



were prepared with different type of veneer preparation: Group 1-feather preparation; Group 2-bevel preparation and Group 3- incisal overlap-palatal chamfer. Composite veneers were produced using light-curing technical composite In:joy (DeguDent) and bonded to the prepared maxillary central incisors using resin cement RelyX veneer (3M ESPE). Specimens were loaded to fracture in universal testing machine TRITECH WF 10056 (Wykeham Farrance, Milan, Italy). The localization of fracture was recorded and data was analyzed. Results: The most common fracture localization in group 1 was in the gingival third, group 2 in the incisal third, while in group 3 two specimens were fractured only in the incisal part and in three specimens the fractures were localized both incisal and gingival. Conclusion: Preparation design had a significant effect on the fracture localization. According the results, the preferred preparation design is incisal overlap-palatal chamfer. The veneers with this type of preparation design exhibited better fracture resistance and superior aesthetic for the patient.

PP.143. MAXILLARY OVERDENTURES RETAINED BY TELESCOPIC ATTACHMENTS

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Edentulous patients often have complaints with their conventional complete dentures. Dental implants have been successfully used to retain these dentures and increase the quality of life and satisfaction of these patients. For the edentulous maxilla, 4 implants are indicated to retain an overdenture for biomechanical reasons. However in cases of insufficient preoperative planning, these four implants may not be inserted in the anterior maxilla and bar retained overdentures may not be fabricated. In the present report prosthetic rehabilitation of 2 maxillary edentulous cases where the implants couldn't have been placed in the anterior maxilla are presented. Telescopic custom abutments were fabricated and served as primary crowns and maxillary overdentures supported by telescopic attachments were delivered to the patients. Both patients were followed up for 8 years and no complications were observed. As a result telescopic attachments may be a good alternative to bar attachments in maxillary overdentures in specific cases.

144. ORAL APPLICATION FOR SLEEP DISORDER BREATHING; A CASE REPORT

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SULE NUR MACIT-ORAL APPLICATION FOR SLEEP DISORDER BREATHING A CASE REPORT-ANKARA UNIVERSITY, FACULTY OF DENTISTRY, DEPARTMENT OF PROSTHODONTICS

ORAL APPLICATION FOR SLEEP DISORDER BREATHING; A CASE REPORT Background: Sleep disordered breathing (SDB) is an extremely common medical disorder associated with important morbidities. Oral appliances which used for the treatment of sleep disorder breathing are a simple and influential alternative for protection of upper airways from obstructions during sleep. Recently, there has been increasing interest about oral appliance usage for obstructive sleep apnea patients because of the limitations of another therapies such as positive airways pressure therapy and surgical methods while each method has advantages and disadvantages. Methods and materials: A 47 year old male patient who had a history of excessive snoring, sleepiness and headache, was referred to our clinic because of oral appliance therapy. One piece custom oral apparatus in the form of a denture with crochets (on