

## COMMENTARY

### LINGUAL RETENTION AND THE ELIMINATION OF THE VISIBLE CLASP ARM

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Drs. Brudvik and Palacios are to be congratulated for their informative and timely article describing the use of lingual retention to eliminate the visible clasp arm with removable partial dentures. Although the advent of predictable osseointegration has reduced the number of removable partial dentures fabricated in most practices, many partially edentulous patients, for medical, psychological, or financial reasons, may not be candidates for implant therapy. These patients can be restored to proper function with a removable partial denture, but the traditional buccally positioned clasp arm is often objectionable from an esthetic standpoint.

There are several options that can be utilized to overcome the problem of the visible buccal clasp arm, and the use of a lingual retentive clasp with a reciprocating guide plane offers a simple, yet elegant, solution. Some of the other options that can be considered include the use of an infrabulge clasp (which is effective in some patients but not in others), the use of the rotational path removable partial denture (primarily useful in Kennedy Class III patients), and the use of precision attachments, which add considerable expense and a number of inherent disadvantages that limit their use.<sup>1,2</sup> Clinicians should be aware of all of the options and match the clinical situation with the most appropriate approach.

The option described in this article, the use of lingual retention with a reciprocating proximal plate, is relatively simple yet sophisticated, inexpensive, and effective. The procedures required, while simple, require meticulous attention to detail if success is to be assured. Proper spoon-shaped occlusal rest preparations at an acute angle to the guide plane are essential, as is the proper design of the proximal guide plate. Protection of the contacting areas of the proximal plates during finishing is essential to ensure their function of reciprocation.

The authors accurately describe options for the lingual retentive clasp, with the design dependent on the choice of major connector. Specifics regarding the interaction between length of the wire, gauge, and material are given to aid in providing a detail-specific prescription to the laboratory technician. They also emphasize that this approach should be limited to circumferential clasp arms and that infrabulge designs such as the "I-bar" often create interference with the tongue and thus are not comfortable for patients.

The article is nicely illustrated with treatment for three patients using this approach with both open and closed maxillary surfaces and open mandibular surfaces. In each situation, the needed restorative dentistry was performed with meticulous attention to detail. In my opinion, too many practitioners think of removable partial dentures as second-class treatments and do not pay as much attention to detail as they might with fixed prostheses. This article is the antithesis to that approach and really defines excellence in removable prosthodontics.

Readers are encouraged to read this article and to absorb the subtleties described related to rest design and position, design of the proximal guide planes and plates, and design and options for the retentive circumferential clasp. Use of this conservative approach can provide inexpensive but effective esthetic and functional treatment for many partially edentulous patients.

#### REFERENCES

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2. Donovan TE, Derbabian K, Kaneko L, Wright R. Esthetic considerations in removable prosthodontics. *J Esthet Restor Dent* 2001;13:241-53.

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