on the abutments using a resin luting cement. A ligualized balanced occlusion was established. This prosthesis has not experienced any screw loosening or cement wash-out for 1 year. This system may have following advantages : 1) minimize stress on the implants, 2) reduce screw loosening or fracture, 3) eliminate section and soldering procedure for 'passive fit', and 4) can be retrievable.

OV-3 Cement-retained vs Screw-retained Implant Prostheses:Clinical Experience

Jung-Min Lee*, Y. S. Kim
Department of Prosthodontic, College of Dentistry, Seoul University, Seoul, Korea

In restoring edentulous patients with implants, one must face a difficult choice between screw-retained prostheses and cement-retained prostheses.

3-D FEM was used to analyze stress under vertical, horizontal and oblique loads in CeraOne, CerAdapt and UCLA abutments used frequently to restore single missing teeth.

Overall, cement-retained prostheses showed lower stress values and more favorable stress distribution.

In the screw-retained prostheses, chosen by many dentists, screw loosening is a disadvantage offset by its retrievability.

In addition to favorable stress distributions, there is a no screw holes in cement-retained prostheses, allowing for wider intact occlusal surfaces leading to higher masticatory efficiency.

This is a comparision of the two types of prostheses tried in clinical cases.

OV-4 Single Implant Replacement

Shang-Hoon Bhang
Yelim Dental Clinic, Seoul, Korea

When we meet single-tooth missing cases, we can consider several kinds of treatment options, a fixed 3-unit bridge, a single implant replacement, a maryland bridge-type of restoration, or an all-ceramic bonded bridge.

Among them, single implant replacement gives some advantages.

Especially, in cases of either single or multiple diastemas, adjacent teeth have a poor crown and root ratio, or adjacent teeth are sound and the patient does not want to touch neighboring teeth.....

But implants must meet the same esthetic goals as natural teeth or conventional restorations.

The most crucial esthetic element in all restorations is the soft tissue profile, which is defined as the prosthetic recipient site from which restoration emerges.

In some instances, an orthodontic measure may be needed to synergistically combine tooth movement with periodontal plastic surgical techniques, guided bone regeneration, or osseous grafts, to effectively establish the foundation for functional and esthetic implant restorations.

I' ll present the below contents.

① Ridge preservation technique for esthetic implantation.

② immediate implantation and immediate loading.
③ implantation with simultaneous bone regeneration procedure.
④ soft tissue management for esthetics.(guided soft tissue healing)

OV-5 Clinical Evaluation of Magnet with Milled Bar for Implant-supported Overdenture

Jen-Chyan Wang*, J. M. Hong, Y. M. Wu, C. H. Cheng
Department of Prosthodontics, School of Dentistry, Kaohsiung Medical College, Taiwan

This report describes a technique of combining magnetic attachment with milling bar for implant-supported overdenture and evaluates the clinical performance of such design used in 30 pateints between 12 to 48 months period. Two types of rare earth magnet systme, Magfit EX600, Aichi steel works Ltd. Japan and Hicorex super, Hitach metal Corp., Japan, were used in this project. During prosthetic fabrication phase, the keepers of magnetic attachments were embedded in wax pattern and cast on the occlusal surface of metal bar with Pd-Ag alloy. the keepers were placed in between implant abutments and/or on the cantilevered portion of cast bar. The cast metal bar was then machine-milled for guiding denture insert: on and increasing stability.

A total of 112 magnets wered combined with milling bars for 31 implant-including peri-implant soft tissue health, corrosion resistance of magnetic attachment, and the degree of patients' satisfaction for denture clinical performance. The results indicate none of the 125 implants(IMZ 92, Branemark 15, and 3i 8) support overdentures was failed during 12 to 48 months functional period. There were only few soft tissue problems around implant-abutment areas after prosthetic treatment. No corrosion of magnetic attachments was found. From subjective questionnaire evaluation, the majority of the 30 patients were satisfied with the retention and stability of their implant-supported overdentures. Based on the limited clinical observation, we conclude that combining magnetic attachments with cast milled bar for implant-supported overdenture can be used successfully for fully edentulous patients over a medium-term period.

OV-6 Implant Supported Prosthodontic Restoration In severely Atrophied Posterior Mandible using Distraction Osteogenesis

Yong-Chang Choi*, M. K. Choi
Department of Prosthodontics and Implant Dentistry, Catholic University, Seoul, Korea

Implant assisted dental restorations have been recognized as predictable prosthodontics treatment modality with excellent long-term prognosis. The survival rate of implants and the implant prosthesis in fully and partically edentulism case are 91%~99% in the mandible, 85%~95% in the maxilla in area 10 years. However, failures also have been reported. The most common reasons of failures are due to the imporper low bone density, the inadequate bone quantity, infection, overloads etc. Especially in lower posterior mandibular regions, often encountered with severly atrophied alveolar ridges. In such cases, onlay procedures, Inferior alveolar nerve lateral reposition procedures or short implants placement were inevitable to