

Making a truce with resorbed mandible—past, present and future

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Sir,

Making a mandibular complete denture can be frustrating when the residual ridges present with less than ideal conditions, especially when there is minimal bone height, unfavorable residual ridge morphology or unfavorable muscle attachments. The therapeutic challenges associated with designing mandibular complete dentures to optimally occupy the edentulous space are substantial in light of the aggressive and progressive changes that accompany edentulism.^[1] Past literature has evidenced various modalities for management of patients with flat/severely resorbed mandibular ridges as related to the preprosthetic measures, impressions, occlusal philosophy, extra retentive aids, dental implants and processing methods thereby enhancing the stability and retention of the mandibular denture. Nevertheless, the use of implants for extremely resorbed mandibulas and the choice of reconstructive surgery approach which would facilitate implant placement into the resorbed mandible is still a matter of debate in the literature. Consequently, there is a need to revisit the past for those who ignore history are condemned to repeat its mistakes.^[2,3] With the advent of the osseointegrated implant, the rehabilitation of complete edentulism have been gradually revolutionized in developing nations. As clinicians we should be insightful and contemplate future research on traditional treatment modalities. Instead of being paralyzed by the present scarcity of deduction, we should realize the imperative need for definitive and scientifically sound research involving large numbers of subjects, multi-clinician and multi-institutional involvement. Today, two-implant-supported mandibular overdenture is the minimum standard of care.^[4] Thus the need of hour is to have some potential authentic studies that evaluate prosthetic patient satisfaction through a structured questionnaire regarding the influence of conventional vs. implant-supported overdenture in the mandibular arch. These studies should include a group of edentulous adults who need implant therapy for their complete denture and an edentulous group with conventional complete denture. Therefore, by using this strategy the subjects can be accurately assessed for their expectation, satisfaction and effect on the overall quality of life.

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