The treatment of choice for a partially edentulous patient is placement of a fixed partial denture supported by either teeth or implants. However, when implants are contraindicated or when the remaining abutment teeth cannot support a fixed prosthesis, a removable partial denture (RPD) may be an alternative. In designing an RPD, selecting the most appropriate path of insertion to promote ease of placement, esthetics, retention, stability, and support is a challenging aspect for many clinicians. Despite the fact that several different techniques for transferring the path of insertion intraorally have been described, this crucial step remains technically demanding. This article describes a method for making an index to transfer the selected path of insertion from the diagnostic cast intraorally. This simple technique assists the dentist to more ideally modify the contours of each abutment tooth.

PROCEDURE

1. Select the appropriate path of insertion on the diagnostic cast.
2. Fabricate a silicone index (President heavy body; Coltène/Whaledent, Inc, Cuyahoga Falls, Ohio) on the diagnostic cast, including the remaining teeth, but excluding the abutment tooth. Do not cover any soft tissue with the index.
3. When the silicone is polymerized, use a permanent marker to mark the selected path of insertion on the buccal and lingual aspect of the index (Fig. 1).
4. Remove the index from the cast and trim it with a scalpel to provide an intimate fit intraorally.
5. Align the bur parallel to the mark on the silicone index, and make modifications on the abutment teeth following the preselected path of insertion (Fig. 2).

REFERENCES


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A simple method to transfer the selected path of insertion of a removable partial denture intraorally

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Evaluation of bond strength of soft relining materials to denture base polymers

Mutluay MM, Ruyter IE.

Objectives: To evaluate the initial bonding properties of recently and previously introduced soft relining materials to denture base polymers with different polymerization techniques and different water content.

Methods: The initial tensile bond strength of 10 soft liners (Mollosil Plus, Dentusil, Ufi gel Soft, GC Reline Soft, Silagum Comfort, Vertex Soft, Astron Soft, Molloplast B, Flexacryl Soft, Triad Resiline) to three denture base polymers (Paladon 65, Palapress Vario, Ivocap Plus) were assessed with a modified method. Paladon 65 specimens immersed in water for 3 months were also used to test the effect of water content on denture base polymer on bond strength results. After testing, a visual examination of the fracture surfaces and a SEM investigation of the interface structure were performed. Tensile strength of each soft liner material was also tested. Data were analyzed statistically by two-way ANOVA (alpha = 0.05).

Results: Significant differences were found among tensile bond strength results (P<0.05). Vinyl poly(organosiloxane) soft liners (Mollosil Plus, Dentusil, Ufi gel Soft, GC Reline Soft, Silagum Comfort) and a plasticized PMMA soft liner (Vertex Soft) gave statistically similar bond strength results for different denture base polymers (P>0.05). For the other materials used (Astron Soft, Molloplast B, Flexacryl Soft, Triad Resiline), different denture base polymers caused significantly different results (P<0.05). Poly(organosiloxane) based materials gave slightly higher bond strength results with water immersed specimens than with the dry specimens.

Conclusions: A wide variety of newly formulated soft liners used in this study gave comparable or better bond strength results compared to Molloplast B.

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