

# The optimalization of the prosthetic therapy using removable prosthesis

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## Summary:

The utilization of the removable prosthesis is very important because the principal cause of the hardships which can appear during the therapy of a possible complete edentation is assigned to the way how ensured „the passing“ from partial to complete edentation, the reactions and the results which we obtain using the complete prosthesis depending in a great measure on the possibility of selection the type of the preceding deputy prosthesis.

In this paper we made a complex research about the correctness of using the removable prosthesis and the necessity to set up adequate preprosthetic treatments.

The correct utilization of the removable prosthesis offers a fast psycho - cortical adjustment through the achievement of the following objectives: the utilization of the recoverable remaining teeth, the integrity's morphological restoration of the dental arches in the functionality's use, the protection of the dento-periodontal and muco-osseus support and the parafunctions' moving off through reoptimization of the occlusal plane, too.

**Key words:** removable prosthesis, preprosthetic treatment, partial edentation.

## Introduction

The partial edentation is the most dysfunctional state of dento-maxillary system accompanied by dental migrations, intermaxillary relationship's disorders in all the space's planes with articular results, muscular hyperfunctions with eccentric and painful tendencies, serious phonetical and physiological disorders – all of these requiring a preprosthetic therapy with functional recovery for what had remained, to prepare the “saved” status for an entirely new functional state and to assure a functional persistence [2, 4].

We studied aspects of the preprosthetic therapy because we observed a more reduced preoccupation for removing the inauspicious elements of the prosthetic field and the restoration's prognosis, expressed through the prosthesis' perfect integration in dento-maxillary system and longevity (reliability) is, because of the absence of the preprosthetic treatment made rigorous, reserved. So, it is necessary an active attitude of the doctor as early as the first stage of the contact with the patient, starting with the anamnesis, continuing through the conceiving of the nespecific preprosthetic therapy's

plan (odontal, periodontal, surgical, orthodontic and of oral hygiene) and finishing with preprosthetic preparation specific for the restauration using removable prosthesis (plastic surgery of the crown, optimization of the requirement of the recovered periodontium, optimization of the intermaxillary relationships) [4, 5].

## Material and method

We achieved a research on a group of 90 patients with removable prosthesis or yielded to this type of therapy. In the *table 1* we showed the distribution of these patients depending on the age.

*Table 1*

No of patients	20-45 year old	45-60 year old	Over 60 year old
90	9	75	6
%	10	83,3%	6,6%

The assesment of the corectness of using removable prosthesis achieved analysing the specific features of the following parameters:

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- the analysis of teeth' periodontal status using like support for the anchorage
- the appreciation of the anchorage's methods which are used;
- the efficiency of the prosthesis and overprosthesis methods;
- the functionality of the temporo-mandibular jaw [1, 3, 6].

At all the patients, after appreciation of the general state, we trace out the detrimental elements of the prosthetic field to annihilate them through pre and proprosthetic methods related to the objectives of the utilization of removable prosthesis.

The clinical exam we completed with the radiological one through which we could appreciate the state of the teeth, periodontium and edentate crest.

These things permitted us to achieve a clinico-statistical research about the necessity of the pre and proprosthetic therapy and finally to present the elements of the strategy regarding this aspect of prosthetic therapy.

We followed, especially, the necessity to apply the preprosthetic treatment at the cases with unsettled partial edentations and incorrectly settled establishing the percent of the cases with correctly settled partial edentations from the total number of 90 patients.

The absence of the preprosthetic treatment shows in the most cases a neglect of the specific features of the prosthetic field, with negative effects upon the evolution and the prognosis of the treatment which we used.

We observe the highest rate in which we must use preprosthetic treatment (orthodontic, surgical, odontal, periodontal and occlusal rehabilitation) and the rate significant enough of the cases with unsettled partial edentations.

No of patients	Partial unsettled edentations	Correctly settled partial edentations	Incorrectly settled partial edentations
90	39	30	21
%	43.3%	33.3%	24.4%

The necessity to use preprosthetic treatment	Unsettled partial edentations	Incorrectly settled partial edentations
57	39	18
%	100%	85.7%

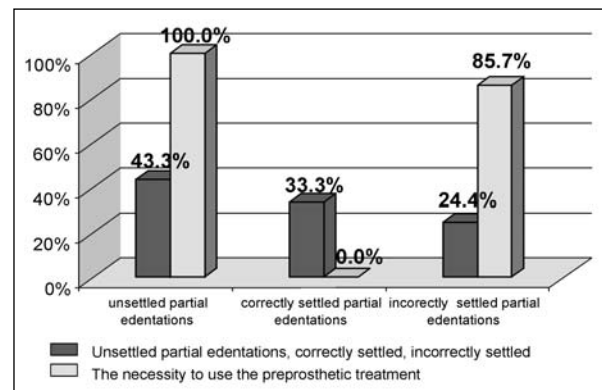


Table and graph 2. The numerical and procentual representation of the unsettled partial edentations, correctly settled and incorrectly settled parallel with the percent of the necessity to use preprosthetic treatment

## Results and discussion

From the table 1, we can observe that the age at which the partial edentation yielded to removable prosthesis appears is the most frequently between 45-60 year old. And this thing because at the younger people prevails the treatment using crown and bridge prosthesis and at the older people prevails the treatment using complete denture.

From the total number of 90 patients, we identified a greater incidence of the partial edentation at the men because of the lower interest regarding prosthetic therapy. Using the same graph, we represented parallel, depending on sex, the presence and the absence of the prosthetic treatment.

No of patients	Men	Women	Settled men	Settled women
90	54	36	24	27
%	60%	40%	44.4%	75%

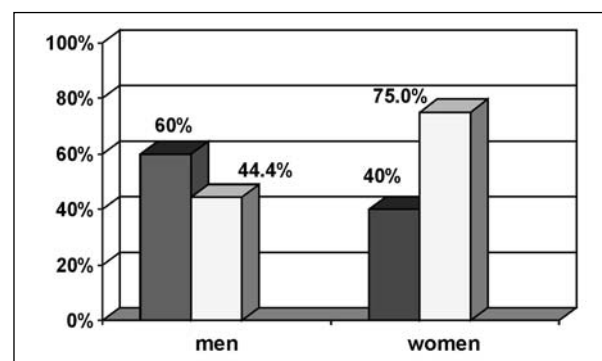


Table and graph 3. The numerical and procentual distribution of partial edentation, parallel with the percent of the patients depending on sex

Further on, we made a statistical research about the incidence of the occlusal disorders, peri-

odontal problems, the state of bucco-dental hygiene and the association of some general diseases, too.

No of patients	Occlusal disorders	Periodontal disorders
90	72	45
%	80%	50%

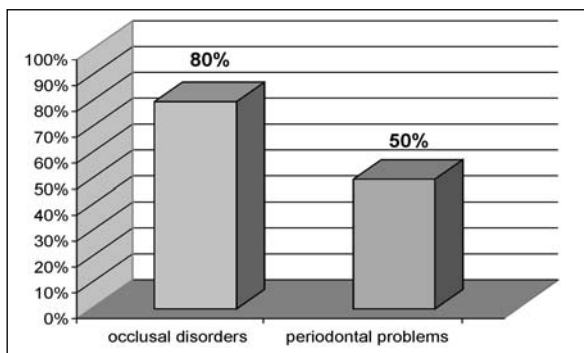


Table and graph 4. Representing occlusal and periodontal disorders at the cases with unsettled and incorrectly settled partial edentations

## 2. Bucco-dental hygiene

No of patients	Scanty hygiene	Satisfactory hygiene	Good hygiene
90	48	33	9
%	53,3%	36,6%	10%

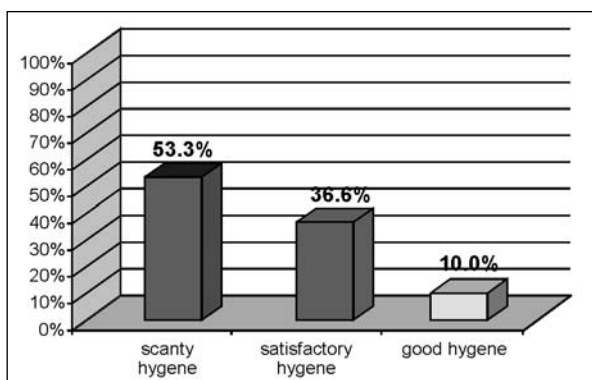


Table and graph 5 representing the patients' concerns for hygiene

## 3. Association of some general diseases (Table and graph 6)

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No of patients	Cardio-vascular diseases	Diabetes	Digestive diseases	Without general affectations
90	27	9	6	48
%	30%	10%	6.6%	53.4%

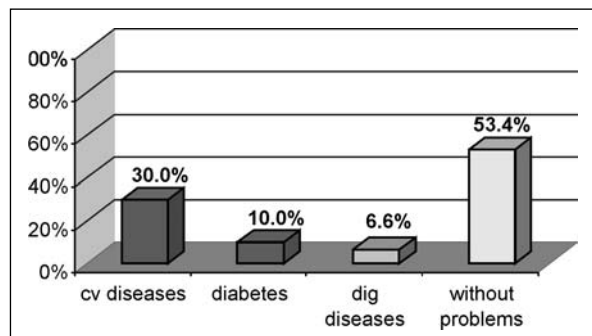


Table and graph 6 representing the association of some general diseases at the patients with partial edentations

## Conclusions

- Although the utilization of removable prosthesis should be the privilege for the older people, we remarked the necessity to use it at the young persons;

- In the appreciation and the analysis of using the removable prosthesis we must take account of the time which had passed from the application in the buccal cavity, avoiding if it is possible the prosthesis with muco-periosteal features;

- It is remarked the superiority of the composite skeletal prosthesis and of the overprosthesis, preferring to use specific methods of maintaining, support and stabilization;

- We must assure a great attention both to nonspecific preprosthetic therapy (odontal, periodontal, surgical and orthodontic) and specific preprosthetic preparation (plastic surgery of the crown, optimization of the requirement of the recovered periodontium, optimization of the intermaxillary relationships), correlating these treatments with the general state of the patient.

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