

challenge for every prosthodontist. Fabrication of a lower full prosthesis greatly depends on morphological characteristics, which arise in the lower jaw with the loss of teeth. The basis of successful fabrication of a lower full prosthesis, apart from correct use of clinical-technological methods, is knowledge of the anatomy of the lower jaw and surrounding structures, their relationship to the base of the lower full prosthesis and the prosthesis itself.

In conclusion, each form of therapy has its advantages and disadvantages. The advantages of the implant borne restoration, are clearly increased retention and stability, contact with the mucous membrane is not primary, and the anticipated stimulation of the bone is peri-implantary. The disadvantages are the feasibility with regard to the mental state of the patients, position on the mucous membrane (control of base stability and essential underlying) and the strength and efficacy of mastication (is comparatively reduced).

Clinical advice. Never work with "unknown" patients. Get to know the patient first through diagnostic protocol, assess his/her cooperation, acquaint yourself with indications and general medical, intra-oral, time restricted and mentally conditioned contraindications, in order to successfully carry out implantoprosthodontic therapy.

## Rješavanje potpune bezubosti mostom na skidanje sidrenim na četiri usatka

**M. Stilinović-Bjelica, I. Filipović Zore, Ž. Balen, Zagreb**

Stilinović-Bjelica Marija, Horvatovac 84 A, 10000 Zagreb, marija.stilinoVIC-bjelica@zg.t-com.hr

U svakodnevnoj stomatološkoj praksi postoji problem protetskoga rješavanja potpune bezubosti u jače ili manje izraženoj atrofičnoj donjoj čeljusti. Uz klasične preprotetske zahvate takvi problemi mogu se riješiti i ugradnjom zubnih usadaka. Tada je potrebno pažljivo planirati položaj usatka, procijeniti na planiranome mjestu visinu, širinu i gustoću kosti, procijeniti anatomske i međučeljusne odnose, te planirati pravilnu suprastrukturu kako bi se

pacijentu u konačnici osigurala optimalna retencija i stabilizacija protetskoga nadomjestka. Takav nadomjestak mora funkcionalno, estetski i fonetski zadovoljiti pacijenta. Hoće li se stanje donje bezubosti implantoprotetskom rehabilitacijom riješiti mobilnoprotskom ili fiksnoprotskom suprastrukturu ovisi o mogućnosti ugradnje određene količine usadaka, pacijentovoj želji, ali i o njegovim financijskim mogućnostima.

U radu prikazujemo slučaj pedesetosmogodišnje pacijentice koja se javlja u ordinaciju zbog rasklimanih fiksnoprotskih radova lateralnih regija parodontološko kompromitirane fronte donje čeljusti. U gornjoj čeljusti pacijentica ima totalnu protezu kojom je zadovoljna. Nakon radiološke obradbe indicira se izvaditi preostale zube, te se dogovori implantoprotetska rehabilitacija. Po cijeljenju ekstrakcijskih rana, ponovljenog ortpantomograma, ustanovi se mogućnost ugradnje samo četiriju Ankylos usadaka u regije 46,43,33,36. Pacijentica je želja bila ponovna fiksnoprotska rehabilitacija. Kao kompromisno rješenje, završetkom oseointegracije, usadci su se opteretili mostom na skidanje po načelu teleskopa.

Rad prikazujemo kao jedan od načina implantoprotetske rehabilitacije atrofične donje čeljusti.

## Solving Total Edentulousness with a Removable Bridge Anchored on Four Implants

**Stilinović-Bjelica M., Filipović Zore I., Balen Ž., Zagreb**

Stilinović-Bjelica Marija, Horvatovac 84 A, 10000 Zagreb, marija.stilinoVIC-bjelica@zg.t-com.hr

In everyday dental practice the problem of prosthetic solution of total edentulousness in a more or less marked atrophic lower jaw, is a particularly difficult problem. Beside classical prior prosthetic procedures such problems can also be solved with the placement of dental implants. It is then essential to carefully plan the position of the implant, calculate height, width and density of the bone on the planned area, calculate anatomic and intermaxillary relations and plan the correct superstructure in order

to ensure for the patient optimal retention and stabilisation of the prosthetic restoration. Such a restoration must functionally, aesthetically and phonetically satisfy the patient. Whether the condition of the lower edentulousness with implantoprosthetic rehabilitation is solved with a mobile prosthetic or fixed prosthetic superstructure depends on the possibilities of inserting a particular number of implants, the patient's wish and also financial possibilities.

The paper presents the case of a 58-year-old female patient who came to the surgery because of loose fixed prosthetic devices in the lateral region of periodontologically compromised frontal lower jaw. The patient had a total denture in the upper jaw with which she was satisfied. After radiographic treatment extraction of the remaining teeth was indicated and implantoprosthetic rehabilitation agreed. With the healing of the extractive wounds, a further orthopantomogram showed the possibility of inserting only four Ankylos implants in regions 46, 43, 33, 36. The patient expressed the desire to again have fixed prosthetic rehabilitation. As a compromise, at the end of osseointegration, the implants were loaded with a removable bridge on the telescope principle. The paper presents one of the methods of implantoprosthetic rehabilitation of the atrophic lower jaw.

## Implantoprotetička rehabilitacija potpune bezubosti gornje čeljusti - prikaz slučaja

**B. Perić, T. Čabov, Zagreb, Rijeka**

Klinička bolnica Dubrava, Av. G. Šuška 6,  
10 000 Zagreb, berislav.peric@kbd.hr

Implantoprotetička rehabilitacija gornje čeljusti može se učiniti na više načina.

Plan i mogućnosti terapije ovisni su o općem pacijentovu zdravlju, lokalnom kliničkom i rtg nalažu i o pacijentovim financijskim mogućnostima.

U našem radu pokazat ćemo izradbu reducirane vironit proteze na prethodno postavljena 4 usatka u gornjoj čeljusti.

Navedeni primjer pokazuje zadovoljavajuće rezultate što se tiče estetike i funkcije te se zato

može preporučiti kao jedno od rješenja implantoprotetičke terapije potpune bezubosti gornje čeljusti.

## Implantoprosthetic Rehabilitation of Total Maxillary Edentulousness - Case Presentation

**Perić B., Čabov T., Zagreb, Rijeka**

University Hospital "Dubrava", Av. G. Šuška 6,  
10000 Zagreb, berislav.peric@kbd.hr

Implantoprosthetic rehabilitation of the upper jaw can be done in several ways. The plan and possible therapy depend on the general health of the patient, local clinical radiographic finding and financial possibilities of the patient.

In this paper we show the construction of a reduced vironit prosthesis on 4 previously placed implants in the upper jaw.

This example shows satisfactory results with regard to aesthetics and function and can therefore be recommended as a solution for implantoprosthetic therapy of total edentulousness of the upper jaw.

## Implantoprotetička opskrba potpune i djelomične bezubosti - prikaz slučaja

**E. Hodžić, R. Čelić, S. Nedoklan, D. Komljenović, S. Senzel, Metković, Zagreb**

Enes Hodžić, Stomatološka poliklinika,  
V. Nazora 5, 20350 Metković

Oseointegrirani usadci i protetske suprastrukture već su danas oblik standardne skrbi za pacijente u kojih postoji gubitak jednog ili svih zuba u obje čeljusti. Polako, ali sigurno, protetski radovi nošeni oseointegriranim usadcima preuzimaju prednost pred konvencionalnim protetskim tehnikama liječenja potpune ili djelomične bezubosti. Indikacije za protetske radove koje podupiru oseointegrirani usadci jesu: a) bezubi pacijenti; b) pacijenti nositelji proteza koji ne mogu ili odbijaju nositi mobilne proteze; c) pacijenti s jednostranom bezubošću