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A finite element evaluation of stud type overdenture attachments

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Introduction

An overdenture is a restoration that covers at least one root. Anchoring an overdenture to retained roots enhances denture stability and provides numerous functional advantages. Radicular ball and socket stud type overdenture attachments are available with both rigid or resilient function. A rigid attachment allows no movement between male and female elements and the stress is directed towards the roots. The movement allowed by a resilient attachment directs stresses away from the roots and towards the tissue For this reason, resilient attachments are most frequently used. Today, a multitude of stud type overdenture attachments exist in different types and sizes. The selection of a specific attachment can seem overwhelming at first, but is basically a process of elimination. The selection process is simplified once basic considerations are evaluated.

Objectives

The aim of the study was to evaluate the influence of the stud attachments components dimensions on their strength using the finite element analysis.

Material and Methods

Color coded female inserts with various degrees of retention and a precision machined plastic burnout pattern male are most used in practice. The female inserts are retained in a metal housing allowing them to be easily replaced at chairside. Purposely designed resilient ball and socket stud type attachments were modeled (Fig. 1-5) in order to be exported for numerical simulations using ANSYS finite element analysis software (ANSYS Inc., Philadelphia, USA). The parameters like ball diameter (1.6 - 2 mm), and female insert width (0.5-1 mm) were varied. The finite element models were subdivided into 4332 solid elements, connected at 8824 nodes. All nodes at the base of the ball were restrained in all directions and displacements of 0.01-0.03 mm were applied on the female part. Generated stresses and displacements were calculated numerically and plotted graphically.



Fig. 1: Design of the resilient ball and socket Fig. 2: Modeling of the ball stud type attachment





Fig. 3: Modeling of the resilient female insert Fig. 4: Modeling of the female metal housing



Fig. 5: Section through a resilient ball and socket stud type attachment

Results

High stresses were present on the upper surface of the resilient female insert (Fig. 6) and they increase with the increase of the displacement value, the decrease of the female insert width and the decrease of the ball diameter. The deformations of the female inserts are maximal in the same areas (Fig. 7). Regarding the stresses in the metal ball, they are present around the neck and on their top (Fig. 8). In the metal housing high stresses were located around the balls greatest circumference (Fig. 9).





Fig. 8: Stresses in the metal ball

Fig. 9: Stresses in the metal housing

Conclusions

Understanding the fundamentals of stud type attachments will is essential in the selection of the appropriate attachment for each clinical case. The described methods can generate experimental models, which can be used to select the preferable attachment size.

Literature

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Intruduction: An overdenture is a restoration that covers at least one root. Anchoring an overdenture to retained roots enhances denture stability and provides numerous functional advantages. Radicular ball and socket stud type overdenture attachments are available with both rigid or resilient function. A rigid attachment allows no movement between male and female elements and the stress is directed towards the roots. The movement allowed by a resilient attachment directs stresses away from the roots and towards the tissue for this reason, resilient attachments exist in different types and sizes. The selection of a specific attachment can seem overwhelming at first, but is basically a process of elimination. The selection process is simplified once basic considerations are evaluated.



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Conclusions: Understanding the fundamentals of stud type attachments will is essential in the selection of the appropriate attachment for each clinical ease. The described methods can generate experimental models, which can be used to select the preferable attachment size.