

mandibles showed no significant correlation ( $r=0.24$ ,  $p<0.05$ ). Intra-subject measurement showed that the eminentia piriformis region had significantly higher optical density values compared to 1st molar and mental foramen regions ( $p<0.05$ ). Women had significantly lower bone height values than men ( $p<0.05$ ), but no significant sex difference was found in optical density values.

**CONCLUSION:** The presence of functional units has significant influence on bone height, although, like age or sex of the patient, it has no influence on mineral content of the mandible. The eminentia piriformis is not susceptible to bone mineral content or height change.

## 47. The Rate of Resorption of Different Regions of Residual Ridges in Complete Denture Wearers Dependent on the Region and the Period Following the Last Extraction. One Year Study.

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Residual alveolar ridges (RR) show continual resorption after the loss of the natural dentition, resulting in reduction of the morphologic face height and counter-clockwise rotation of the mandible, regardless of whether the dentures are worn or not. The aim of this study was to analyse residual ridge resorption (RRR) in 5 different regions of both jaws on the successive lateral cephalograms of 50 complete denture wearers and to correlate such changes with the number of years of edentia and the region where the last extraction was performed. The height of the residual ridges was measured on 5 different sites of the mandible and the maxillary RR using a calibrated grid. The results revealed that all the patients showed significant RRR in the one year period ( $p<0.01$ ), which was 2.5x more in the mandible than in the maxilla. RRR was bigger in patients who had had their last extraction within a period of one year before receiving their dentures, than in patients who had extracted their teeth earlier ( $p<0.01$ ). However, the rate of RRR was significantly higher ( $p<0.01$ ) in the anterior regions of both jaws compared to distal regions (0.41 and 0.42 mm

in the incisive/canine region: 0.2 and 0.17 mm in the pre-molar/molar region for the maxilla 1.05 and 0.82 mm in the incisive/canine region : 0.27 and 0.11 in the pre-molar/molar region for the mandible), even in patients where the last extraction was performed in the premolar region. It seems that the structure of the bone and strains in RR, due to loading from the dentures, may play a role, not only the period following extraction and the region of the last extraction.

## 48. Satisfaction with Removable Denture Therapy in Complete and Partial Denture Wearers

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The aim of this study was to evaluate patients' satisfaction with their dentures, with denture retention, speech, chewing ability and the comfort of wearing dentures in complete denture (CD) and Kennedy Class I removable partial denture (RPD) wearers. The aim was also to compare the level of satisfaction between the CD and RPD wearers. A total of 156 CD and 103 RPD wearers took part in this study. Patients graded their satisfaction by using an analogue-visual scale from 1 to 5. The statistical analysis was made (descriptive statistics, Kolmogorov-Smirnov one sample test, Mann-Whitney test). The following conclusions were made: Both CD and RPD patients were mostly satisfied with their dentures (the distribution of the scores of the patients' assessments was not as described by Gauss, but was skewed towards the highest scores). Variables were ranged from the best to the worst grades in the group CD wearers as follows: retention of upper CD, comfort of wearing upper CD, speech, aesthetic, overall satisfaction, chewing ability, retention of lower CD and comfort of wearing lower CD. Variables were ranged from the best to the worst grades in the group of RPD wearers as follows: aesthetics, retention of upper RPD, comfort of wearing lower RPD, speech, retention of lower RPD, overall satisfaction, chewing ability and comfort of wearing lower RPD. The difference of the satisfaction between RPD and CD wearers was significant ( $p<0.05$ ) for the comfort of wearing lower denture (higher scores RPD wearers), for the retention of lower denture (higher scores RPD wearers), and for chewing ability (higher scores CD wearers).