this is by maintaining functioning teeth within their sockets.³ This not only prevents bone resorption but also preserves the periodontal ligament of the tooth which is said to have proprioceptive receptors carrying impulses to the brain.⁴

It was in 1950, when health sciences began to apply the concept of “Prevention” in clinical medicine and dentistry.⁵ Preventive prosthodontics gives importance to those procedures that can delay or eliminate the future prosthodontic problems. It refers to the actions taken to prevent the factors which affect the normal oral function, comfort, health, appearance and general health of the patient. Out of the three levels of prevention, which are primary,secondary and tertiary, overdenture treatment options is considered under tertiary level of prevention.⁶

Overdentures are removable partial dentures or complete dentures that cover and rest on one or more remaining natural teeth, the roots of the natural teeth and or dental implants.⁷ They are also called as the overlay dentures, superimposed prosthesis, telescopic denture or hybrid denture. Overdentures are considered superior to conventional complete dentures in terms of retention and stability of a prosthesis, comfort and function such as chewing efficiency with increase control over mandibular movements by the patients.⁸ With overdenture therapy, the occlusal vertical dimension and centric relation are maintained at the same position when natural teeth were present and even facial and lip changes are minimized⁹. It also benefits the patients psychologically as few natural teeth are preserved beneath the denture base.¹⁰ The cases described in the article were provided with tooth supported overdentures and cast metal, short copings on retained abutment teeth.

Clinical Case 1
A 65 years old male patient reported with completely edentulous mandibular arch and partially edentulous maxillary arch with retained six anterior teeth, which appeared periodontally compromised. Intraoral periapical radiograph revealed loss of alveolar bone support of central and lateral incisors. Canines had adequate bone support. Central and lateral incisors were planned for extraction, and maxillary overdenture was planned with canines as abutments. (Fig. 1) Canines were endodontically treated. Gutta-percha (DENTSPLY, Maillefer) was the material used to seal the canals. The teeth were reduced to a height of 1-2mm above the ridge. A chamfer finish line was prepared all around the teeth. Root canal was prepared to receive a post of around 2mm in the canal using peso reamer and xylene as Gutta-percha dissolvent. After preparation of abutment and post space, pattern for the short coping was prepared using pattern resin by direct method (Fig. 2) Ni- Cr alloy (Bellabond Plus, Bego, Bremen, Germany) was used to cast the copings. (Fig. 3) The copings were cemented using Type 1 glass ionomer cement.(G C Corporation, Tokyo, Japan.) (Fig. 4) Once the copings were cemented, complete denture was fabricated by the conventional manner with heat polymerized acrylic resin (Trelalon HI, DENTSPLY India Ltd, Gurugano, and Haryana).(Fig. 5) During denture insertion, the maxillary overdenture was checked for pressure spots using pressure indicator paste. The area of the marginal gingiva and the coping was relieved to avoid gingival irritation.

Clinical Case 2
A 61 year old male patient reported to the department with edentulous maxillary arch with retained canines, and all mandibular teeth present (Fig. 6). Dental history revealed that the maxillary teeth were extracted due to periodontal involvement. Flap surgery was done in mandibular arch
with bone grafting and temporary splinting of mandibular teeth. Clinically, both the canines appeared periodontally sound. Intraoral periapical radiograph of maxillary left canine tooth revealed excessive bone loss so the tooth was extracted. Maxillary overdenture was planned for the patient with maxillary right canine as abutment. The abutment tooth was treated endodontically. The tooth was prepared to receive short cast coping with preparation of the canal to receive a post. Pattern of the coping was prepared using pattern resin. Ni-Cr alloy was used to cast the coping. Once the coping was cemented (Fig. 7) maxillary single denture was fabricated by conventional technique.(Fig. 8)

**Overdenture maintenance**

Patients were instructed for proper home care and hygiene maintenance of the removable prosthesis and placed on a regular recall programme. A correct brushing technique was taught to the patients for cleaning the prosthesis. Oral hygiene instructions for maintenance of abutment and copings were given. They were advised to use soft tooth brush around the coping and asked to leave the dentures out of the mouth, in a denture cleansing solution overnight.

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**Fig. 1: Intraoral preoperative view**

**Fig. 2: Pattern fabricated by direct method**

**Fig. 3: Metal copings ready for cementation**

**Fig. 4: Copings cemented over prepared canines**

**Fig. 5: Denture placed over abutments with copings.**

**Fig. 6: Intraoral pretreatment view**

**Fig. 7: Denture placed over abutments with copings.**
Proper patient selection and motivation, basic prosthodontic principles, maintenance of oral hygiene, appropriate homecare and recall visits can ensure the successful outcome of overdenture therapy.

**Conclusion**
Unlike other parts of the body, teeth and supporting structures are not regenerative. There is no support for occlusion as adequate as the roots of natural teeth. Therefore, we, being physicians, surgeons, physiologists of the oral cavity should look forward to preserving what is present in the oral cavity. Preservation of few remaining teeth benefits the overdenture patients by improving neuromuscular performance thereby having an edge over his edentulous counterpart.

**Conflict of Interest:** None.

**References**

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