INTRODUCTION

The treatment of the Elderly Patient must be specific, because having to cope with peculiar changing oral conditions with ageing which are considered with social and psychological aspects. This creates different demands and needs compared with other cohorts [1]. General health conditions & medication-involvement may define the Oral rehabilitation [2]. Systemic diseases frequently need special care and prohibit an invasive procedure [3]. The key to success relay on defining an adapted. Treatment in relation with: diagnosis, prognosis and prevention. Edentulism remain one of the main statuses for the elderly and compromised patient [4]. Average complete or partial dentures remains important [5] but is commonly treated by Implant support in complete dentures. The dentist needs to establish a difference between implant support & implant retained over dentures. Nevertheless the most difficult restorations are when there is a loss of support in the posterior areas right and left and moreover unilaterally. (Kennedy Class 1 & 2). With aging, remaining old fixed reconstructions are difficult to remove and will generally lead from Partial to a complete edentation [6-8]. A new fixed prosthetic is often impossible due to morphologic difficulties or poor value of the remaining teeth. Also the anatomic and bone condition are often not favorable for a classical implantation procedure. With a classical Removable Denture the Prosthodontist is never able to achieve a perfect rehabilitation. Because of adaptation- difficulty even an excellent design may fail finally [9,10]. In the early eighties Implants appeared as solution to the different handicap [11] of the complete or partial denture wearers. Actually the opinion stated that these individuals have issues that may contribute to a higher rate of implants failure than among young and healthy patients. However the evidence available shows success rates in these patients comparable to those of younger people [12]. Another important point is the transitional period. Actually this transition from a dentate to an edentate status is very sensitive. Patients will not accept to be handicapped by poor esthetic, inadequate retention and stability of their dentures during speech and mastication. The patient will also be frustrated waiting a long time before receiving the final restoration.

A Bio-Ethic attempt

The purpose of this article is to ascertain a secure comfortable and mini traumatic approach in the rehabilitation of the edentate elderly. Therefore an alternative treatment approach will be presented.

CLINICAL CASE PRESENTATION

The Patient, Mr. Z, K, is a 70 year old owner of a joiner’s workshop.

He suffers from Systemic diseases but is now in a stabilized health condition except the fact that he smoked in the past. He’s upper teeth were extracted 15 years ago, and an immediate denture was inserted afterward. After the healing period another definitive complete upper denture was inserted. In the lower jaw (Figure 1; X rays) were teeth that presented different degrees of pathologies and should be extracted. Different options were then presented, the patient finally accepted as solution an Implant -supported over-denture.

The Problematic

Because former experience the patient strongly opposed a multiple extractions and an immediate insertion of a prosthetic device. He was in the same time convinced of the necessity of a number of Implants supporting the Lower denture. The clinical
examination and the radiographic status bring to the conclusion that all the remaining teeth had to be extracted.

A bio-ethic approach

It is well known that the satisfaction of new dentures depends not only on technical issues, but also as a result of personal parameters [9]. Therefore a side of a correct oral rehabilitation it’s very important to learn the personality of our patient. To understand what are the real motivations, expectations and finally he’s acceptation of the treatment planning. Obviously a comprehensive evaluation of the motivation and the commitment of long term cooperation is a basic condition before starting the treatment [10].

First step: A transitional partial-denture on a metallic base was elaborated and delivered. The extraction concerned always by group of 2 or 3 teeth that were immediately replaced in the dental clinic. At the end only remained two last lower molars (Figure 2). The rationale was to provide a sufficient stability to the transitional denture allowing mastication, phonetic and esthetic appearance.

Second step: Implantation of four 3.75 mm implants was realized in a classical way without any attempt for an immediate loading since the provisional prosthesis had enough stability by the molars support (Figure 3, 4). After 3 months healing and

Figure 1 X-Rays Status.

Figure 2 Two remaining lower molars.

Figure 3 Implantation anterior area.

Figure 4 Four gold locators.

Figure 5 Four housing for the locators.

Figure 6 Provisional Denture.

Figure 7 Transitional lower denture.
osteo-integration gold Locator abutments were screwed on the implants (Figure 5). The Female attachments were afterwards adapted to the locators (Figure 6).

**Third Step:** Finally after the extraction of the 2 last molars a new complete lower denture was realized, and the female attachments inserted in the basis of the new denture (Figure 7-9).

**DISCUSSION**

In comparison with the classical way; multiple extractions, immediate denture, healing, implantation and fixation of the attachments, the minimalistic invasive approach presents obvious advantages. Fewer traumas, permanent control on the retention and stability of the prosthesis (Figure 10).

When the patient has a compromised health situation or when he is reluctant to undergo a long invasive treatment because psychological or systemic conditions, this treatment planning is most recommended.

Since implants are a new standard and the consensus for a better solution for the complete edentate patient, there is an obligation to adapt these prosthetic solutions to specific categories of patients.

**CONCLUSION**

Clinical evidence is a necessity in the diagnostic, the prognostic and the realization of an oral rehabilitation that should take under consideration for all the parameters of our Patients. Therefore Bio-ethics is a compulsory element for new comprehensive Dentistry approach.

**REFERENCES**