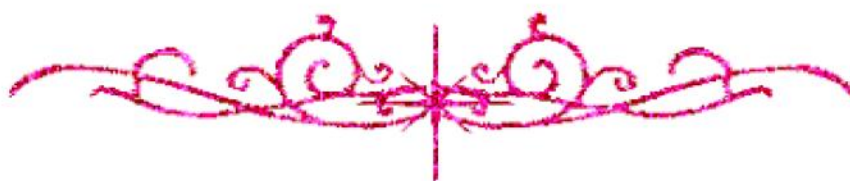


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شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم



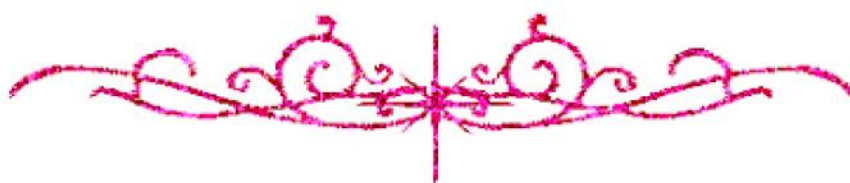
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شبكة المعلومات الجامعية



شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



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شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



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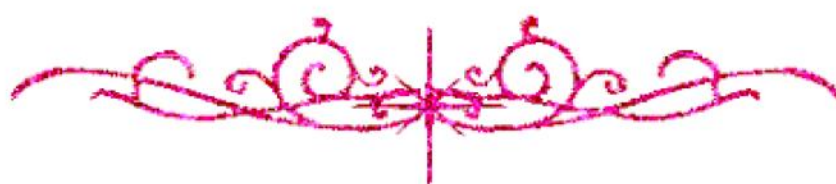
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**بالرسالة صفحات
لم ترد بالأصل**



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

سعيد
رئيس الكلية
شهادة

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د/مها احمد محمد مكي
15/10/2002



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INTRODUCTION

INTRODUCTION

Although the mandibular arch is seldom the edentulous one, this condition does occur. It usually happens as a result of either surgical, accidental trauma or periodontal diseases.⁽¹⁾

Wearing a mandibular complete denture against natural maxillary teeth causes rapid loss of the supporting alveolar bone in the mandible. The natural teeth, which opposes a complete denture, almost always require recontouring to provide a harmonious occlusion.⁽²⁾

More stress per unit area will be applied to the lower residual ridge than the upper residual ridge because of a smaller basal seat area which is available for the support of the lower denture.⁽²⁾ Also, instability of the lower denture increases with the severity of mandibular bone resorption, physical retention factors are minimal since the supporting surface is greatly reduced, and stability of the lower denture is provided by the action of the musculature.⁽³⁾

It has been stated, that complete mandibular dentures were contraindicated when natural maxillary teeth remain. All dentists should try to save natural teeth as long as possible, but at the same time they must be aware that the edentulous ridge may be destroyed by forces exerted against the denture support.⁽⁴⁾

There are treatment alternatives that aid in increasing retention and stability when conventional denture therapy is inadequate. These include surgery to augment the alveolar ridge or increase vestibular depth, dental implants to provide anchorage for an all implant supported prosthesis, or mucosa-and implant supported overdentures.⁽⁵⁾

Implants in the edentulous mandible have become a standard treatment for patients who are not satisfied with the result of conventional complete dentures.⁽⁶⁾

Consequently, treatment with mandibular implant-retained overdentures can solve long-term problems in edentulous patients.⁽⁷⁻¹⁰⁾

In the mandible the classic overdenture design is based on two implants placed in the mandibular canine regions and connected together by a bar. It may also be retained by individual stud attachments with a high degree of success. The implants greatly improve retention and stability of the denture. The implant overdenture is supported by both implant and mucosa and therefore fewer implants are necessary than for the prosthesis supported only by implant.^(11,5)

The major advantages of overdenture concept are the reduced number of implants, easier surgical procedures and easier dental technique due to application of prefabricated parts. Hence the overdenture concept is more economic and makes stabilized dentures affordable for wider range of patients.⁽⁶⁾

The use of implant-retained overdenture may also provide a mean for reducing residual ridge resorption.⁽⁵⁾

Several studies have been done to study the effect of implant-retained overdenture in the supporting tissue on conventional completely edentulous cases.^(5,7)

Accordingly, this study is conducted to evaluate bone level changes in cases receiving mandibular implant- retained overdenture opposed by maxillary natural teeth.

REVIEW OF LITERATURE