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Literature Abstracts

Maxillomandibular relationship philosophies for prosthodontic treatment: A survey of dental educators

There are various philosophies regarding the need for coincidence of centric occlusion (CO) and maximum intercuspation (MI) in prosthodontic treatment. This study attempted to investigate philosophies of predoctoral and postdoctoral dental educators in the United States concerning the maxillo-mandibular relationship. A survey included 5 clinical situations where the patients demonstrated a difference between CO and MI. Questions were designed for each of the scenarios, requesting the preferred treatment position. This survey was sent to 171 practitioners involved in either predoctoral or postdoctoral teaching programs at 73 institutions. The results indicated that there was a wide range of philosophical differences in the treatment positions of the presented clinical situations. No statistically significant difference was observed between the predoctoral and postdoctoral clinicians. It appears there is still a lack of agreement among dental educators as to whether CO and MI should be coincident at the definitive treatment position.

Baker PS, Parker MH, Ivanhoe JR, Gardner FM. *J Prosthet Dent* 2005;93:86–90. **References:** 18. **Reprints:** Dr Philip S. Baker, Medical College of Georgia, School of Dentistry, 1120 15th St, Augusta, GA 30912-1250—*Ansgar C. Cheng, Singapore*

Morphologic comparison of two neutral zone impression techniques: A pilot study

This pilot study compared the shape of the phonetic and swallowing neutral zone impressions. Nine denture users with advanced mandibular alveolar ridge resorption were involved. Two acrylic resin impression trays were made for each individual. The neutral zones were recorded in tissue conditioning material using the phonetics method, and in modeling plastic impression compound using the swallowing method. The impressions were inverted onto graph paper, and the contour was outlined in pencil. One impression was made for each subject for each impression technique. A total of 18 impressions were made. The results indicated that: (1) the location of the phonetic neutral zone method was more buccal when compared to the swallowing method; (2) statistically significant differences were noted in the premolar and molar regions; (3) the swallowing neutral zone was located buccally to the phonetic neutral zone; (4) no significant difference was noted between the two techniques at the anterior area; and (5) the phonetic neutral zone was narrower posteriorly as compared to the swallowing neutral zone. Based on the result of this study, the shape of the recorded neutral zone is variable depending on the nature of the clinical technique used.

Makzoumé JE. *J Prosthet Dent* 2004;92:563–568. **References:** 21. **Reprints:** Dr Joseph E. Makzoumé, 25 I. Medawar Street, Badaro Center, Beirut 2058-7007, Lebanon—*Ansgar C. Cheng, Singapore*

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