

Acknowledgments

The authors reported no conflicts of interest related to this study.

References

1. Anastassiadou V, Robin Heath M. The effect of denture quality attributes on satisfaction and eating difficulties. *Gerodontology* 2006;23:23–32.
2. Owen PC. Appropriate: Prosthodontics for the many, not just for the few. *Int J Prosthodont* 2004;17:261–262.
3. Carlsson GE, Omar R. The future of complete dentures in oral rehabilitation. A critical review. *J Oral Rehabil* 2010;37:143–156.
4. Allen PF. Assessment of oral health related quality of life. *Health Qual Life Out* 2003;1:40.
5. Ana Paula Viola AST, Monteiro DR, Barbosa DB. Oral health-related quality of life and satisfaction before and after treatment with complete dentures in a dental school in Brazil. *J Prosthodont Res* 2013;57:36–41.
6. Shigli K, Hebbal M. Assessment of changes in oral health-related quality of life among patients with complete denture before and 1 month post-insertion using Geriatric Oral Health Assessment Index. *Gerodontology* 2010;27:167–173.
7. Ellis JS, Pelekis ND, Thomason JM. Conventional rehabilitation of edentulous patients: The impact on oral health-related quality of life and patient satisfaction. *J Prosthodont* 2007;16:37–42.
8. De Marchi RJ, Hugo FN, Padilha DM, et al. Edentulism, use of dentures and consumption of fruit and vegetables in south Brazilian community-dwelling elderly. *J Oral Rehabil* 2011;38:533–540.
9. Atwood DA. Some clinical factors related to rate of resorption of residual ridges. *J Prosthet Dent* 1962;12:441–450.
10. Ortman HR. Factors of bone resorption of the residual ridge. *J Prosthet Dent* 1962;12:429–440.
11. Tallgren A. The continuing reduction of the residual alveolar ridges in complete denture wearers: A mixed-longitudinal study covering 25 years. *J Prosthet Dent* 1972;27:120–132.
12. Mazurat RD, Mazurat NM. Communicating complexity: Using a diagnostic classification system for edentulous patients. *J Can Dent Assoc* 2003;69:511–514.
13. McGarry TJ, Nimmo A, Skiba JF, Ahlstrom RH, Smith CR, Koumjian JH. Classification system for complete edentulism. The American College of Prosthodontics. *J Prosthodont* 1999;8:27–39.
14. Kuboki T, Ichikawa T, Baba K, Hideshima M, Sato Y, Wake H, et al. A multi-centered epidemiological study evaluating the reliability of the treatment difficulty indices developed by the Japan Prosthodontic Society. *J Prosthodont Res* 2012;56:71–86.
15. Slade GD. Derivation and validation of a short-form oral health impact profile. *Community Dent Oral Epidemiol* 1997;25:284–290.
16. Locker D. Measuring oral health: A conceptual framework. *Community Dent Health* 1988;5:3–18.
17. Sato Y, Kaiba Y, Yamaga E, Minakuchi S. Reliability and validity of a Japanese version of the Oral Health Impact Profile for edentulous subjects. *Gerodontology* 2012;29:e1033–e1037.
18. Kapur K, Yurkstas A, Soman S. Test foods for measuring masticatory performance of denture wearers. *J Prosthet Dent* 1964;14:483–491.
19. Ichikawa T, Sato H, Kuboki T, Sato Y, Hideshima M, Wake H. Classification system for the completely dentate, partial and complete edentulism [in Japanese]. *J Jpn Assoc Dent Sci* 2006;25:63–75.
20. Allen F, Locker D. A modified short version of the oral health impact profile for assessing health-related quality of life in edentulous adults. *Int J Prosthodont* 2002;15:446–450.
21. Forgie AH, Scott BJ, Davis DM. A study to compare the oral health impact profile and satisfaction before and after having replacement complete dentures in England and Scotland. *Gerodontology* 2005;22:137–142.
22. Ikebe K, Morii K, Matsuda K, Nokubi T. Discrepancy between satisfaction with mastication, food acceptability, and masticatory performance in older adults. *Int J Prosthodont* 2007;20:161–167.
23. Locker D. Changes in chewing ability with ageing: A 7-year study of older adults. *J Oral Rehabil* 2002;29:1021–1029.
24. Koshino H, Hirai T, Ishijima T, Ohtomo K. Influence of mandibular residual ridge shape on masticatory efficiency in complete denture wearers. *Int J Prosthodont* 2002;15:295–298.

Literature Abstract

Effect of alveolar ridge preservation after tooth extraction: A systematic review and meta-analysis

Tooth extraction has been shown to be followed by alveolar ridge volume loss and this can complicate subsequent dental implant treatment. Alveolar ridge preservation (ARP) techniques aim to prevent or reduce alveolar bone dimension loss after tooth extraction by socket grafting. The aim of this systematic review is to compare socket grafting to tooth extraction without grafting, in nonmolar teeth in terms of changes in horizontal ridge width and vertical ridge height. Only randomized controlled trials (RCTs) in human adults with a minimal healing period of 12 weeks were chosen. Six RCTs were selected from a total of 256 articles for meta-analysis. Quantitative analyses showed that ARP is significantly more effective than tooth extraction alone in preserving buccolingual width, midbuccal height, midlingual height, and mesial height. It was further found via subgroup analyses that flap elevation, barrier membrane placement, and xenograft or allograft socket filling contributed to a beneficial effect on height preservation. ARP is a widely practiced and recognized technique for its benefits on nonimmediate implant placement after tooth extraction. This review substantiates its practice and provides evidence of its intended effect.

Avila-Ortiz G, Elangovan S, Kramer KWO, Blanchette D, Dawson DV. *J Dent Res* 2014;93:950–958. **References:** 61. **Reprints:** G. Avila-Ortiz, Department of Periodontics, The University of Iowa, Iowa City, IA, USA. Email: gustavo-avila@uiowa.edu—Debbie P.M. Hong, Singapore

Copyright of International Journal of Prosthodontics is the property of Quintessence Publishing Company Inc. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.