

University of Jordan

Faculty of Dentistry

Fourth year – 2nd semester 2014-2015

Prosthodontics 2

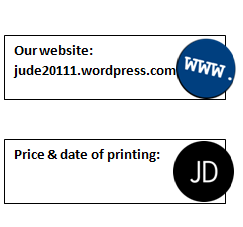




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25/3/2015

Dr. sandra

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Lina Qabaha

Doctor:

Date:

Lecture No.

Done by:

Designed by: Hind Alabbadi

Mouth preparation for RPD treatment

We have 8 procedures:-

1. Emergency; to **relief pain** and infection

-Mainly when the patient in pain due to Endo problems followed by surgical extractions

-Treatment of carious teeth

-gingival treatment

-prophylactic antibiotics and oral hygiene instructions in case the pt needs prophylactic.

1. Oral surgical preparation

Impacted teeth; not every impacted tooth has to be removed

* If the tooth impacted in a way that it is half bony half soft tissue impacted, and the denture causes pressure and irritation to soft tissue ـــ> should be removed.
* If it not cause any problem, pain, symptoms or pathologies ــ> leave it as it is.
* If the tooth is completely impacted in boneـــ >don’t remove it cause we have to remove a lot of bone and that will affect the basal seat of the RBD.
* Note; we never include 8’s in our design.
* If the design is not extended to the impacted tooth ــ> leave it.

1. Cyst

If we have radicuar cyst , we should do endo treatment then apicoectomy and then relay on that tooth in the design.

1. Removal of tori.

\*maxillary torus that will interfere with the major connector ــ> need to be removed

\*if we can construct another design of major connector without surgery, this will be better.

\*in case of lower tori there is no way to construct major connector without interference, whatever small they are because we can’t relief it.

\*hemisectioning of a tooth in case of bifurcation involvement, periapical cyst around one root, unsuccessful endo treatment.

\*bony exostosis that might complicate the procedure should be eliminated.

\*vestibular extension (vestibuloplasty) by bone grafting and surgical reposition of the sulcus.

1. Conditioning of abuse and irritated tissues.

\*in case of severe gum inflammation we go through oral hygiene instruction.

\*in case of denture stomatitis due to candidal infection)mainly candida albican) ــــ>

\_ teach the patients how to clean their dentures

\_sequential relining, the patient should attend the clinic every week to put new layer for 5-6 weeks.

\*in case of papillary hyperplasia which is more difficult than denture stomatitis ـــ> it might regress but it needs surgery.

1. Periodontal preparation (one of the most important procedures)

-removal of plaque and calculus

-elimination of plaque retentive areas, e.g. old crown with overhang, old amalgam with overhang interproximally.

- scaling root planning if necessary

-root splinting in case of mobile teeth.

\* when the teeth have mobility grade one maximum ـــ> go with perio ttt. Other than that ـــ> extraction.

1. Ortho treatment to correct the malalignment if the patient is willing

to do it.

1. Conservative treatment.

Mainly the abutment teeth have to be restored properly

If we construct crown to restore a tooth we include the rest seats and undercuts in the crown design.

Now we will talk about \*\*\*\* occlusal plane discrepancies and malalignment (very important concept )

Suppose that all the mandibular teeth are present, upper teeth from canine to canine, remember that when we extract a tooth the opposite one over erupt then we lose the space.

\*\* So remember that whenever you start with a patient of RPD to take **diagnostic cast** and examine the occlusion \*\*

So what can we do?

The oral option is simple; enameloplasty; relief 1mm of enamel

If the over eruption is severe and we don’t want to extract the tooth we can do elective endo and crown. In very severe cases we can do segmental osteotomy which is very aggressive.

\*\* when the tuberosities collapse, the tuberosity almost touching the lower teeth ـــ> in this case we don’t do endo and crowns for the lower teeth, but we do reduction of the tuberosity . (the collapse happen in soft tissue not bone)

Note \* whenever you do a reline for RPD or CD always do something called **close mouth,** that means you put the denture and ask the patient to bite down;

1-because there is no reference for the bite

2-there is no enough pressure.

Another way is by doing **escape holes** to get rid of excess material and then repair it by cold cure.

Last topic we talk about is provision of interim prosthesis

Examples of it \_ ??? extraction of one quadrant to overcome over eruption

\_space maintainer

\_preparation for advanced restorative treatment.

Good luck