# Prosthetic V.

#### Removable dentures I.

## **Removable dentures**

PartialComplete (full)

## Prosthetic dentistry – replacement of Damaged teeth – reconstruction of the crown (inlays, crowns)

# Missing teeth - appropriate prothesis (denture)

# Prothesis

Individually made Diferences  $\succ$  in the type of defect, extent and location  $\succ$  in the size, shape and position of teeth  $\succ$  in the quality of hard and soft tissues of the oral cavity > in intermaxillary relations

# Planning of the denture

Complex examination

- 1. Extent and location of the defect
- 2. Damage of the involved teeth (caries, fillings atc.)
- 3. Periodontium (supportive tissues)
- 4. Shape, size, position of teeth, relationhip to the neighbours
- 5. Occlusion, articulation relationship to the antagonists
- 6. Quality of the alveolar process
- 7. The level of oral hygiene
- 8. X-ray examination
- 9. Study impressions study models
- 10. Detail evaluation of the abutment teeth (pilots) most important teeth –canines, premolars

I. Class – dental arch with gaps One or more teeth are missing Small gaps -1 - 2 teeth Big gaps 3 - 4 teeth at most. This big gaps must be demarcated by pilot of the best quality. (canine, 1st or second molars pilots of 1st class or their equivalents)

II. Class Reduced (shortenened) dental arch, then last tooth is the second premolar.

With gaps Without gaps Bilateral Unilateral

III. Class

#### Individual teeth or small groups of teeth

IV. Class

#### Edentulous dental arch

Pilots I. class Canines Molars (1st, 2nd)

### Pilots II. st class Incisors - maxillary incosors, pemolars

### Pilots II. st class Incisors - maxillary incosors, pemolars

Pilots III. class Mandibular incisors, third molars, all teethe with bad biological factor









# **Biological factor**

Caries > Pulp vitality Level of the endodontic treatment > Level of the resorption of the alveolar bone ➢ Periodontium Relationship to antagonists Relationship to neihgbour teeth

# Way of the transfer of masticatory forces

# Tooth Tooth and oral mucosa Oral mucosa

#### I. Class – fixes or removable bridges

#### III. Class –removable denture

 Tissue born denture (sometimes also tooth and tissue born denture)

 II. Class removable dentures
 With metal framework and tooth and tissue
 borne dentures
 The way of transfer of masticatory forces tooth and oral mucosa

#### IV. Class – complete denture

## **Removable dentures**

#### Removable partial dentures

Complete denture

# Classification

 Class I. Dental arch with gaps (interruptions) interruptions
 Tooth supported (borne) dentures

Class II. Reduced (shortened) shortened ) dental arch

Tooth and tissue supported borne dentures

# Way of the transfer of masticatory forces

Tooth 
 Tooth and oral mucosa 
 Oral mucosa

Tooth and and/or oral mucosa

Bone

# Components

#### Base

- Replaces missing part of alveol
- Supports the supplied teeth and effects the transfer of occlusal stresses to the supporting oral structures
- structures.
- Different materials –attached to the metal framework metal framework or resin only

# Base must have

- Accuracy of adaptaion to the tissues with low volume change
- Dense non irritating surface that is capable of receiving and maintaining a good finish
- Thermal conductivity
- Low specific gravity
- Sufficient strength resitance to fracture
- Easily kept clean
- Aesthetics acceptability
- Potential for future relining
- Low initial cost

# Components

Elements of anchorage
Clasps
casted clasps, wire clasps, combined clasps
Anchorage supporting bar
Attachements
Telescope crowns





acrylicporcelain



Surface retainers
 they lie on the surface of teeth
 Arms
 two or three arms



#### One arm made of wire

Simple
retainer retainer, only in simply temporary
prothesis prothesis.
It can damage the tooth because no
stabilization (bracing)



 Two arms clasps One arm for retention (wire) wire
 One arm for stabilization against horizontal forces

Clasps

- Three arms clasps One arm for retention (wire)
- One arm for stabilization (bracing) against horizontal forces
- One arm for transmission of occlusal forces

Clasps

- Three arms clasps One part for retention (
   convexity)
- (convexity) upon the maximal convexity going under the maximal convexity One part for stabilization against horizontal forces
- On arm for transmission of occlusal forces the rest)

Rests

- Any unit of a partial denture that rests upon the tooth surface to provide vertical support to the denture is called a rest
- Upon the occlusal surface (premolar and moplar)
- Upon the lingual surface (prepared) of anterior teeth

Rests

Transmitted forces parallel to the long axis of the tooth will prevent movement in a cervical direction



Connectors connect the parts of denture

MajorMinor

# Major connector

Connect the parts of the prothesis

- All other parts are directly or indirectly attached to it
- Must be rigid stresses may be effectively distributed over the entire area

## Mandibular major connector

#### Lingual bar

#### Lingual plate ( continouos bar retainer and lingual bar)

# Maxillary major connector

Anterior and posterior palatal bar
 U- shaped palatal connector
 Palatal plate type connector

# Minor connectors

Arising from the major connector – join the major connector with other parts of the denture

Placed not on a convex surface of the abutment teeth but in embarasure

# Clasp – three armed cast



One part for retention (going under the maximal convexity) One part for stabilization against horizontal forces (upon the maximal convexity) On arm for transmission of occlusal forces (the rest)

# Class I and II dentures with the metal framework







# Class I and II dentures with the metal framework



Lingual plate

### Class I and II dentures with the metal framework



#### Taking impressions (alginate.



Both jaws always !

Pouring – gypsum models. Fabrication of the individual impression tray if necessary. If not, fabrication of the bite template:



The bite template is necessary for The registration of the intermaxillary Relationship. It consist of the shellack base and the wax walls.

# Registration of the intermaxillary relationship.



The registrate

# Sequences of operation Preparation of the model for backup.



All undercuts are blocked out

Also the space under the future framework

Using heated wax

 Backup using the reversibile impression agar based material in a special flask
 Pouring of this impression with -the investing material – casting model



#### Fabrication of the wax pattern of the metal framework.



Influx system

#### Investment with the same investing material –a special flask.



The wax is burnt out and the form is heated in a special oven.

After that the casting process is performed using a special casting machine.

After casting and cooling the framework is taken out, the inflow system must be cut off.



#### The cast is grinded, polished and adapted on the former gypsum model



The final framework is tried out

#### The arteficial teeth will be applied acc. to intermaxillary registrate in articulator.





# Arteficial teeth - acrylic

#### After trying out of the denture with wax base and teeth the denture is completed



The framework with the wax pattern of the base and teeth has been put into a flask, the wax has removed and replaced with a resin dought. The resin base is polymerized using heating.

# Sequences of operation The denture is finished, polished and tried in.





For which classes of removable dentures is necessary to fabricate the metal framework?

On which model is the wax pattern of the framework made?

What is the lost wax" method ?

# Feedback

Which parts does the partial removable denture consist of?

Describe the sequences of operations of these dentures. Explain the main difference between class I. and II. removable dentures.

What is the purpose of the bite template? Which part does it consist of?

Explain the term "investment".