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CLASP PROSTHESES – TECHNOLOGY IMPROVEMENT

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ABOUT ARTICLE

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Abstract: The manufacture of a clasp prosthesis with a lock type of fixation for prosthetics of partial defects of the dentition is the most functional and aesthetic. Clasp prostheses are used: with an insufficient number of supporting teeth for the manufacture of non-removable dentures; the presence of supporting teeth with insufficient periodontal reserve forces, with varying degrees of periodontal atrophy; unilateral and bilateral distally unlimited defects of dentition.

INTRODUCTION

When using these structures, it sometimes becomes necessary to remove the supporting tooth due to the progression of periodontal diseases, caries and its complications, and a decrease in the reserve forces of the periodontal. Subsequently, these structures cannot be used after removal of the supporting tooth with unreliable periodontal tissues, therefore, it becomes necessary to manufacture new prostheses.

Patients may come up with the problem that the removable part of the structure is lost (loss, breakage of the clasp prosthesis), and the non-removable part remains in the oral cavity and is fixed on the supporting teeth. A method of manufacturing a clasp prosthesis is known, including removing an impression, obtaining a gypsum and duplicated refractory model from it, placing a container

attachment around a spherical retainer, modeling a clasp frame made of wax, converting the frame into metal, connecting a container attachment to a frame, installing a clasp frame on a gypsum model, placing artificial teeth on a clasp frame, forming a plastic base prosthesis, removal of the prosthesis from the plaster model and installation of the prosthesis in the oral cavity.

RESULTS

The improvement of the technology of manufacturing a clasp prosthesis was carried out in the orthopedic treatment of 27 patients. With the help of an individual spoon, an orthopedic dentist receives impressions made of silicone (for example, Express) or polyester impression material (Impregum Penta Soft). To prevent the formation of separation at the boundary of the basic and corrective materials, a corrective layer is applied only to the dentition, without applying it to the base layer of the impression. The reasons for separation may be different characteristics of the fluidity of materials and the different time required for the solidification of two layers of material using a one-stage technique for obtaining an impression. When obtaining a two-layer impression, a single-stage or two-stage technique is used to achieve uniform distribution of the correcting layer of the material, uniform thickness throughout the impression. The thinning of the correcting layer of the material is determined by its transparency. The main layer of the material should not shine through the corrective layer or be uncoated with a corrective layer. In this case, an orthopedic structure made according to such an impression will not have enough space for packing. The structure can be blocked during packing, exert excessive pressure on the tissues of the supporting tooth, which can lead to the formation of microcracks and splitting of the tooth.

The frame pattern is transferred to the refractory model from the working model, according to which the future frame of the clasp prosthesis is modeled. The wax frame is coated with a finishing varnish and transferred to the foundry laboratory for casting the frame. In order to speed up the polishing process, an electrochemical polishing device is used. The working model is installed in the articulator and artificial teeth are placed. Elastic lock attachment bushings are installed in the finished prosthesis and the accuracy of manufacturing a clasp prosthesis with a lock attachment is checked.

CONCLUSION

To obtain a high-quality impression due to the absence of braces and pores on the surface of the tooth stump, a greater depth of penetration of the impression material into the dental groove, a method for obtaining an impression during prosthetics on implants and teeth and a method for making an individual spoon for obtaining impressions in the partial absence of teeth were used. When using a clasp

prosthesis, in case of a doubtful prognosis of the supporting tooth (a design in which a supporting tooth with unreliable periodontal tissues, covered with a telescopic cap, can be removed due to the progression of periodontal diseases, caries and its complications), after removal, the clasp prosthesis is relocated, filling the telescopic crown with basic plastic. At the same time, the design of the clasp prosthesis remains unchanged.

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