

Periodontal prosthesis: control of key factors from surgery to teeth preparation, occlusion and final cementation

Moderator: Alexandros Grous

Introduction

According to Boucher's Clinical Dental Terminology¹ periodontal prosthesis is any restorative and replacement device that is used as a therapeutic aid in the treatment of periodontal disease. It is an adjunct to the other forms of periodontal therapy and does not cure periodontal disease by itself.

There is always a mounting demand for dental practitioners to integrate periodontal and prosthetic therapy. This is due to a growing widespread desire to preserve our natural or restored dentitions in good health, function and esthetics.

Long-term success in periodontal-prosthetic treatment depends on case design that is influenced by the number and location of periodontal healthy abutment teeth, sound occlusal concepts and maintenance therapy. This goal can best be achieved with a team approach that includes the periodontist, the prosthodontist and other specialists, such as the endodontist, the orthodontist, and the oral surgeon.

Clinical and basic periodontal research during the past 50 years has had a profound effect on our understanding of the etiology and pathogenesis of periodontal diseases, and much of the in-

formation gained has been able to help solve problems of disease and prevention control. The efficacy of periodontal surgical procedures has been reexamined in longitudinal clinical studies and new information concerning host defense systems. The surgical therapeutic objective of attaining pocket elimination has been challenged, and alternative treatment modalities of pocket control have been offered.

An appraisal and overview of initial and surgical therapy must be based on the latest information available. Clinicians must assess this information, perform clinical trials and modify treatment objectives based on their own clinical judgments.²

Questions may be generated on the following topics:

- A. Tooth mobility and cross arch stabilization
 - What is the current approach in dealing with tooth mobility after periodontal therapy?
 - Do you make a distinction between primary and secondary occlusal trauma?
- B. Prosthodontic stabilization and alternatives
 - Classic versus contemporary periodontal prosthesis. What has been changed?

- Soft tissue recession and its clinical significance. Is soft tissue environment important for long-term success?
- Short span prosthetic restorations with or without the use of implants. Is it feasible to plan the prosthesis in such a way that we can be able to partially re-treat the case?
- C. Do you consider preprosthetic orthodontic therapy of paramount importance in the success of periodontal and perioprosthetic cases?

These and many other questions are addressed to our invited essayist, Dr Alberto Fonzar, and I believe that his evidence-based clinical experience will help us and our colleagues to justify our treatment planning in restoring periodontally involved cases and combining contemporary prosthodontic intervention by offering the best and useful solutions for our patients.

References

1. Boucher CO, Zwemer TJ. Boucher's Clinical Dental Terminology, ed 4. St Louis: Mosby, 1993.
2. Rosenberg M, Kay H, Keough B, Holt R. Periodontal and Prosthetic Management for Advanced Cases. Chicago: Quintessence Publishing, 1988.