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The role of occlusion design on the top down treatment plan of implant restorations

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Statement of problems: There is no evidence to recommend a specific occlusal design for the treatment outcome of implant restorations. However, little is known about the role of occlusal design in top down treatment of implant-supported restorations.

Occlusion may seem complicated but is seldom secretive or difficult. Complex theories of occlusion and complicated instruments for jaw registration should be stopped because they have never been documented to be necessary for successful results.

Occlusion can be managed successfully by using simple methods for jaw registration and different occlusal concepts. A good occlusion can be defined as synonymous with a physiological occlusion; i.e., it is comfortable for the patient, it is functioning without problems, and it is stable and does not change.

It has been recommended that occlusal contacts should be examined both on light and firm closure. On light closure there should be multiple, even, simultaneous contacts between several opposing teeth or dental restorations. On firm closure, all contacts should be maintained without movement of the mandible forward or laterally from the position after light closure. Whatever concept and instruments that have been used in the fabrication of the prostheses, the occlusion should always be checked in the mouth of the patient at insertion and at regular follow-up examinations.

The functional clinical capacity of patients with implant-supported restorations was almost equal to or approaching that of dentate subjects. However, the results concerning occlusal sensory function of oral implants are not fully conclusive, and it seems prudent to carefully check the occlusion of implant-supported restorations with similar attention as recommended for fixed prostheses on natural teeth.

Finally, the purpose of the lecture is to impress the validity of the top down treatment plan concept to present evident protocol for implant restorations

Biography

Raafat Tamam is an instructor in the prosthodontics clinical and pre-clinical courses, treating prosthodontics dental patients 16 hours/week in 4 clinical sessions, Attending assisting, participating in treating patients with a faculty member 4 hours per week. She works as assistant lecturer of fixed prosthodontics, Al-Azhar Univeresity from 2007-2011, lecturer of Crown & fixed prosthodontics, Al-Azhar Univeresity from 2011 and now appointed as chairman of the implantology center- Al-Azhar University, Assuit Branch starting from 2009 until 2012.

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