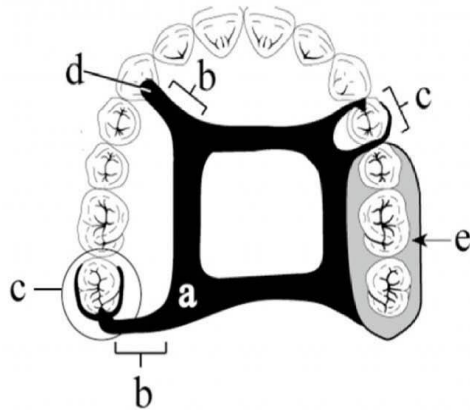


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Answer no. 1



A= Major Connector

B= Minor Connector

C= Direct Retainer

D= Indirect Retainer

E= Denture Base and Artificial teeth(Acrylic)

Components of RPD:

1) Major Connector:

A component of partial denture that connects parts of partial removable prosthesis at one side of arch with those on opposite site. It is a unit to which all other parts are attached directly or indirectly

Functions of major connector:

- a) Unification
- b) Stress distribution
- c) Cross arch stabilization

2) Minor Connector:

A minor connector is the connecting ling between the major connector or base of a RPD and other units of the prosthesis, such as clasps, indirect retainers, and occlusal rests.

Functions of minor connector:

- a) Unification of RPD as a single unit
- b) Force transmission to various parts of RPD
- c) Stabilization of RPD

3) Direct Retainer:

It is that component of a removable partial denture that is used to retain and prevent dislodgement, consisting of a clasp assembly or a precision attachment .

Types of direct retainers :

- a) Intra coronal e.g precision and semi precision
- b) Extra coronal e.g extra coronal attachment and clasp

Function of direct retainer:

- a) Retention
- b) Prevention of dislodgment

4) Indirect Retainers:

Indirect retainers are those, which resist rotational displacement of an extension base from the supporting tissue e.g occlusal rests.

Function of indirect retainer:

- a) Stabilization
- b) Stress distribution
- c) Reduce antero posterior tilting of abutments

5) Denture base:

A denture base is that part of RPD which rests on the foundation areas and to which teeth are attached

Functions of Denture base:

- a) Attach the prosthetic teeth to the RPD
- b) Transfer occlusal forces to the abutment teeth and tooth –tissue supported RPDs, to the denture foundation areas
- c) Replace the missing alveolar tissue in bulk and appearance
- d) To provide bracing, detention and in tooth-tissue supported RPDs direct-indirect retention.

Answer no. 2

Denture (RPD) should be of low density because

- a) To provide adequate retention (especially in maxilla where gravity can effect RPD retention)
- b) To reduce bulk
- c) To improve aesthetic (due to less bulk)
- d) To improve cleansing of RPD of less bulk
- e) To reduce patient discomfort
- f) To improve chewing (mastication)
- g) Easier to fabricate

Answer no. 3

Types of major connectors:

1) maxillary major connectors:

a) palatal bar:

it is narrow, half oval shaped. It's thickest point is at the center and gentle curved and should not form an angle indicated in Kennedy class III.

b) Palatal strap:

It is most versatile band of metal with a thin cross sectional dimension. Its anterior posterior dimension should not be less than 8mm and it is indicated in Kennedy class II.

c) Antero posterior palatal bar:

It consist of palatal bar and palatal strap, the 2 bars are joined by a flat longitudinal element.

d) Horse shoe connector :

It consists of a thin band of metal and is symmetrical on both sides. It is a strong connector, it derives some vertical support from tissues of hard palate. It is designed to avoid bony prominences.

e) Antero posterior palatal strap:

It is maximally used it does not contact soft palate. Each strap is 8mm in width. It derives good support from hard tissues, its L-beam effect increases resistance to flexure.

f) Complete palate:

It provides ultimate rigidity and support due to maximum tissue coverage. It is used where all posterior teeth are to be replaced, also used in patients where remaining teeth are periodontally compromised, it provides vertical support and is comfortable as well.

2) Mandibular major connectors:

a) Lingual bar:

It is most frequently used. It is half pear shaped, if mandibular tori are present surgical removal is advised. It is simple in design and has decreased plaque accumulation, it has minimal contact with remaining teeth.

b) Lingual plate :

It is also half pear shaped extending from superior border to lingual surfaces of teeth. Plate must completely close the interproximal surfaces. It stabilizes periodontally weak teeth.

c) Double lingual bar:

It consists of lingual bar and lingual plate, its upper and lower borders are similar to lingual plate, it has no continuous metal sheet. The two bars are connected by rigid minor connectors.

d) Labial bar:

It runs across mucosa on facial surface, it is half pear shaped and is longer than lingual bar, successful treatment is very limited. It is considered when remaining major connectors cannot be used.