Creating an esthetically pleasing smile in an edentulous patient is no easy task. Effective collaboration, combined with suitable materials and procedures, empowers dental professionals to address this challenge effectively.

Rehabilitation of the edentulous jaw can be achieved with various treatment modalities. Removable implant-supported overdentures can provide a comfortable, aesthetic and functional option even in circumstances where only a reduced number of implants can be used. This treatment option is frequently practised due to the fact that the number of patients wishing to find an alternative to complete dentures is rising. The patients’ expectations regarding their prosthetic tooth replacements are similarly high as for fixed ceramic veneered restorations. With the emergence of new materials and their combination with CAD/CAM technology, outstanding outcomes can be achieved for this indication.

What is needed is a predictable and easily manageable option for patient acceptance. This is where the Carriere SLX™ bracket system comes into play. The Carriere SLX™ bracket system offers several advantages over conventional removable prosthetics. These advantages include stability, functionality, comfort, and confidence in the ability to interact socially, straightforward rehabilitation and easy maintenance for the patient, or, simply put: a significant improvement in quality of life.

**Sleek and Non-Invasive**

The Carriere SLX™ bracket features a non-invasive design; hence the full patient cooperation is achieved for this indication. An adequate solution can be found for almost every patient and budget. Generally, overdentures offer several advantages over conventional removable prosthetics. These advantages include stability, functionality, comfort, confidence in the ability to interact socially, straightforward rehabilitation and easy maintenance for the patient, or, simply put: a significant improvement in quality of life.

**GAME CHANGER**

**TURN CLASS II INTO SIMPLE CLASS I PATIENTS**

**CARRIÈRE® MOTION™**

**CLASS II APPLIANCE**

Simplicity, ease of use and patient compliance add up to fast, more predictable results. With its sleek, aesthetic and non-invasive design, the Motion Appliance shortens treatment time by up to four months.

Easier than Herbst®, simpler than Forsus®, and faster than elastics alone, the Motion Appliance can be a real game changer for your practice.
The primary crowns could now be prepared for the manufacture of the secondary crowns by means of the galvanoforming technique. For this purpose, the zirconia surfaces were covered in a thin coating of conductive silver using the airbrush method and the galvanoforming process was commenced. Upon completion of the galvanoforming process, the galvanized gold crowns were detached from the telescopes and the conductive silver coating was removed with a nitric acid containing solution. In the process, a highly accurate secondary structure was obtained.

Abutment). Next, the zirconia telescopes were adjusted using a lab turbine and parallelograph. The walls of the telescopes were given a 2° incline and smoothed out using appropriate diamond grinding tools and sufficient water cooling (Figs 9 and 10). Secondary structure The primary crowns were now prepared for the manufacture of the secondary crowns. Before the tertiary structure was fabricated, the galvanized crowns were covered in a thin layer of wax to create the space necessary for the cement that would later be used. The tertiary structure was invested, cast in CoCr alloy using induction casting technology and then finished. The tertiary structure was intrusively cemented onto the galvanized telescopes (Multilink Hybrid Abutment, Monobond®) in order to obtain a tension-free restoration (Fig. 11).

Before the healing and osseointegration process of four implants, an impression of the oral situation was taken. The impression posts were splinted together prior to impression taking. (Figs 2 and 3). Following the healing and osseointegration process of four implants, an impression of the oral situation was taken. The impression posts were splinted together prior to impression taking. The impression posts were splinted together prior to impression taking. The impression posts were splinted together prior to impression taking. The impression posts were splinted together prior to impression taking. The impression posts were splinted together prior to impression taking.

The models mounted on the articulator clearly demonstrate the challenges involved in this clinical case (Figs 12 to 15).

Conclusion
Many patients respond with reluctance to the idea of being given removable dentures, if dentures are optimized by adding the stability of implants and the effectiveness of telescopes, dental professionals will be able to dispel the initial reservations of their patients and offer them a tooth replacement that provides the expected level of comfort. Completely edentulous patients have the same high aesthetic expectations as patients requiring fixed restorations. However, some of these requirements are more difficult to satisfy in the edentulous patient, because we are forced to replace not only missing teeth but often also soft tissues. To achieve this, we need to find a way of creating harmony between the pink and white aspects of the denture. Today’s patients tend to be well informed. They place ever higher expectations on the aesthetic and functional aspects of tooth replacements. Against such a background, we need to be well trained and know which materials and technologies can ease our job and increase our efficiency. This will enable us to solve any clinical case, regardless of its difficulty.

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