

Division of pontics according to shape and relation to the mucosa.

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Classification of pontic design;

Mucosal contact: with contact: Saddle pontic, Ridge lap pontic, Modified ridge lap pontic and ovate pontic

without contact: Bullet pontic and Sanitary pontic

Type of material used: Metal and porcelain veneered pontic, Metal and resin veneered, All metal, All ceramic

Method of fabrication: Custom made, Prefabricated and Modified Prefabricated. Prefabricated types are TruPontic, Interchangeable facing, Sanitary facing, Pin-facing, Modified Pin facing, Reverse pin facing, harmony pontic, porcelain fused to metal pontic

Based on mucosa contact: saddle pontic is a pontic with a concave gingival surface that overlaps the ridge buccally and lingually. The gingival surface of the saddle pontic will not have continuous contact with the ridge instead only the buccal and lingual ends of the gingival surface will contact the tissue. Disadvantage of saddle pontic: difficulty in maintenance. Special instruction to floss/clean the gingival surface should be given to patient. Ridge lap pontic; resembles a natural tooth. It is designed to adapt closely to the ridge. It is avoided because it is difficult to maintain and often leads to inflammation of tissue contact areas. Modified ridge lap; these pontics are designed to further reduce tissue contact. They do not overlap the ridge on either side but instead are limited to contact on the buccal/labial side of the alveolar ridge. This pontic also is designed with slight bucco-lingual concavity where food entrapment can occur. This entrapment can be avoided by designing the pontic with a convex surface. There is a T-shaped mucosal contact with the mucosa. The horizontal part of the T forms the contact of the buccal surface of the ridge and the vertical part of the T ends at the crest of the ridge. Ovate pontics are used in cases where the residual ridge is defective or incompletely healed. They can also be used in broad and flat ridges. The pontic is designed so that its cervical end extends into the defect of the edentulous ridge. The pontic should be reduced as healing progresses. This design of pontic is more aesthetic and it appears to fit from the socket like a natural tooth. Bullet-shaped pontics: convex tissue surface which contacts the tissue at a single point without any pressure. This pontic is very easy to clean and maintain but has poor aesthetics with its wide embrasures. Indicated for mandibular posterior teeth. Sanitary pontics: have zero tissue contact. They are easy to maintain but are very unaesthetic hence also used for posterior teeth. There should be an occluso-gingival height of 3mm minimum.