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Program Speaker – Meekyoung Son

Title

Prosthetic Consideration for Implant Treatment: Implant Assisted Removable Partial Denture

Abstract

The results of the final prosthesis should be projected in the implant treatment planning stage before implant placement. To determine a treatment plan, various factors, including lip support, smile line characteristic, interocclusal space, inter-arch relationship, patient general health, and maintenance ability, etc should be considered. These intraoral and extraoral factors are important in determining whether the final prosthesis is a fixed or removable prosthesis.

To decide the final prosthesis, the most representative factors are lip support due to horizontal bone loss and the change in interocclusal space due to vertical bone loss. These two factors are changes due to the loss of alveolar bone. In other words, when lip support or interocclusal space is appropriate due to small alveolar bone loss, a fixed prosthesis is preferred than a removable prosthesis, and when horizontal and vertical bone defects occur due to a large amount of alveolar bone loss, a removable treatment may be more advantageous than a fixed treatment.

However, in clinical practice, the horizontal and vertical amount of alveolar bone is often different even within the same arch. In other words, it is a case in which the loss of alveolar bone is small in some area and the loss of alveolar bone is large in another area since it has been extracted for a long time. In the case of this mixed type bone loss, implant Assisted Removable Partial denture (IARPD) can be selectively used.

IARPD has several advantages. 1) Reducing the loss of alveolar bone under the denture base, 2) increasing the retention 3) reducing the stress applied to the abutment teeth, 4) omitting the clasp, resulting in aesthetic effects, etc. In particular, IARPD is very advantageous in distal extension case such as Kennedy class I or II by reducing rotational movement by posterior implant support.

For IARPD, many cases have not yet been published, and guidelines for design or clinical efficacy are not clear. Therefore, conventional partial denture design guidelines are also applied to IARPD. In this presentation, I will introduce various cases of IARPD treated in dental hospital.

Biography

Meekyoung Son., DDS, MS, Ph.D, graduated from Chosun University College of Dentistry, Gwangju, Korea. She received specialty training in prosthodontics at Chosun University Dental Hospital (CUDH) and received M.S. degree from Chosun University College of Dentistry in 1999. From 1999 to 2001, she completed Prosthodontic research fellowship at Harvard University Dental School, Boston, USA and

Implant fellowship at the University of Texas Health Science Center at San Antonio, USA. In 2009, she received a doctoral degree in Periodontics from Chonnam National University Dental School, Gwangju, Korea. From 2009, she has been working as a professor at Chosun University College of Dentistry and now she is serving as a director of Chosun University Dental Hospital. Prof. Son contributes to the academic podium including Gwangju-Chonnam District Director of the Korean Academy of Oral and Maxillofacial Implant and Korean Academy of Geriatric Dentistry, and she is an active member of the Korean Academy of Prosthodontics and Korean Academy of Stomatognathic Function and Occlusion. She has been interested in international affairs and education, and performing numerous activities related to them.