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Mandibular telescopic denture design for maintaining the anterior remaining teeth: A case report

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Introduction: One of the advantages of telescopic denture is the splinting effect on the remaining teeth, so the teeth can last longer in the oral cavity, although with compromised periodontal support, however decrease the residual ridge resorption.

Purpose: This case report will describe a telescopic denture design to replace the edentulous using four abutments anterior teeth with gingival recession and mobility. **Case:** A 51 years old female patient came to the Prosthodontic Clinic of Faculty of Dentistry, University of Sumatera Utara. She wants to make maxillary and mandibular denture. Intra-oral examination showed that there is fully edentulous in the maxillary, the remaining teeth were 32,31,41,42, with severe gingival recession, moderate mobility, good oral hygiene and bad habit of chewing on left side. The treatments planning included fabricated a maxillary single denture and mandibular telescopic denture design with lingual bar connector that was attached to the secondary coping. The initial periodontal treatment covered oral hygiene instructions, scaling and root planing, then the intentional root canal treatment of the abutments. Thus, they were prepared for impression, primary coping and cementation to the abutments, fabricated metal framework which were attached to the secondary copings. Three months after treatments evaluation showed that the mobility teeth has recovered.

Conclusion: Telescopic denture design as splinting on the remaining anterior teeth with gingival recession and mobility has been found that telescopic dentures have better retention, stability, support and chewing efficiency as compared to the conventional dentures and also, there is a decrease in the rate of the residual ridge resorption because better stress distribution.

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Modified clinical procedure for palatal augmentation prosthesis - a case report

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There are functional rehabilitation demands for survived oral cancer patients, especially for those receiving surgery involved partial or total glossectomy. There are two steps of fabricating palatal augmentation prosthesis, the first is to make a processed base and then to replace the functional impression material with resin. The following is a modified packing procedure that replaces the functional impression material into acrylic resin more easily to achieve.

A 52 y/o male survived from tongue cancer (squamous cell carcinoma, left posterior) received partial glossectomy plus marginal mandibulectomy and concurrent chemo/radiotherapy 3 years ago. The main complaints were difficulties for swallowing and blurred pronunciation. The remaining tongue movement was little and mouth opening was limited with partially edentulous mandible. At the first visit, a preliminary impression with putty type additional silicone without an impression tray, a custom tray was fabricated for final impression. After the impression was done, a processed base clasped to the maxillary arch was made for functional impression of the residual tongue movement related to the maxillary vault with resilient denture liner (CoeSoft, GC America, Illinois, USA). Clasps were covered with wax, following beading/boxing procedures and then the processed base plate with tongue movement impression was boxed with dental stone without flask. When the stone set, separated the two pieces, the impression material removed and replaced with self cured acrylic resin into the space and packed for curing in the pressure pot.

Traditionally, dental stones and metal flasks were used for packing. And the clasp would be deformed in the de flasking procedure. With this modified packing procedure, optimal precision for palatal augmentation prosthesis could be obtained with less opportunity for clasp deformation.