

left upper canine. An example will also be given of immediate implantation with augmentation of the bone defect by autologous bone transplant in the case of loss of one tooth in the frontal region and an example of immediate implantation on the site of extracted lower canines, with anchors of the lower supporting prostheses.

Terapija potpunih bezubosti donje čeljusti fiksnim mostovima. Procjena uspjeha za razdoblje od 3 do 5 godina.

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Jedan od načina implantoprotetske terapije potpune bezubosti donje čeljusti jest izradba fiksnog mosta na usadcima. Takva terapija predmijeva ugradnju 4 do 6 usadka u interforaminalno područje te izradbu mosta na usadcima. Takvi se mostovi češće fiksiraju vijcima, rjeđe cementiraju, a distalni privjesci su pravilo.

Osnovni problem kod vijčano fiksirane suprastrukture jest pasivnost. S obzirom na tehnološki proces izradbe kovinske suprastrukture, termičke promjene nisu neuobičajene što rezultira pojavom napetosti prigodom fiksacije na usadke. Svaka napetost je štetna i u konačnici dovodi do mehaničkih komplikacija suprastrukture.

Drugi problem su distalni privjesci. Opće je pravilo da dužina privjeska iznosi $2X$, pri čemu je X okomita dužina (razmak) između zadnjeg i predzadnjeg usatka. To znači da privjesci mogu biti to duži što je bolji prostorni raspored usadaka. Drugi, manje važni problemi privjesaka tehničke su naravi i moguće ih je izbjeći pravilnim oblikovanjem suprastrukture.

Prezentacija donosi procjenu uspješnosti terapije vijčano fiksiranim mostovima u donjim bezubim čeljustima. Razdoblje praćenja u rasponu je od 3 do 5 godina, s raščlambom komplikacija u istom vremenskom razmaku. Posebno se razmatraju mehaničke, a posebno biološke komplikacije. Analizirani su čestoća i karakter mehaničkih komplikacija.

Rezultati istraživanja daju smjernice za sigurniji i uspješniji klinički rad s takvom vrstom protetske suprastrukture na usadcima.

Therapy of Complete Edentulousness of the Lower Jaw with Fixed Bridges. Evaluation of Success for over a Period of 3 to 5 Years

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One of the methods of implantoprothetic therapy of complete edentia/edentulousness of the lower jaw is the fabrication of a fixed bridge on implants. Such therapy assumes the placement of 4 to 6 implants in the inter-foramen area and construction of bridges on the implants. Such bridges are usually fixed with screws, rarely cemented, and distal cantilever are the rule.

The basic problem in screwed fixed superstructures is passivity. Because of the technological process of constructing metal superstructures, thermal changes are not unusual, which results in the occurrence of tension when fixing on the implant. Any tension is harmful and finally leads to mechanical complications of the superstructure.

Another problem is distal cantilever. As a general rule the length of the cantilever amounts to $2X$, in which X represents the vertical length (space) between the last and the penultimate implant. This means that cantilever can be longer, which is better spatial arrangement of the implants. Other less important problems with cantilevers are of a technical nature and can be avoided by correct shaping of the superstructure.

The presentation gives an evaluation of the success of therapy with screwed fixed bridges in the lower edentulous jaws. The period of monitoring ranges from 3 to 5 years, with analysis of complications in the same time period. Mechanical and biological complications are separately analysed. The frequency and character of mechanical complica-