

Denture repairing is a very common practice encountered in everyday clinical removable prosthodontics. It may be consisted of fractured dentures, debonded or broken denture teeth etc. These may be due to intraoral fatigue failure of acrylic resin or the accidental dropping of dentures outside the mouth. The purpose of this presentation is under the lights of the best available evidence to identify first from surveys the most common and more important denture repairing procedures. It well known that the purpose of repairing e.g. a fractured denture is to restore its strength at least to the original one. It seems in practice that it is not the fact. The most popular methods of repairing dentures will be analyzed regarding their strength and the attempts to enhance it through reinforcing materials like metal wires or fibers will be presented. Finally suggestions and thoughts for further investigations considering the recent available evidence will be discussed.

13. Fibre - Gives Inner Strength to Patients and Their Dentures

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As soon as Methyl Methacrylate became "the" denture base material it became clear that it had a weakness and a tendency to fracture. In the early days "improvements" to tooth position were suggested as a way to prevent fractures. Soon various other ways were tried but there were always problems.

The search for an easy cheap way of strengthening "acrylic" has continued. This paper will look at the history of complete denture strength from the patient's perspective and some of the techniques of denture base reinforcements that have been used over last 40 years.

Will fibre help our dentures as much as it helps us?

14. Overdentures Versus Fixed Prostheses

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Two concepts of prosthetic restorations exist for the edentulous jaw: the fixed prosthesis (mostly screw retained)

and the overdenture. It appears that overdentures are preferably placed in old patients and in compromised situations.

Since the eighties, a series of studies - including long-term results - have demonstrated the reliability of treatment with fixed prostheses for the upper and lower jaw. An increasing number of studies on mandibular overdentures supported by only two implants give evidence of the effectiveness of this treatment modality. Comparable data for maxillary overdentures are still missing.

While dentists tend to base the selection of the prosthetic design on the number of implants that can be placed, other criteria have to be considered: esthetic appearance, facial morphology and restitution of lost hard and soft tissues, costs of implant-prosthodontic treatment, stability of the prostheses, complications and adjustments required, assessment of individual needs. From an economic point of view overdentures supported by two to four implants might be preferred.

Prosthetic methods in general and related to implants are not evidence based. They rely on clinical experiences, patients' demands technical considerations and reports of success and failure. However, from clinical experience, well-designed clinical concepts have evolved and the benefit of the patients concerned appears to be high and obvious.

The lecture will discuss the use of implants for prosthodontic rehabilitation in the completely edentulous jaw. Indications and various types of removable prostheses are presented and variations of design discussed. Biomechanical aspects of fixation and stabilization of prosthesis complete the overview.

15. The Role of Bone Morphogenetic Proteins in Regeneration of Bone and Cartilage

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In the last ten years a significant amount of knowledge has accumulated in the field of molecular and developmental biology. New genes responsible for the skeleton development have been discovered, and their function in the postnatal life of mammals has been defined. The most important genes responsible for the morphogenesis on all three embryonic envelopes include bone morphogenetic proteins (BMPs) and cartilage derived morphogenetic proteins (CDMPs), recently renamed into morphogens. Since