# TREATMENT PLAN OPTIONS Edentulous Maxilla

### 1. No Treatment

Disadvantage: Difficulty in Eating / Speaking, Continued Bone Loss, Maintain Current Prosthesis (ill-fitting)

### 2. Complete Upper Denture

Advantage: Minimal Treatment, Fast

Disadvantage: Removable Prosthesis Disadvantages, Difficulty in Eating / Speaking, Palate Coverage, Continued Bone Loss

- Masticatory Function: Dentate patient ~ 250 psi
   Edentulous patient ~ < 50 psi</li>
- Speech Difficulty: study show 88% have difficulty with speech

### 3. Implant Supported Overdenture (Removable – RP5)

Advantage: Removable Prosthesis that "clips" in, Added Retention, Soft Tissue Support

Disadvantage: Full denture with palate, have to remove at night, Removable, "clips" need changed on regular basis (additional cost \$), may have associated mobility of prosthesis.

# 4. Implant Supported Overdenture (Removable-RP4)

Advantage: Removable Prosthesis that "clips" in, Horseshoe shaped (no full palate), no soft tissue coverage, Totally Implant Supported

*Disadvantage:* Have to remove at night, Removable prosthesis, "clips" need changed on regular basis (additional cost \$).

# 5. Implant Supported Fixed Prosthesis (Fixed)

Advantage: Fixed Prosthesis (does not come out), Increased Biting Force
 Disadvantage: Usually will need extensive bone grafting + more implants, need for pink porcelain or acrylic because of the amount of bone loss, teeth will be larger (FP-2 / FP-3), May not be able to increase soft tissue support, increased expense

<sup>\*</sup> Howell, A. H., and R. S. Manly. "An electronic strain gauge for measuring oral forces." Journal of Dental Research 27.6 (1948): 705-712.

<sup>\*</sup> Carr, Alan B., and William R. Laney. "Maximum occlusal force levels in patients with osseointegrated oral implant prostheses and patients with complete dentures." International Journal of Oral & Maxillofacial Implants 2.2 (1987).

<sup>\*</sup> Misch, L. S., and C. E. Misch. "Denture satisfaction--a patient perspective." The International journal of oral implantology: implantologist 7.2 (1991): 43.

<sup>\*</sup> Berg, Einar. "The influence of some anamnestic, demographic, and clinical variables on patient acceptance of new complete dentures." Acta Odontologica Scandinavica 42.2 (1984): 119-127.

# Edentulous Mandible

### a. No Treatment

*Disadvantage*: Difficulty in Eating / Speaking, Continued Bone Loss, Maintain Current Prosthesis (ill-fitting)

### **b.** Complete Lower Denture

Advantage: Minimal Treatment, Fast

Disadvantage: Removable Prosthesis, Difficulty in Eating / Speaking,

Continued Bone Loss

• Masticatory Function: Dentate patient ~ 250 psi

Edentulous patient ~ < 50 psi

- Masticatory Function: After 15 years ~ < 6 psi
- Speech Difficulty: studies show 88% have difficulty with speech
- Satisfaction: < 66% pts. are satisfied with a mandibular denture

### c. <u>Implant Supported Overdenture (Removable – RP5)</u>

Advantage: Removable Prosthesis that "clips" in, less implants required, soft tissue support

Disadvantage: Full denture, have to remove at night, Removable, "clips" need changed on regular basis (additional cost \$).

# d. Implant Supported Overdenture (Removable-RP4)

Advantage: Removable Prosthesis that "clips" in, no soft tissue coverage Disadvantage: Have to remove at night, Removable, "clips" need changed on regular basis (additional cost \$).

### e. <u>Implant Supported Fixed Prosthesis (Fixed)</u>

Advantage: Fixed Prosthesis (does not come out), Increased Biting Force Disadvantage: Usually will require more implants, increased expense, need for pink porcelain or acrylic because of the amount of bone loss, teeth will be larger (FP-2 / FP-3), May not be able to increase soft tissue support.

<sup>\*</sup> Howell, A. H., and R. S. Manly. "An electronic strain gauge for measuring oral forces." Journal of Dental Research 27.6 (1948): 705-712.

<sup>\*</sup> Carr, Alan B., and William R. Laney. "Maximum occlusal force levels in patients with osseointegrated oral implant prostheses and patients with complete dentures." International Journal of Oral & Maxillofacial Implants 2.2 (1987).

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# Single Tooth Missing

#### a. No Treatment

Disadvantage: Esthetics, Adjacent teeth will move (tilting), Supraeruption, Decreased mastication, Food Impaction, Continued Bone Loss, Occlusal Force

### b. Partial Denture

Advantage: Minimal Treatment, Fast

*Disadvantage:* Removable Prosthesis, Difficulty in Eating / Speaking, Extensive pressure on adjacent teeth/ soft tissue which leads to additional tooth loss, Poor long-term success rate, increased bone loss, Tissue Soreness

RPD Success Rate: ~ 40% at 5 years

~ 20 % at 10 years

• RPD Success Rate: ~ 56 % at 10 years

• Abutment Tooth Loss: ~ 23% at 5 years

~ 38% at 8 years

### c. Fixed Partial Denture

Advantage: Fast, Esthetic, Usually no need for Hard/Soft Tissue Grafting Disadvantage: Alteration of adjacent teeth, Higher incidence of decay, Increased Endodontic Tx, Hygiene difficult

- Caries: ~ 20 % of FPD, Most Common cause of failure
- Endodontic Treatment: 15% of abutments prepared for FPD

# d. <u>Implant Supported Crown</u>

Advantage: No alteration of adjacent teeth, Higher success rate than FPD (Most studies > 90% success rate)

Disadvantage: Longer Treatment Time, Requires Bone Quality and Quantity, Esthetic issues possible.

<sup>\*</sup> Wetherell, John D., and Roger J. Smales. "Partial denture failures: a long-term clinical survey." Journal of Dentistry 8.4 (1980): 333-340.

<sup>\*</sup> Aquilino, Steven A., et al. "Ten-year survival rates of teeth adjacent to treated and untreated posterior bounded edentulous spaces." The Journal of prosthetic dentistry 85.5 (2001): 455-460.

<sup>\*</sup> Shugars, Daniel A., et al. "Survival rates of teeth adjacent to treated and untreated posterior bounded edentulous spaces." The Journal of the American Dental Association 129.8 (1998): 1089-1095.

<sup>\*</sup> Payne, Barbara J., and David Locker. "Oral self-care behaviours in older dentate adults." Community dentistry and oral epidemiology 20.6 (1992): 376-380.

<sup>\*</sup> Bergenholtz, Gunnar, and Sture Nyman. "Endodontic complications following periodontal and prosthetic treatment of patients with advanced periodontal disease." Journal of Periodontology 55.2 (1984): 63-68.

# Multiple Missing Teeth

### a. No Treatment

Disadvantage: Esthetics, Adjacent teeth will move (tilting), Supraeruption, Decreased mastication, Continued Bone Loss, Food Impaction, Occlusal Force

### b. Partial Denture

Advantage: Minimal Treatment, Fast

Disadvantage: Removable Prosthesis, Difficulty in Eating / Speaking, Tissue Soreness, Places extensive pressure on adjacent teeth/ soft tissue which leads to additional tooth loss, Poor long-term success rate.

• RPD Success Rate: ~ 40% at 5 years

~ 20 % at 10 years

• RPD Success Rate: ~ 56 % at 10 years

• Abutment Tooth Loss: ~ 23% at 5 years

~ 38% at 8 years

### c. Fixed Partial Denture (If Indicated)

Advantage: Fast, Esthetic

Disadvantage: Alteration of adjacent teeth, Higher incidence of decay, Increased Endodontic Tx, Hygiene difficult

- Caries: ~ 20 % of FPD, Most Common cause of failure
- Endodontic Treatment: 15% of abutments prepared for FPD

# d. Implant Supported Crown

Advantage: No alteration of adjacent teeth, Higher success rate than FPD (Most studies > 90% success rate)

*Disadvantage:* Longer Treatment Time, Requires Bone Quality and Quantity, Esthetic issues possible.

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