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and dysfunction may be related to the position of the muscle in the arcades. The position of the muscle is crucial for the proper function of the arcades, and deviations from the normal position can affect the function of the arcades, leading to dysfunction.

The results of this study showed that the position of the muscle is a critical factor in the proper function of the arcades. The muscle's position is affected by various factors, including the age of the patient, the type of surgery performed, and the postoperative care provided. The results also indicated that the muscle's position can be optimized by careful surgical techniques and postoperative management.

In conclusion, the position of the muscle is a crucial factor in the proper function of the arcades. It is essential to ensure that the muscle is in the correct position to achieve optimal function. Future research should focus on developing surgical techniques that can optimize the muscle's position and improve the function of the arcades.
implant placement into porous bone might result in lack of osseointegration and complications. Consequently, implant placement was not deemed to be a treatment option for either the maxilla or mandible. The number of remaining abutment teeth in the maxilla indicated that fixed partial dentures (FPDs) might be an option. For the mandible, alternative treatment options were a removable partial denture (RPD) or overdenture. A bilateral reverse articulation was noted due to the greater width of the maxillary dental arch (Fig. 3). Interdigitation of the existing teeth with an RPD in the mandible was not possible due to the disharmony of the arches. Thus, the treatment plan for the mandible included coverage of the mandibular teeth with copings, and restoration of the edentulous spaces with an overdenture.

As the treatment plan consisted of FPDs for the maxilla and an overdenture with copings for the mandible, maxillary and mandibular teeth were prepared using a diamond rotary cutting instrument (Medin; Novo Mesto na Morave, Czech Republic). Definitive impressions of the prepared maxillary and mandibular teeth were made using a vinyl polysiloxane impression material (Speedex; Coltene/Whaledent, Cuyahoga Falls, Ohio). Working casts were generated from type IV die stone (BegoStone Plus; BEGO, Bremen, Germany) and mounted in an articulator with face-bow transfer using interocclusal records.

Precision attachments offer considerable advantages in flexibility for treatment planning, and they are used as retentive elements for FPDs, RPDs, and overdentures. Resorption of the alveolar crest and insufficient abutment teeth for support in the patient’s mandible impeded retention of the denture. Precision attachments seemed suitable to provide additional retention to the proposed overdenture. For this reason, precision attachments (Bredent, Senden/Witzighausen, Germany) were placed on the buccal surfaces of the mandibular copings with a surveyor (Cruise 440; Silfradent, S. Sofia, Italy) before the wax patterns of the splinted copings were cast. Parallel guide planes on the proximal and lingual surfaces of the abutment teeth or pontics can have a positive effect on the accuracy of the final prosthesis. Stabilizing the coping with the distomesial aspect of each tooth, engaging the lingual surfaces of the anterior teeth, and ensuring that the marginal ridge of each FPD was parallel would result in a well-fitting and first indirect retentive copings. BEGO® polycarbonate copings were selected to minimize the risk of distortion and to ensure precision, as well as to minimize the cost of the final overdenture. The maxillary and mandibular overdenture materials were selected after a custom try-in for the maxillary and mandibular dentures (Degudent, Ulm, Germany) and an intraoral try-in with a porcelain trial (Ceramco, CO). The maxillary overdenture was designed for an acrylic resin base and a gold copings.
REFERENCES

SUMMARY

Application of the mandibular function was used to record the position of the condyle, the position of the midline, and the position of the mandible at rest and during function. The position of the condyle, the position of the midline, and the position of the mandible at rest and during function were recorded with a Co-Cr alloy (Cobalt-Chromium) close-up film in a panoramic radiographic unit. The condylar position was recorded with the patient in the supine position and the patient seated. The position of the midline was recorded with the patient in the supine position and the patient seated. The position of the mandible at rest and during function was recorded with a Co-Cr alloy (Cobalt-Chromium) close-up film in a panoramic radiographic unit. The condylar position was recorded with the patient in the supine position and the patient seated. The position of the midline was recorded with the patient in the supine position and the patient seated. The position of the mandible at rest and during function was recorded with a Co-Cr alloy (Cobalt-Chromium) close-up film in a panoramic radiographic unit.

Fig. 5. Intraoral view of mandibular overdenture with cop.

Fig. 6. Intraoral view of definitive prosthesis.

Fig. 4. Maxillary fixed partial dentures and mandibular overdenture with cop.

Reprint requests to:
Dr. Burak Yilmaz
University of Ankara, Faculty of Dentistry
Department of Prosthodontics
06500 Besehir
Ankara, TURKEY
Fax: 90 312 212 3954
E-mail: burakyilmaz78@hotmail.com

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