Prosthetics I.

Rehabilitation of the masticatory apparatus

Damaged teeth

reconstruction of the crown

Missing teeth

- appropriate prothesis (denture)

Prothesis

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

Prothesis (denture)

Rehabilitation of:

- > Function
- > Comfort
- > Aesthetics
- > Fonation

Fixed dentures

Cemented on the teeth – crowns, bridges, inlays

Removable dentures

- Partial
- Complete (full)

Procedures

- > In dental surgery
- > In dental laboratory
- > Special instruments
- ➤ Basic (main) materials (metal alloys, ceramics, polymers)
- Auxilliary (accessory) materials (impression, carving, die, insulating investing, grinding, polishing)

Model of gypsum (plaster) – model of a denture (wax pattern).

Model of a denture (wax pattern) directly in the mouth – rarely.

Denture is formed without a wax pattern in the dental lab.

Model of gypsum (plaster) – model of a denture (wax pattern).

Impressions of the jaw - negativ

The impression is filled with a casting material (gypsum) – poured into



Model (various purpose)

Models

➤ Working model – the denture is produced on this model (special procedures)

Opposing model (antagonal) - necessary for the recognition of intermaxillary relationship

Bite regitration - wax

- The denture (not the denture itself but the model of the denture) is produced on the working model.
- ➤ The model of the denture is made of the carving wax.
- ➤ The wax is replaced by the main (base) material.

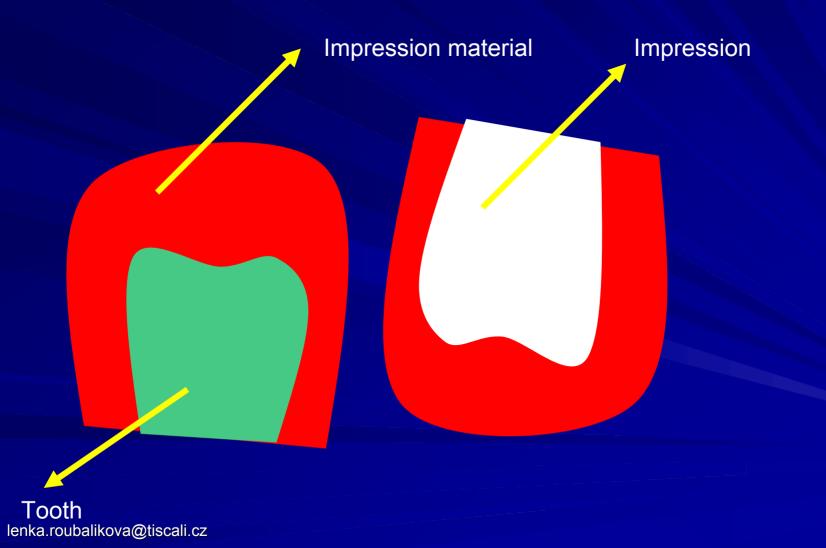
Fabrication of dentures

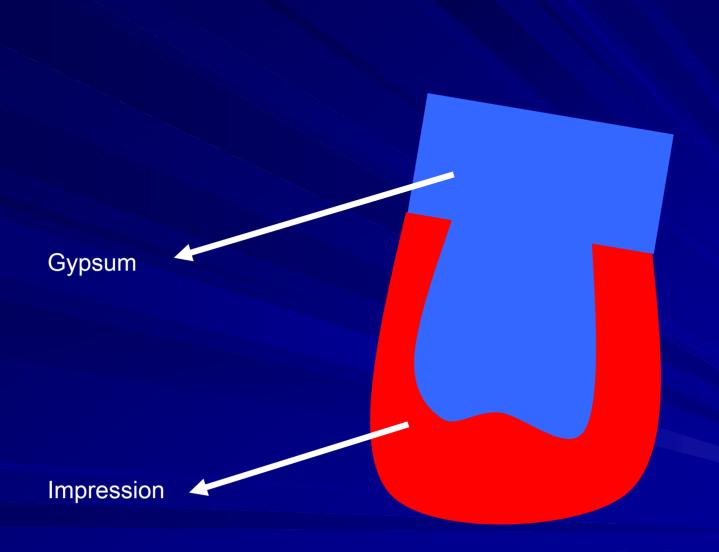
The model (wax) of the denture is invested

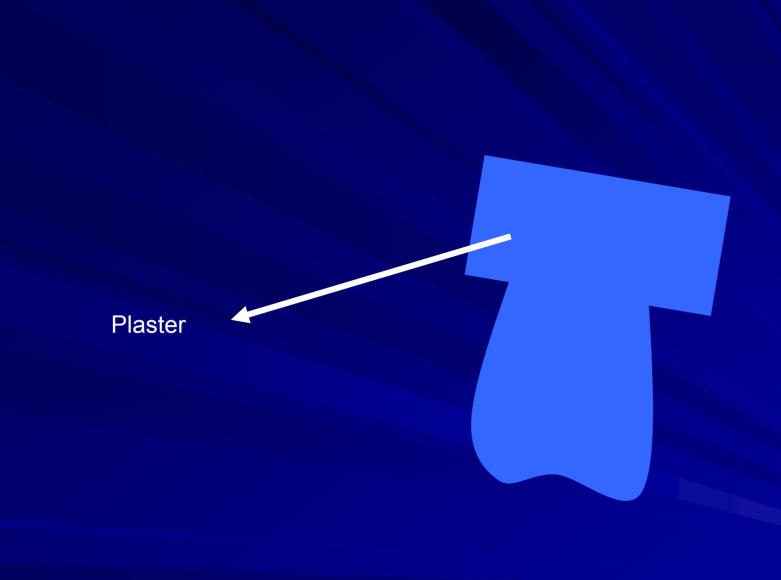
The wax is removed from the form and the base material is placed into the form.

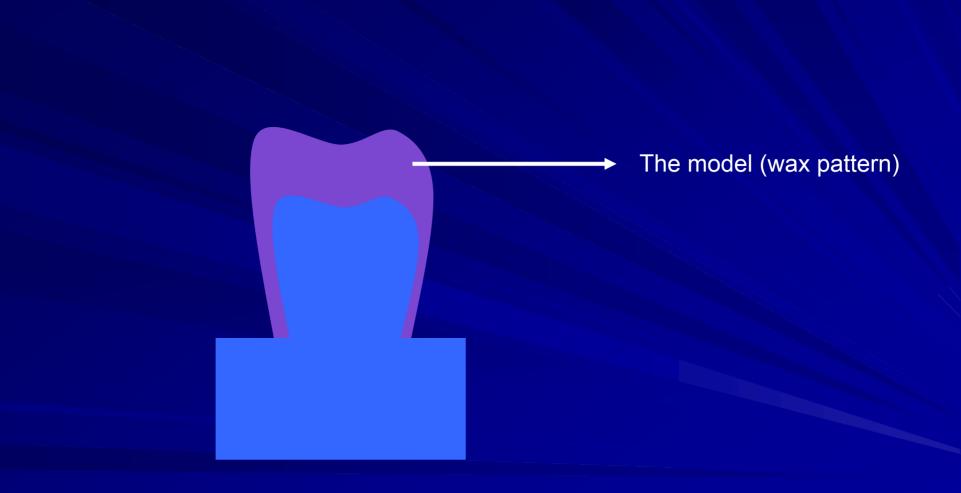
Wax removal:

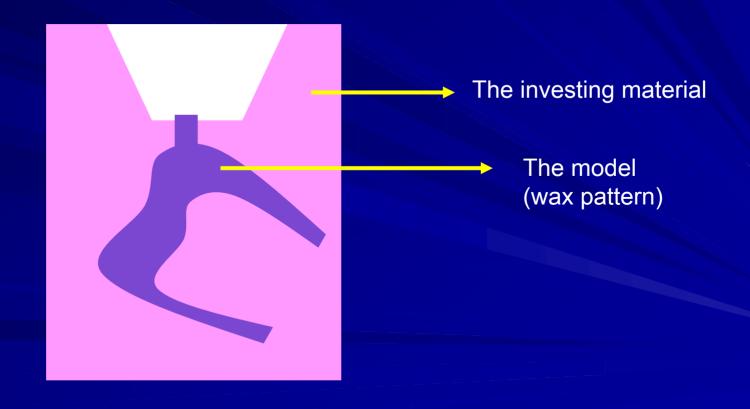
The wax is burned out (for metal alloys) or removed by hot water (for polymers)

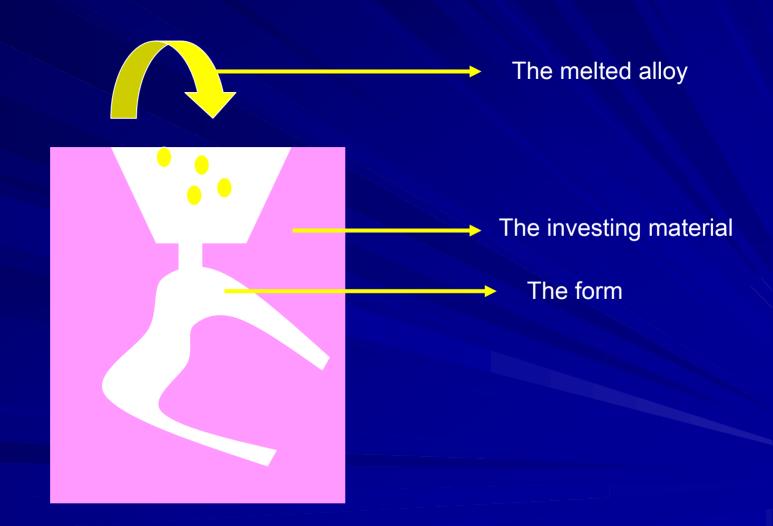


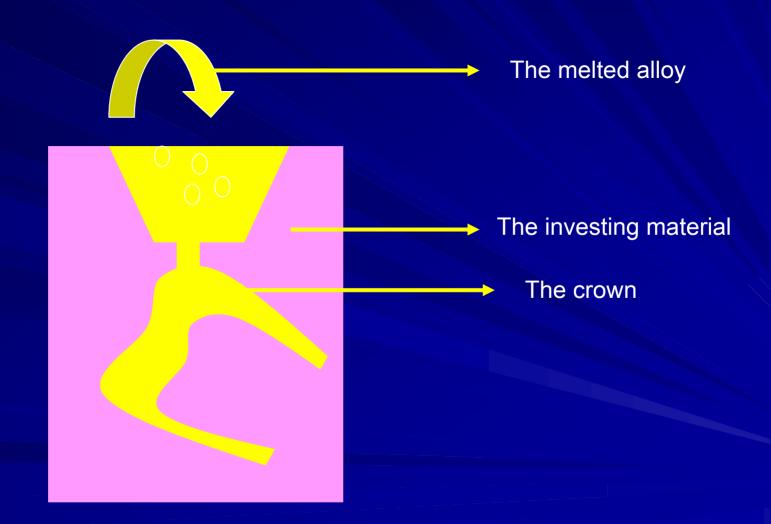


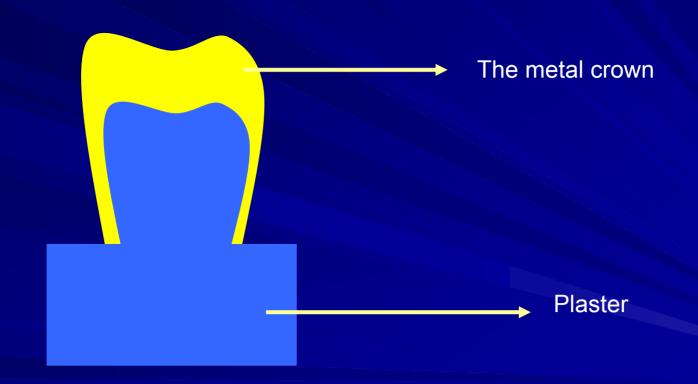












The method described above = indirect method

Direct method

Direct method

No impression

The model of the denture is made directly in

the mouth

For inlays only

Planning of the denture

Complex examination

- 1. Extent and location of the defect
- 2. Damage of the involved teeth (caries, fillings atc.)
- 3. Periodontium
- 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 levelů of oral hygiene
- 8. X-ray examination
- 9. Study impressioons study models
- 10. Detail evaluation of the abutment teeth (pilots) most impoprtant teeth –canines, premolars

I. Class

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 dental arch, thenlast tooth is the second molar.

With gaps
Without gaps
Bilateral
Unilateral

III. Class

Individual teeth or small groups of teeth

IV. Class

Edentulous dental arch

Classification of pilots (abutment teeth)

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

Classification of pilots (abutment teeth)

Pilots II. st class Incisors - maxillary incosors, pemolars

Classification of pilots (abutment teeth)

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