Hi all,

We all know what a pain this can be – fitting a new crown to an existing partial denture. I learned this technique from the Parkell advertorial “magazine” they send out. I’ve been using it for years, and it works very well in my hands. Unfortunately, I didn’t take any photos of the clinical aspect of making the special impression for the clasp duplication. But, I’ll try to describe.

Prep the tooth.

Make the normal impression for the crown.

Then squirt a blob of Blu-Mousse (BM) over the prepped tooth and seat the partial denture. Quickly, with your finger, wipe away the excess BM such that you can see the occlusal rest and clasps shining through the BM. Let the BM set. Remove the partial (BM comes with it). Carefully trim away any excess BM with a bard parker blade and tease the impression out from under the RPD [removable partial denture]. Set this BM impression of the clasps and rest aside, and send your case to the lab to pour the models. Have them return the models and this is where the photos below pick up:

Left photo: Cut an index groove in the edentulous area of the model.
Right photo: Lingual view.

Seat your BM clasp impression on the die.

I have colored in the clasp and rest areas with a pen for easier viewing.

Left photo: Facial view.
Right photo: I blocked out the saw cut area with some paper towel.
Then I used Luxatemp and flowed a blob over the index previously cut in the edentulous area as our “base.” Then flowed it up the distal guide plane, onto the occlusal rest, and into the clasp areas.

Note that it is a bit “over-built,” to strengthen the “clasps.” Luxatemp is a bit brittle. We’re primarily interested in the internal aspect of the clasps and rest for the purposes of building up the crown contours.

Left photo: Luxatemp “clasp assembly” with BM removed and reseated on model.

Right photo: I sent these photos to the lab to make sure they understood what to do with this silly piece of Plastic.

Left photo: The index groove in the edentulous area makes precise orientation and placement of the “jig” easy.

Send case back to lab.

Right photo above: Final result. I didn’t touch the crown. Didn’t touch the clasps. This is how it came back from the lab.

Awesome!

Right photo: Not a bad fit, eh? So... there you go something totally different and non-cosmetic for our esteemed group. ■ Michael I. Barr, DDS

Mike,

How about this one.

1. Prep the tooth.

2. Try partial on, verify enough room between clasps and prep.

3. Twist a tube of blue modeling resin until enough material comes out to make a small ball. Press the blue material down and around the prep. Next, place the partial back in the mouth. Make sure the material is properly adapted to all clasps and rest areas. Then light cure it. Remove and send to lab.

That’s what I do and I have a list of what the lab does, so if anyone wants to hear that I can write it up too. My lab gave me a nice handout on it and works great! Fast too! ■ Timmy

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Write it up, Tim! Photos, too if you can. Thanks! ■ Michael I. Barr, DDS

Mike,

I read that Parkell technique too. Isn’t it cool? I am glad it has worked for you. I didn’t know you deal with cases like these also!

I’ve yet to try that technique. Too much work!

I usually would have to take the partial away and send it along for the lab. When the partial covers anterior missing teeth, I’d make the temporary “flipper” for those teeth, and take the partial away. And then there are times a brand new partial is called for because it was the culprit for that broken tooth!

Sometimes you’ve got to do what you’ve got to do. ■ Phil

I’ve been very fortunate that my local lab guy will do these kinds of crowns over-night. I take the impression with the RPD in place, send it to the lab, and he gives me the RPD and the crown back the next day. ■ Rich Fossum, DDS
I merely take a pick-up impression with coping in place as well as the partial and make arrangements with lab to place porcelain the same day. Simple. Of course I only do PFM (porcelain fused to metal). I have done it both ways. The obvious advantage of this technique is the patient doesn’t have to go without his partial for any amount of time. The not-so-obvious advantage is I have found this to be far more accurate. Whenever I’ve done a pick-up impression of the partial, I’ve had to do a lot of adjusting, and the fit is never perfect. With this technique, it’s perfect. I suspect the reason for inaccuracy with a pick-up impression is the inability to know the partial is in the right position, passively seated.

A lab tech on the ACE forum said they take it a step further. They take the clasp pattern and cast it in non-precious metal. Pretty cool idea. The composite pattern is a bit fragile and sometimes breaks.

I’ve been happy with this technique also. My lab knows what to do with the clasp impression so I just send the Blu-Mousse blob along with the prep impression and they return me a crown that magically fits the clasps.

Mike, I also saw this years ago but I have the patient bite gentle into MI. This assures that the partial is not tilted. Also I have my lab make the clasps out of Duralay. Not so brittle.

Do you have a comment to share? There is more to read online. Visit www.towniecentral.com, type in “Retrofitting a Crown” in the search box and click “Search.”

Afro
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satchdds
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Incredible Mike (Barr)
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Michael I. Barr, DDS

Frank K. Rho, DDS