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Journal of Prosthodontics
Journal homepage: www.journal.com

Mixed implant restoration: Implant-supported fixed partial denture and partial fixed-removable prosthesis

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Article Info
Received 00 00 00
Accepted 00 00 00
Available online 00 00 00
Keywords
Mixed implant Prosthodontic Treatment
Implant-supported Fixed Partial Denture

Abstract

Two mandibular quadrants necessitate restoration due to extensive tooth loss and bone resorption. Complications and maintenance were analyzed by one implant-supported fixed partial denture (FPD) and one partial fixed-removable prosthesis (PFRP).

Mixed implant restoration with implant-supported fixed partial denture and partial fixed-removable prosthesis: A case report. Journal of Prosthodontics. 2020; 00:00-00. https://doi.org/10.1111/jopr.00000

Introduction

Tooth loss in both quadrants necessitates decision-making between implant-supported prosthesis options. Complications and maintenance were analyzed by one implant-supported fixed partial denture (FPD) and one partial fixed-removable prosthesis (PFRP).

Nearly every MOH patient presents a 20 patients known age 60 years old with bilateral posterior edentulous spaces. Patient's chief complaint was difficulty in chewing because teeth lost by age in two quadrants, resulting in a Class III occlusal relationship. Medical history was unremarkable. Clinical examination revealed complete dentures (MCMs) in 14th partial dentures (PFRP) in the mandibular arch. Patient's CBCT showed sufficient mandibular bone volume in the posterior edentulous spaces. Treatment options were discussed, two extensive treatment options were presented, and the patient's decision was made. The patient's treatment was completed and the patient was followed up.

Discussion

After tooth extraction, central or MOH patients need prosthetic rehabilitation. Implant-supported prosthesis is a conservative treatment option. Complications and maintenance were analyzed by one implant-supported fixed partial denture (FPD) and one partial fixed-removable prosthesis (PFRP).

Nearly every MOH patient presents a patient known age 60 years old with bilateral posterior edentulous spaces. Patient's chief complaint was difficulty in chewing because teeth lost by age in two quadrants, resulting in a Class III occlusal relationship. Medical history was unremarkable. Clinical examination revealed complete dentures (MCMs) in 14th partial dentures (PFRP) in the mandibular arch. Patient's CBCT showed sufficient mandibular bone volume in the posterior edentulous spaces. Treatment options were discussed, two extensive treatment options were presented, and the patient's decision was made. The patient's treatment was completed and the patient was followed up.

Conclusion

Implant-supported prosthesis in MOH, for example, long-span implant-supported FPD, is a conservative treatment option. Particularly suitable for patients who are unwilling to undergo extensive treatment.