

adjacent natural tooth may compromise peri-implant tissue health, screw loosening, and implant neck fracture. These factors may negatively impact the patient's satisfaction with

the treatment. The use of an implant-supported splinted crown is recommended to minimize complications.

**Keywords:** Implant Failure, Implant Planning, Splinted Crown.

## PP-139 Management of Newton Type 3 Denture Stomatitis: A Case Report

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**INTRODUCTION:** Denture stomatitis is a chronic inflammatory condition frequently observed in edentulous patients using complete dentures. It is characterized by mucosal inflammation in areas where the prosthesis contacts the tissue. According to Newton's classification, Type 3 denture stomatitis is the most severe form, presenting with inflammatory papillary hyperplasia. This case report outlines the treatment and follow-up of a patient diagnosed with Newton Type 3 denture stomatitis.

**Case Presentation:** 65-year-old male patient with complete edentulism, using the same complete dentures for approximately 15 years, presented to the Erciyes University Faculty of Dentistry with complaints of dissatisfaction and inadequate mastication. Intraoral examination revealed multiple red, edematous, nodular tissue enlargements, particularly localized in the midline and posterior palatal region. White pseudomembranous plaques, removable with gauze, were also observed. The patient reported wearing his dentures while sleeping and neglecting oral hygiene. Based on

clinical and anamnesis findings, a diagnosis of Newton Type 3 denture stomatitis was made. The patient was educated on oral hygiene, prescribed nystatin oral suspension (Mikostatin (Bayer Türk,Turkey)) (applied 4 times daily for 2 weeks), and provided with new dentures. Clinical improvement and lesion regression were observed within 2 weeks. A 6-month follow-up schedule was initiated; however, recurrence occurred due to poor oral hygiene practices, necessitating re-initiation of antifungal therapy.

**Discussion:** Although topical antifungal agents are effective in treating denture stomatitis, long-term success relies heavily on maintaining proper oral hygiene. Continued use of unclean dentures and neglecting overnight removal significantly increases the risk of recurrence. This case underscores the critical importance of patient education and regular follow-up in the management of advanced denture stomatitis.

**Keywords:** denture stomatitis, papillary hyperplasia, oral hygiene, recurrence, antifungal treatment

## PP-140 Mandibular Overdenture Supported by Two Canines: A Two-Year Clinical Follow-Up Case Report

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**INTRODUCTION:** Mandibular complete dentures often present insufficient retention and stability due to anatomical limitations in edentulous patients. Although implant therapy is commonly used to address these issues, it may not be feasible in patients with systemic conditions that contraindicate surgical interventions. In such cases, preserving and utilizing remaining natural teeth as abutments can enhance prosthetic success while minimizing invasiveness and improving patient comfort. Tooth-supported overdentures are a valuable alternative, particularly when strategic teeth such as canines are available.

**Case Description:** A 60-year-old male patient with a history of diabetes mellitus presented with complaints of instability in his mandibular complete denture. The patient exhibited a fully edentulous maxilla and retained only two mandibular canines. Implant therapy was contraindicated

due to his systemic condition. As an alternative, a tooth-supported mandibular overdenture was planned. Clinical and radiographic evaluations confirmed that both canines were periodontally and structurally suitable for overdenture support. Endodontic treatment was performed, and the clinical crowns were reduced to allow sufficient space for prosthetic components. Cast copings with ball attachments were fabricated and cemented. A mandibular overdenture incorporating matching female housings was constructed and delivered. A conventional complete denture was also fabricated for the maxilla. The patient was recalled every six months for clinical evaluation and maintenance. Over a two-year follow-up period, no complications such as attachment loosening, mucosal irritation, or abutment failure were observed. The patient reported high satisfaction in terms of masticatory function, prosthesis stability.

**Discussion:** This case demonstrates that, in patients for whom implant therapy is contraindicated, mandibular overdentures supported by two natural canines with ball attachments can offer a stable, functional, and long-term treatment solution. Tooth-supported overdentures provide biomechanical advantages and improve patient satisfaction

through a minimally invasive approach. The strategic use of retained natural teeth, particularly canines, remains a clinically effective alternative for managing mandibular edentulism.

**Keywords:** Overdenture, canine-supported prosthesis, mandibular edentulism, tooth-retained restoration, case report

## PP-141 Maxillary and Mandibular Full Mouth Rehabilitation with Multi-Unit Supported Metal-Ceramic Prostheses: A Case Series

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In dentistry, dental implants are a commonly preferred treatment option for the replacement of missing teeth. Although implant therapy is a modern and effective approach, it is not always possible to place implants perpendicular to the occlusal plane due to anatomical limitations. In such cases, when implants must be placed at an angle, prosthetic rehabilitation can be achieved using angled abutments, custom abutments, hybrid (ti-base) systems, or multi-unit abutment solutions. In this case series, 6 implants were placed in the maxilla and mandibula of 2 patients and their prosthetic treatments were completed with multi-unit abutment metal-supported porcelain. The 52-year-old female patient, who has no systemic

health issues, completed her implant treatments at a private clinic and then, after approximately 4 months, applied to our university for prosthetic procedures. After the examination, it was decided to make a screw-retained prosthesis using multi-units due to the placement angles of the implants. In another case, a 40-year-old female patient with no systemic health issues had her implants placed in the department of periodontology at our university and then applied to our department for prosthetic procedures. In this case, due to the angles of the implants, multi-units were chosen, and a fixed prosthesis with metal-supported porcelain was delivered.

**Keywords:** implant, multi unit, full mouth

## PP-142 Maximizing Outcomes with Limited Options: Prosthetic Approaches Adapted to Systemic Conditions

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Implant-supported restorations may be contraindicated or declined due to systemic conditions or patient preference. In such situations, personalized prosthetic solutions are essential to restore function and esthetics while respecting biological limitations.

**Case Presentations:** Case 1: A 52-year-old female with a history of osteoporosis and prior denosumab (Prolia) use was contraindicated for implant therapy. Despite a deep bite, a minimally invasive Maryland bridge was chosen. After enamel-level preparation and a C-type silicone impression, the restoration was cemented with resin cement. At the 6-month follow-up, the patient reported excellent esthetic and functional satisfaction.

Case 2: A 67-year-old male with no systemic issues refused implant treatment for a missing upper right lateral incisor. Since tooth #11 was severely malpositioned, a three-unit monolithic zirconia bridge (#11–13) was planned. Pulp vitality was assessed on tooth #11 prior to preparation. Tooth #11 was prepared without harming adjacent tooth #21. Impressions were taken with C-type silicone. The final prosthesis was

cemented with resin cement. The patient was pleased with the correction of the misalignment and the restored esthetics.

Case 3: A 58-year-old male presented with complete edentulism and severe ridge resorption. Mental foramina were located at the ridge crest. Due to financial and logistical constraints, an immediate complete denture was planned. Alginate preliminary and zinc oxide eugenol final impressions were followed by jaw relation records with wax rims. The denture was delivered successfully, and the patient reported comfort and satisfaction.

**CONCLUSION:** These cases demonstrate that individualized prosthetic solutions—ranging from conservative fixed prostheses to complete dentures—can effectively address functional and esthetic demands when implant therapy is contraindicated or refused. A careful assessment of systemic health, anatomical limitations, and patient expectations is crucial for successful outcomes in prosthetic rehabilitation.

**Keywords:** Prosthetic Rehabilitation, Minimally Invasive Dentistry, Tooth Replacement Alternatives, Systemic Risk and Dental Planning, Prosthodontic Treatment Planning, Patient-Centered Care