International Journal of Oral Implantology and Clinical Research

1. Aims and Scope

The International Journal of Oral Implantology and Clinical Research is a journal publication independent of any implant association, aiming to provide a platform for authors to publish scientific papers relating to various clinical aspects of implant dentistry like diagnosis and treatment planning, advances in imaging modalities and other functional diagnostics, bone and soft tissue manipulation, implant esthetics and function, interesting case reports highlighting innovation or simplification and modification of existing techniques. Papers may also include well-designed, controlled clinical trials and analytical epidemiology involving oral implants as well as systematic reviews of literature.

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Determining the occlusal plane in implantology is a controversial issue, but cannot be diminished its importance for the implication as it has on the function of the working relationship between the upper and lower jaw and their occlusal topography.

This reasoning makes me believe that determining the horizontal jaw relation to which the restorations are to be constructed is one of the first critical decisions facing a dentist because all other mouth preparation procedures depend upon this analysis. Failure to make this decision correctly may result in a series of events that will produce patient discomfort.

The occlusal plane is damaged really easily. For example, when a tooth is lost in an arch, the remaining teeth have a tendency to drift. The remaining posterior teeth tip mesially and tend to extrude when occlusal contact with the teeth of the opposing arch is lost.

As professionals who practice implant rehabilitation, we must understand that the patient must be returned to as normal an occlusal plane as possible, which is defined in the Glossary of Prosthodontic Terms as “the average plane established by the incisal and occlusal surfaces of the teeth…it is not a plane, but represents the planar mean of the curvature of these surfaces”.

There is no universal recipe to follow, but experts from different “philosophical currents related to the occlusion” have provided recommendations we decided to apply coupled with our clinical experience to treat the patient individually.

From the functional point of view, the occlusal table should be situated so that the tongue and the buccinator muscle to be able to put in correct position the bolus during mastication. If the occlusal table is too high, then will cause an accumulation of food in the bottom of the buccal sulcus. If it is too low, then the patient will bite the oral mucosa or tongue. For this reason, it is recommended to place the occlusal plane aligned with the buccinator or the height of the tongue. It is considered that the inclination of the anteroposterior prosthetic plane must be equal to the inclination of the occlusal plane of the subject teeth. Esthetically, the plane formed by the edge of the upper teeth should follow the curve of the lower lip.

The interpupillary orientation of the eyes should be centered within the orbits of the cranium when the cervical neck and head posture is normalized. The eyes are the key sense organs to assist in coordinated balance control and spatial relationships maintenance of the human body.

Moreover, a correct determination of the occlusal plane may influence the long-term survival of the prosthesis and the supporting structures, either natural teeth, mucosa or implants. Small discrepancies with the prosthetic plane or Camper’s plane (Acanthionexternal auditory meatus plane, boney) normally used as a reference to determine the inclination and orientation of the occlusal plane, causes significant variations in crown height of the back teeth for the mandibular or maxillary arch. The inclination of the occlusal plane is one of the key factors governing occlusal balance. The occlusal plane is at an angle of approximately 10 degree relative to the Frankfort horizontal plane. The use of the alatragus plane which is considered to be parallel to the occlusal plane and is still controversial due in part to the lack of agreement on the exact point of reference to draw this line.

Knowledge of this possible influence of the inclination of the occlusal plane in the size of the clinical crown is also of interest in the case given that prosthesis implant in the posterior anatomical characteristics of the patient can force us to place implants of short length where it is advisable to develop the clinical crowns dentures as short as possible to improve the crown-implant proportion and reduce the burdens on intraosseous fixation (fixtures).

The most common method is to use an occlusal plane index/fox plane, which is designed to better assess the maxillary occlusal cants, asymmetries and occlusal discrepancies when referenced to the horizontal ground when the patient’s head is correctly oriented looking at a level of horizontal position. Provides a more representative occlusal plane orientation for occlusal waxing and smile design. It allows for a more proportional distribution and crown length ratio between the upper and lower posterior crowns and prevents the need to excessively reduce the maxillary posterior occlusion during crown preparation.

I recommend a reliable method for the planned rehabilitation of complex restorative situations that frequently exhibit loss of many occlusal landmarks, which is necessary for the use of the Broderick occlusal plane analyzer which provides an easy and practical method to determine an occlusal plane that will fulfill esthetic and functional occlusion requirements.

As a few prosthodontic classical articles have concluded over the time, “the knowledge, judgment, understanding, and skill of each dentist is more important in treating patients than the technique or concept of occlusion to which he subscribes”.

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