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2  exp "Denture, Overlay/" (2055)
3  1 or 2 (2136)
4  limit 3 to english language (1621)
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Unique Identifier
23791086
Status
MEDLINE
Authors
Spazzin AO. Costa AR. Correr AB. Consani RL. Correr-Sobrinho L. dos Santos MB.
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Title
Effect of bar cross-section geometry on stress distribution in overdenture-retaining system simulating horizontal misfit and bone loss.
Source
Abstract
This study evaluated the influence of cross-section geometry of the bar framework on the distribution of static stresses in an overdenture-retaining bar system simulating horizontal misfit and bone loss. Three-dimensional FE models were created including two titanium implants and three cross-section geometries (circular, ovoid or Hader) of bar framework placed in the anterior part of a severely resorbed jaw. One model with 1.4-mm vertical loss of the peri-implant tissue was also created. The models set were exported to mechanical simulation software, where horizontal displacement (10, 50 or 100 mum) was applied simulating the settling of the framework, which suffered shrinkage during the laboratory procedures. The bar material used for the bar framework was a cobalt-chromium alloy. For evaluation of bone loss effect, only the 50-mum horizontal misfit was simulated. Data were qualitatively and quantitatively evaluated using von Mises stress for the mechanical part and maximum principal stress and mu-strain for peri-implant bone tissue given by the software. Stresses were concentrated along the bar and in the join between the bar and cylinder. In the peri-implant bone tissue, the mu-strain was higher in the cervical third. Higher stress levels and mu-strain were found for the models using the Hader bar. The bone loss simulated presented considerable increase on maximum principal stresses and mu-strain in the peri-implant bone tissue. In addition, for the amplification of the horizontal misfit, the higher complexity of the bar cross-section geometry and bone loss increases the levels of static stresses in the peri-implant bone tissue. Copyright 2013 Elsevier Ltd. All rights reserved.
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Journal Article.
Date Created
20130729
Year of Publication
2013

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Unique Identifier
23861281
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Authors
Kumar L. Rao J. Yadav A.
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Title
A simple and inexpensive retainer for overdenture prosthesis.
Source
BMJ Case Reports. 2013.
Abstract
This article describes a clinical case report of a 65-year-old male patient in which an overdenture was fabricated by using a simple, logical and inexpensive means of retentive device. The described mandibular overdenture involves a simple modification in the coping design and a wire lock mechanism which was fabricated during denture processing. The problems associated with copings were overcome by putting the patient on a regimen wherein topical fluoride was applied every week on the abutment. The denture, fabricated involving a wire lock mechanism, was highly retentive and stable. Patient was highly satisfied with the outcome of the treatment.
Publication Type
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20130717
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Status
Comparison of different designs of implant-retained overdentures and fixed full-arch implant-supported prosthesis on stress distribution in edentulous mandible--a computed tomography-based three-dimensional finite element analysis.

Authors
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Title
Comparison of different designs of implant-retained overdentures and fixed full-arch implant-supported prosthesis on stress distribution in edentulous mandible--a computed tomography-based three-dimensional finite element analysis.

Source

Abstract
A finite element analysis was used to compare the effect of different designs of implant-retained overdentures and fixed full-arch implant-supported prosthesis on stress distribution in edentulous mandible. Four models of an human mandible were constructed. In the OR (O'ring) group, the mandible was restored with an overdenture retained by four unsplinted implants with O'ring attachment; in the BC (bar-clip) - C and BC groups, the mandibles were restored with overdentures retained by four splinted implants with bar-clip anchor associated or not with two distally placed cantilevers, respectively; in the FD (fixed denture) group, the mandible was restored with a fixed full-arch four-implant-supported prosthesis. Models were supported by the masticatory muscles and temporomandibular joints. A 100-N oblique load was applied on the left first molar. Von Mises (vM), maximum (max) and minimum (min) principal stresses (in MPa) analyses were obtained. BC-C group exhibited the highest stress values (vM=398.8, max=580.5 and min=-455.2) while FD group showed the lowest one (vM=128.9, max=185.9 and min=-172.1). Within overdenture groups, the use of unsplinted implants reduced the stress level in the implant/prosthetic components (59.4% for vM, 66.2% for max and 57.7% for min versus BC-C group) and supporting tissues (maximum stress reduction of 72% and 79.5% for max, and 15.7% and 85.7% for min on the cortical and trabecular bones, respectively). Cortical bone exhibited greater stress concentration than the trabecular bone for all groups. The use of fixed implant dentures and removable dentures retained by unsplinted implants to rehabilitate edentulous mandible reduced the stresses in the perimplant bone tissue, mucosa and implant/prosthetic components. Copyright 2013 Elsevier Ltd. All rights reserved.

Stress analysis of an overdenture using the finite element method.

Authors
Gonda T, Dong J, Maeda Y.

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Title
Stress analysis of an overdenture using the finite element method.

Source

Abstract
The purpose of this study was to examine the influence of reinforcing the structure of an overdenture on stress distribution in the residual ridge using the three dimensional finite element method. Four models of mandibular overdentures with various reinforcement methods were analyzed, including (1) without reinforcement, (2) with chrome-cobalt reinforcing wire, (3) with a reinforcing structure (a cast metal framework) and no reinforcement on the coping top, and (4) with a reinforcing structure and reinforcement on the coping top. The reinforcement adjacent to the top of the coping and the medial part reduces the stress beneath the loading side of dentures and widely and evenly distributes the stress of the residual alveolar ridge.

Maxillary small-diameter implant-retained overdentures.

Authors
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Title
Maxillary small-diameter implant-retained overdentures.

Source

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Status
MEDLINE, MEDLINE, MEDLINE

Publication Type
Clinical Trial, Comparative Study, Journal Article, Research Support, Non-U.S. Gov't.

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2013, 2013, 2013

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Title
The effect of varying implant position in immediately loaded implant-supported mandibular overdentures.

Source

Local Messages
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Abstract
This study was carried out to evaluate the effect of varying implant position in immediately loaded implant-supported mandibular overdentures on peri-implant bone density, muscle activity, and patient satisfaction. Fourteen completely edentulous patients were selected for the study. After complete denture construction, patients were divided into 2 equal groups. Four dental implants were installed bilaterally in the interforaminal region in the first group, while in the second group, 4 dental implants were inserted bilaterally: 2 in the interforaminal region and 2 in the first molar area. Immediately after suturing, telescopic abutments were screwed to the implants, and the retaining caps were picked up into the fitting surface of the lower denture, which was delivered to the patient. Patients were recalled for radiographic bone density evaluation just after denture delivery and then at 3, 6, and 12 months thereafter. Muscle activities of masseter and temporalis muscles as well as patient satisfaction were also evaluated. The results of the study showed a high success rate approximating 98.2% of the immediately loaded implants. The electromyographic (EMG) records of both muscles in group 1 were significantly higher during chewing hard food after 3 months compared with group 2 (P < .05). Bone density changes were comparable in the 2 groups except at the end of the follow-up period, when group 2 showed a significant increase in peri-implant bone density values of the posteriorly placed implants compared with group 1 (P < .05). From the results of this study, it may be concluded that wide distribution of immediately loaded implants used for supporting mandibular overdentures through posterior placement beyond the interforaminal area results in a favorable response in terms of increased peri-implant bone density as well as decreased EMG activity of masseter and temporalis muscles.

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Title
Mandibular implant-supported overdenture: an in vitro comparison of ball, bar, and magnetic attachments.

Source

Local Messages
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Abstract
In an implant-supported overdenture, the optimal stress distribution on the implants and least denture displacement is desirable. This study compares the load transfer characteristics to the implant and the movement of overdenture among 3 different types of attachments (ball-ring, bar-clip, and magnetic). Stress on the implant surface was measured using the strain-gauge technique and denture displacement by dial gauge. The ball/O-ring produces the optimal stress on the implant body and promotes denture stability.

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Comparative Study. Journal Article.

Date Created
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Year of Publication
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**OVERDENTURES – LATEST 20 ARTICLES**

**To: Gonda T.  Yang TC.  Maeda Y.  **
**Authors Full Name: Gonda, T.  Yang, T C.  Maeda, Y.**
**Institution: Department of Prosthodontics and Oral Rehabilitation, Osaka University Graduate School of Dentistry, Osaka, Japan.**
**Title: Five-year multicenter study of magnetic attachments used for natural overdenture abutments.**
**Abstract: The purpose of this study was to examine a longitudinal clinical performance of magnetic attachments used for natural overdenture abutments. The study included 131 patients who had used removable prostheses (complete overdentures 31%, partial dentures 69%) more than 5 years (40-90 years old) with 211 magnetic attachments on natural abutments (Magfit 400 or 600; Aichi Steel co., Aichi, Japan) treated in 15 clinics using a standardized protocol. Analyses were performed on the degree of patient satisfaction regarding retention, complications of magnets (corrosion, detachment from denture base), abutments (pain during mastication, periodontal pocket formation, inflammation, mobility), and dentures (fracture etc.). Ninety-seven percent of patients were satisfied with the retention and stability of their dentures. No corrosion of magnet was observed, and 19 magnets were detached. Most frequent complication of abutments was periodontal pocket formation (52%), followed by the inflammation (29%), increase in mobility (27%) and pain (4%). Magnetic attachment on natural tooth abutments provided a viable and long-term treatment option. 2013 Blackwell Publishing Ltd.**

**To: Slot W.  Raghoebar GM.  Vissink A.  Meijer HJ.  **
**Authors Full Name: Slot, Wim.  Raghoebar, Gerry M.  Vissink, Arjan.  Meijer, Henny J A.**
**Institution: Department of Fixed and Removable Prosthodontics, Dental School, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands.  j.w.a.slot@umcg.nl**
**Title: Maxillary overdentures supported by four or six implants in the anterior region; 1-year results from a randomized controlled trial.**
**Comments: Comment in: Evid Based Dent. 2013;14(2):49-50; PMID: 23792400  **
**Source: Journal of Clinical Periodontology. 40(3):303-10, 2013 Mar.**
**Abstract: OBJECTIVE: Comparing treatment outcome of four and six bar-connected implants in the anterior maxillary region to support an overdenture during a 1-year follow-up period. MATERIAL AND METHODS: Fifty edentulous patients with lack of retention and stability of the upper denture, but with sufficient bone volume to place implants in the anterior maxillary region, were selected. Randomization assigned patients to either four or six implants. Implant survival, overdenture survival, clinical scores, radiographic bone height changes, and patients' satisfaction were assessed. RESULTS: Forty-nine patients (one drop out) completed the 1-year follow-up. After 1year, implant survival was 100% in the four implants group and 99.3% in the six implants group (one implant lost). Overdenture survival was 100% in both groups. Mean clinical scores were low and did not differ between groups (independent Student's t-test). Mean marginal bone resorption was 0.24+/-0.32mm in the four implants group and 0.25+/-0.29mm in the six implants group. Patients' satisfaction had improved in both groups (paired Student's t-test). CONCLUSION: Bar-supported overdentures on four implants in the anterior maxillary region are not inferior to overdentures supported by six bar-connected implants. Implant survival was high, peri-implant conditions were healthy and patients' satisfaction had increased significantly in both groups. 2012 John Wiley & Sons A/S.**

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Zirconia implants supporting overdentures: a pilot study with novel prosthetic designs.

Authors
Osman RB, Payne AG, Duncan W, Ma S.

Institution
Sir John Walsh Research Institute, University of Otago, Dunedin, New Zealand.

Title
Zirconia implants supporting overdentures: a pilot study with novel prosthetic designs.

Source

Abstract
Limited clinical research identifies novel perspectives in zirconia implants supporting overdentures. Four pilot study participants were selected before a planned randomized clinical trial on zirconia implants supporting overdentures. Novel designs for maxillary four-implant overdentures (quadrilateral design) and mandibular three-implant overdentures (tripodal design) were used with 28 implants (maxilla, n = 16; mandible, n = 12). Four implants failed to achieve osseointegration prior to loading. At the 1-year follow-up appointment, all implants were surviving, the overdentures were in function, and there were no clinical signs of wear of the attachment system. A proof-of-principle for prosthetic perspectives of a novel design using one-piece zirconia implants supporting maxillary and mandibular implant overdentures was achieved.

Teamwork in implant dentistry: the provision of a maxillary implant retained overdenture.

Authors
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Institution
Primley Park Dental Implants, Leeds, UK.

Title
Teamwork in implant dentistry: the provision of a maxillary implant retained overdenture.

Source

Upper and lower full arch dental reconstruction with implant supported overdentures: a case study.

Authors
Sullivan JP.

Institution

Title
Upper and lower full arch dental reconstruction with implant supported overdentures: a case study.

Source

STATEMENT OF PROBLEM: In clinical situations where implant placement in the maxilla is prohibited due to the lack of available bone, more invasive techniques such as autogenous bone grafting and sinus augmentation are often off-putting to patients due to the added expense, risk and morbidity. Purpose of treatment: The intention of this treatment was to dentally restore a patient with a severely resorbed edentulous maxilla, without the use of any grafting techniques.

METHODS: Under local anaesthetic, five implants were placed in the patient's maxilla using the combined techniques of alveolar ridge-splitting and a Sumner's lift. The crest of the alveolus was dissected bilaterally with a fine rotary disc. A combination of osteotomes and bone spreaders were then used to create the individual osteotomies. In the most distal site on the right side, the floor of the maxillary sinus was tapped up to facilitate implant placement. All implants were submerged under the gum for six months to allow them to osseointegrate. Restorative stages were then completed.

RESULTS: At six months, all five maxillary implants had successfully integrated. The maxilla also showed marked expansion where the alveolus had been dissected and...
bone had healed between the separated buccal and palatal plates. The final restoration was a metal-framed overdenture attached to a milled titanium bar supported on five implants.

CONCLUSION: In this single case study, a patient's atrophic, edentulous maxilla was successfully restored without grafting techniques. The overdenture has been in trouble-free function for two years.

Retention of implant-supported overdenture with bar/clip and stud attachment designs.

The degree of retention for overdenture attachments depends on design, location, and alignment of supporting dental implants and the type of attachments. The aim of this study was to evaluate the retention of an implant-supported overdenture with different attachment designs. An overdenture was made on an edentulous mandibular model with 2 ITI implants (4.1 x 10 mm) in the symphyseal region. Five specimens of 8 attachment designs with corresponding abutments and superstructures were used: ITI regular Dolder bar with 1 metal clip, ITI regular Dolder bar with cantilever and 3 metal clips, Hader bar with 1 plastic clip, Hader bar with cantilever and 3 plastic clips, Sphero block abutment with Rhein plastic caps (green, white, and pink), and retentive anchor with ITI elliptical matrix. The attachments' housings were interchangeable and fixed into the overdenture through nut and screw. The overdenture attachments were subjected to 8 consecutive pulls on a universal testing machine with a crosshead speed of 50.8 mm/min in the vertical and posteroanterior directions. Analysis of variance and Duncan tests were used to determine differences between mean retention values ( = .05). The highest average value retention was recorded for the ITI Dolder bar with cantilever and 3 metal clips in both the vertical and posteroanterior directions, respectively (P < .05). The Rhein pink caps had the lowest retention in the posteroanterior direction (P < .05). Retention decreased over the course of consecutive pulls for all attachments in both directions. The type, number, and placement of attachments affect the retention of implant-supported mandibular overdentures.
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**An alternative method for the fabrication of a root-supported overdenture: a clinical report.**

**Title:** An analysis of the implant-supported overdenture in the edentulous mandible.


**Abstract:**

This investigation examined the cumulative survival rate of the implant-supported overdenture using two types of attachments in patients treated at Show Chwan Memorial Hospital Implant Center from 1992 to 2006. Fifty-one patients (30 men and 21 women) were treated with mandibular implant-supported overdentures. Attachment systems used were the Hader bar with bilateral, cast ERA attachments (Group A, 31 patients with 15 men and 16 women, 134 implants) and the Hader bar with bilateral, distal extension cantilevers (Group B, 20 patients with 15 men and 5 women, 85 implants). Two hundred and four implants remained at the end of the follow-up period. Among failed implants, 10 implants were in Group A (failure rate: 10/134 = 7.5%), whereas five implants were in Group B (failure rate: 5/85 = 5.9%). Sixty-six point seven per cent (10/15) of failed implants were placed in the distal anterior mandible, and 33.3% (5/15) were placed in the middle anterior mandible. Survival was also examined with respect to condition of the opposing arch. Patients wearing a maxillary removable partial denture had the highest implant failure rate (5/51 = 9.8%), whereas the failure rate of the maxillary complete denture group was only 5.7%. The most frequent need for maintenance was wear over patrux component of ERA or Hader clip (n = 56). Eight patients experienced connector fracture between ERA and Hader bar, and one experienced distal extension cantilever fracture. The implant-supported overdenture can be an effective and reliable alternative to the conventional complete mandibular denture. Fewer prosthetic complications were seen in overdentures retained with distal extension cantilever attachments. 2012 Blackwell Publishing Ltd.

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**An analysis of the implant-supported overdenture in the edentulous mandible.**

**Title:** An analysis of the implant-supported overdenture in the edentulous mandible.


**Abstract:**

This investigation examined the cumulative survival rate of the implant-supported overdenture using two types of attachments in patients treated at Show Chwan Memorial Hospital Implant Center from 1992 to 2006. Fifty-one patients (30 men and 21 women) were treated with mandibular implant-supported overdentures. Attachment systems used were the Hader bar with bilateral, cast ERA attachments (Group A, 31 patients with 15 men and 16 women, 134 implants) and the Hader bar with bilateral, distal extension cantilevers (Group B, 20 patients with 15 men and 5 women, 85 implants). Two hundred and four implants remained at the end of the follow-up period. Among failed implants, 10 implants were in Group A (failure rate: 10/134 = 7.5%), whereas five implants were in Group B (failure rate: 5/85 = 5.9%). Sixty-six point seven per cent (10/15) of failed implants were placed in the distal anterior mandible, and 33.3% (5/15) were placed in the middle anterior mandible. Survival was also examined with respect to condition of the opposing arch. Patients wearing a maxillary removable partial denture had the highest implant failure rate (5/51 = 9.8%), whereas the failure rate of the maxillary complete denture group was only 5.7%. The most frequent need for maintenance was wear over patrux component of ERA or Hader clip (n = 56). Eight patients experienced connector fracture between ERA and Hader bar, and one experienced distal extension cantilever fracture. The implant-supported overdenture can be an effective and reliable alternative to the conventional complete mandibular denture. Fewer prosthetic complications were seen in overdentures retained with distal extension cantilever attachments. 2012 Blackwell Publishing Ltd.

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**An analysis of the implant-supported overdenture in the edentulous mandible.**

**Title:** An analysis of the implant-supported overdenture in the edentulous mandible.


**Abstract:**

This investigation examined the cumulative survival rate of the implant-supported overdenture using two types of attachments in patients treated at Show Chwan Memorial Hospital Implant Center from 1992 to 2006. Fifty-one patients (30 men and 21 women) were treated with mandibular implant-supported overdentures. Attachment systems used were the Hader bar with bilateral, cast ERA attachments (Group A, 31 patients with 15 men and 16 women, 134 implants) and the Hader bar with bilateral, distal extension cantilevers (Group B, 20 patients with 15 men and 5 women, 85 implants). Two hundred and four implants remained at the end of the follow-up period. Among failed implants, 10 implants were in Group A (failure rate: 10/134 = 7.5%), whereas five implants were in Group B (failure rate: 5/85 = 5.9%). Sixty-six point seven per cent (10/15) of failed implants were placed in the distal anterior mandible, and 33.3% (5/15) were placed in the middle anterior mandible. Survival was also examined with respect to condition of the opposing arch. Patients wearing a maxillary removable partial denture had the highest implant failure rate (5/51 = 9.8%), whereas the failure rate of the maxillary complete denture group was only 5.7%. The most frequent need for maintenance was wear over patrux component of ERA or Hader clip (n = 56). Eight patients experienced connector fracture between ERA and Hader bar, and one experienced distal extension cantilever fracture. The implant-supported overdenture can be an effective and reliable alternative to the conventional complete mandibular denture. Fewer prosthetic complications were seen in overdentures retained with distal extension cantilever attachments. 2012 Blackwell Publishing Ltd.

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**An analysis of the implant-supported overdenture in the edentulous mandible.**

**Title:** An analysis of the implant-supported overdenture in the edentulous mandible.


**Abstract:**

This investigation examined the cumulative survival rate of the implant-supported overdenture using two types of attachments in patients treated at Show Chwan Memorial Hospital Implant Center from 1992 to 2006. Fifty-one patients (30 men and 21 women) were treated with mandibular implant-supported overdentures. Attachment systems used were the Hader bar with bilateral, cast ERA attachments (Group A, 31 patients with 15 men and 16 women, 134 implants) and the Hader bar with bilateral, distal extension cantilevers (Group B, 20 patients with 15 men and 5 women, 85 implants). Two hundred and four implants remained at the end of the follow-up period. Among failed implants, 10 implants were in Group A (failure rate: 10/134 = 7.5%), whereas five implants were in Group B (failure rate: 5/85 = 5.9%). Sixty-six point seven per cent (10/15) of failed implants were placed in the distal anterior mandible, and 33.3% (5/15) were placed in the middle anterior mandible. Survival was also examined with respect to condition of the opposing arch. Patients wearing a maxillary removable partial denture had the highest implant failure rate (5/51 = 9.8%), whereas the failure rate of the maxillary complete denture group was only 5.7%. The most frequent need for maintenance was wear over patrux component of ERA or Hader clip (n = 56). Eight patients experienced connector fracture between ERA and Hader bar, and one experienced distal extension cantilever fracture. The implant-supported overdenture can be an effective and reliable alternative to the conventional complete mandibular denture. Fewer prosthetic complications were seen in overdentures retained with distal extension cantilever attachments. 2012 Blackwell Publishing Ltd.
Achieving reliable denture stability: the need for implant-retained overdentures to increase.

Source
Dentistry Today. 32(3):80, 82-5, 2013 Mar.

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Authors Zinner ID. Reid PE. Shapiro HJ. Markovits S. Argerakis GP.
Authors Full Name Zinner, Ira D. Reid, Patrick E. Shapiro, Herbert J. Markovits, Stanley. Argerakis, George P.
Institution Department of Prosthodontics, New York University College of Dentistry, New York, NY, USA. idz1@nyu.edu
Title Fabrication of maxillary overdenture supported by custom waxed and cast locator abutments: case report.
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Abstract
The fabrication of a maxillary overdenture supported and retained by custom waxed and cast locator abutments will be described. These angulated abutments were made necessary by a lack of maxillary bone due to advanced periodontal problems that contributed to the loss of all of the maxillary and mandibular teeth; thus, the maxillary anterior implants were placed in a labially or facially inclined position, which necessitated placement of labially inclined implant bodies. This article describes a method for correcting this angulation to create a more vertical path of placement and to allow the facially inclined implants to be used for an overdenture retentive device.

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Authors Massad JJ. Ahuja S. Cagna D.
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Institution Department of Graduate Prosthodontics, University of Tennessee Health Science Center, Memphis, Tenn, USA. joe@joemassad.com
Title Implant overdentures: selections for attachment systems.
Local Messages

<20>
Unique Identifier 23431874
Status MEDLINE
Authors Lowe RA. Maragos C. Hemstock P.
Authors Full Name Lowe, Robert A. Maragos, Charles. Hemstock, Pete.
Institution boblowedds@aol.com
Title A team approach to implant reconstruction: “part 2”.
Local Messages

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To request copies of any of these articles please use one of our request forms. Articles can be emailed or posted to student members for a charge of £1 each.