

## COMMENTARY

### THE USE OF DENTAL IMPLANTS IN COMBINATION WITH REMOVABLE PARTIAL DENTURES. A CASE REPORT

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Dr. Chronopoulos and colleagues have written a very thorough and comprehensive case report that deals with common dilemmas that we, as restorative dentists, deal with on a daily basis. This, in many instances, is the best way for us to learn. In this case report the authors discuss a situation where implants were placed in a patient's maxilla and mandible for bar-retained prostheses. Unfortunately, there was an inadequate amount of space and therefore alternatives to the original plan needed to be developed. The amount of space above the implant fixtures in the patient's premaxilla and mandibular symphyseal region did allow for fixed partial dentures to be fabricated with distal semi-precision attachments to retain the removable partial dentures. This did lend itself to certain advantages for the patient that are well discussed by the authors.

Interesting issues that are pertinent to the patient's situation deal mainly with initial diagnosis, facial/esthetic workup, and implant position determination. The crux of this case is that the implant placement did not allow for the initial treatment plan to be followed through. This is the most interesting part of this case report that was not discussed. We learned what can be done if there is a problem with space, but it would be just as valuable to determine what went wrong with the dental implant placement and what could have been done to not have this issue in the first place. Questions to address include: What is the space required for the particular type of prosthesis to be fabricated? How is this determined in the preoperative workup? How is this communicated to the surgeon? These are all key questions to ask prior to the time of implant placement.

The use of implants to support and retain removable partial dentures is an area that needs to be better studied and the current literature is referenced well by the authors. Questions that need to be addressed better are the long-term sequelae regarding wear of acrylic teeth and loss of ridge support under the distal extension areas in combination situations with implant and tissue-supported prostheses. How this relates to changes in occlusion and the possible loss of residual ridges is of interest. Prosthesis design is of paramount importance and this case study sheds light on this subject.

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