

colonization, thus causing implant failure. Tissue adjacent to the dental implant was studied using light and transmission electron microscopy and findings were consistent with microbial infection. The cause of implant-initiated infection of reviewed.

## Oral Session V(AAP)

Ballroom II

OV-1

### The Clinical Importance of Biologic Width and Gingival Embrasure in Restorative Dentistry

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The fact that an optimal attainment of marginal integrity is one of the most dominant factors in terms of the longevity of the clinical outcomes in restorative dentistry seems to be self-evident with a unanimous consent by clinicians. What else should be stressed for the maintenance of proper gingival health in addition to the significance of the marginal integrity?

That is thorough understanding and careful clinical application of the biologic width and the gingival embrasure. The biologic width and the gingival embrasure also play a major role in gingival esthetics and oral hygiene maintenance for successful restorative treatment.

Some unnegligible aspects related to conceptual and applied principles of the biologic width and the gingival embrasure will be presented as useful guidelines for the predictable clinical results in restorative dentistry.

OV-2

### A Cement-retained Fixed Detachable Prosthesis : A Case Report.

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A mandibular bilateral cantilevered fixed detachable hybrid prosthesis retained by a resin cement was designed for a 81-year-old woman. It was supported by 4 Steri-Oss implants and opposed by a complete denture. 4 cement-type straight abutments were connected to the master cast. Mesioldistal retention grooves were made on the 2 anterior abutments after determining a path of insertion. 0.3mm spacer was coated over each abutment. A bilateral cantilevered framework was fabricated on the abutments using a Cr-Co alloy. Screw holes on the framework were made over the abutments even if it was a cement-retained prosthesis so that the abutment-framework unit could be removed by unscrewing through the holes. The framework was adjusted and fully seated on the abutments without any friction until metal-to-metal contacts were obtained at least at the distal edge of the distal abutments. The framework was opaqued after silicoated and the resin portion was processed. Both the abutments and the inside of the abutment holes of the framework were sand-blasted. Each abutment was tightened at 20 Ncm in the mouth and the prosthesis was finally cemented