

# Stress distribution patterns of implant supported overdentures-analog versus finite element analysis: A comparative *in-vitro* study

Soumyadev Satpathy, C. L. Satish Babu, Shilpa Shetty, Bharat Raj

Department of Prosthodontics, V.S. Dental College and Hospital, Bengaluru, Karnataka, India

## Abstract

**Aims and Objectives:** The aim of this study was to assess & compare the load transfer characteristics of Ball/O-ring and Bar/Clip attachment systems in implant supported overdentures using analog and finite element analysis models.

**Methodology:** For the analog part of the study, castable bar was used for the bar and clip attachment and a metallic housing with a rubber O-ring component was used for the ball/O-ring attachment. The stress on the implant surface was measured using the strain-gauge technique. For the finite element analysis, the model were fabricated and load applications were done in a similar manner as in analog study.

**Results:** The difference between both the attachment systems was found to be statistically significant ( $P < 0.001$ ).

**Conclusion:** Ball/O-ring attachment system transmitted lesser amount of stresses to the implants on the non-loading side, as compared to the Bar-Clip attachment system. When overall stress distribution is compared, the Bar-Clip attachment seems to perform better than the Ball/O-ring attachment, because the force was distributed better.

**Key Words:** Ball/O-ring, Bar-Clip, finite element analysis, implant retained overdenture, overdenture attachments, strain gauges

## Address for correspondence:

Dr. Soumyadev Satpathy, Department of Prosthodontics, V.S. Dental College and Hospital, Bengaluru - 560 004, Karnataka, India.

E-mail: soumyadevster@gmail.com

Received: 18<sup>th</sup> January, 2015, Accepted: 24<sup>th</sup> May, 2015

## INTRODUCTION

The ability to replace lost teeth with osseointegrated implants has improved the quality of life.<sup>[1]</sup> The advantages of implant retained prostheses include improved mastication, increased passive tactile sensitivity, better retention compared to

the conventional ones.<sup>[15]</sup> A minimum of two implants in anterior mandible, generally in the canine region, followed by rehabilitation with implant retained overdenture is the WHO guideline for rehabilitation of any completely edentulous patient.<sup>[14-17,27,37,38,42]</sup>

The commonly used forms of anchorage include ball attachments and clips on a bar connecting the implants. It is important to ascertain whether implants need to be splinted together or whether freestanding implants alone can withstand the loads.<sup>[7,9,11-13]</sup> The prognosis of the implants depends on the ability of the attachments to dissipate the stresses transmitted through them by the superstructures.<sup>[6,7]</sup>

Access this article online	
Quick Response Code:	Website: www.j-ips.org
	DOI: 10.4103/0972-4052.165324

Because of technical difficulties, *in vivo* measurements of forces with the transducers mounted directly on the implants are rare. Hence, *in vivo* models are fabricated, wherein strain gauges are used to measure the amount of stress being transferred to the implants, by the superstructure.<sup>[58,60,61]</sup>

The present *in vivo* study compared the load transfer characteristics of Ball/O-ring and Bar/Clip attachment systems, using analog and finite element analysis models.

The objectives of this study were to compare the following:

- To evaluate load transfer characteristics of Ball/O-ring and Bar/Clip attachment systems in implant retained overdentures using analog models
- To evaluate load transfer characteristics of Ball/O-ring and Bar/Clip attachment systems in implant retained overdentures using finite element analysis models
- To compare the load transfer characteristics of Ball/O-ring and Bar/Clip attachment systems in implant supported overdentures obtained from analog and finite element analysis models.

## MATERIALS AND METHODS

This study was carried out in two parts:

- Fabrication of analog model, followed by load application and analysis
- Fabrication of the finite element analysis model, followed by load application and analysis.

### Methodology of analog model fabrication, load application and analysis

#### *Fabrication of study models*

Edentulous mandibular models were made from heat-cured polymethylmethacrylate resin. Implant analogs were placed in the canine region and retained with resin cement. Implant supported overdentures of heat polymerized polymethylmethacrylate were fabricated to be placed on the previously fabricated models [Figure 1].

#### *Implants and attachments*

A castable hader bar of length 22 mm and clip length 16 mm was used for the Bar-Clip attachment. This hader bar and clip attachment system was attached to the implant analogs placed earlier. A metallic housing with a rubber O-ring component and a ball abutment fixed to the implant analogs were used for the Ball/O-ring attachment [Figure 2].

#### **Loading procedure**

The denture after being placed on the model, with each attachment in place, loads were applied in the region of the occlusal surfaces of the second premolar and first molar region using a universal testing machine. Loads were increased gradually from 0 to 100 N in 10 N steps [Figure 3].

### Methodology of finite element model fabrication, load application and analysis

#### *Step 1: Obtaining the computed tomography scan images*

A spiral computed tomography scan image of 3 mm sections of a 60-year-old completely edentulous male patient was obtained.

#### *Step 2: Finite element modeling of mandible, denture, mucosa and implants*

The implant analogs used for the *in-vitro* study were scanned and used to design the implants to be placed in the canine regions of the finite element model. Ball/O-ring and Bar/Clip attachment systems were fabricated using three-dimensional finite element meshing, using similar dimensions and mechanical properties as that of the analog model attachments.

#### *Step 3: Incorporating mechanical properties in the finite element model*

Mechanical properties such as Young's modulus and Poisson's ratio of mandible, denture, mucosa and implants are used for further analysis. All materials included in the finite element models were considered to be isotropic, homogeneous, and linearly elastic.

#### *Step 4: Applying loads and constraints*

Following the meshing of the mandible, implant supported overdenture and implant models, and incorporating the material properties, the models were constrained at the base [Figure 4].

#### **Loading procedure**

Loading was done incrementally from 0 to 100 N, increasing in 10 N increments for both Bar/Clip and Ball/O-ring attachment systems. The loading was done both unilaterally in the region of second premolar and first molar and also bilaterally in the same regions.

The results of the data obtained were compared and subjected to statistical analysis using one-way analysis of variance.

## RESULTS

### Results and statistical analysis obtained from analog model study procedure

Influence of load (in Newton) on the stresses being taken up by each implant was found to be significant ( $P < 0.001$ ) [Table I]. The amount of the applied loads being transferred by each attachment into the implant when compared was found to be significant ( $P < 0.05$ ). Higher stresses were recorded in Ball/O-ring on the side of applied load, followed by Bar/Clip and with Bar/Clip on the nonloaded side, respectively. Lower stress levels were recorded in Ball O-ring with implant on the nonloaded side [Figure 5].

### Results and statistical analysis obtained from finite element analysis study procedure

#### *Ball/O-ring attachment system*

Red region indicates region of high-stress region while

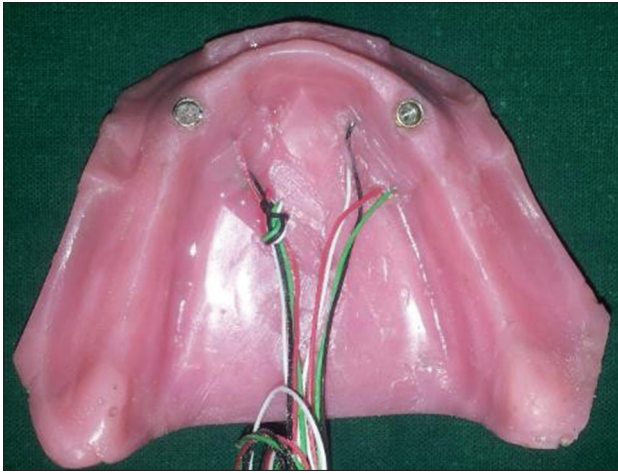


Figure 1: Implants with the load cells placed in the canine region

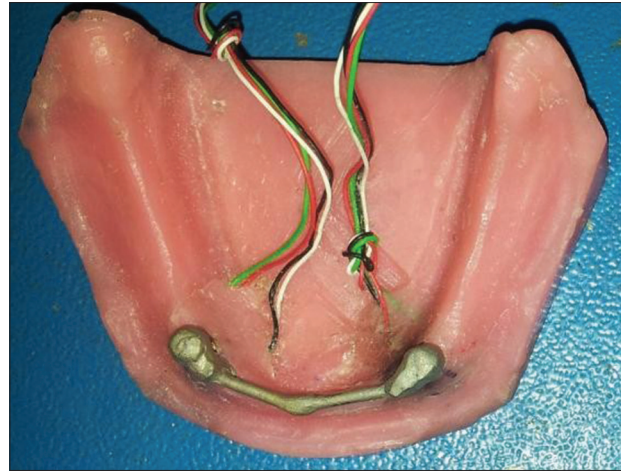


Figure 2: Bar attachment in place

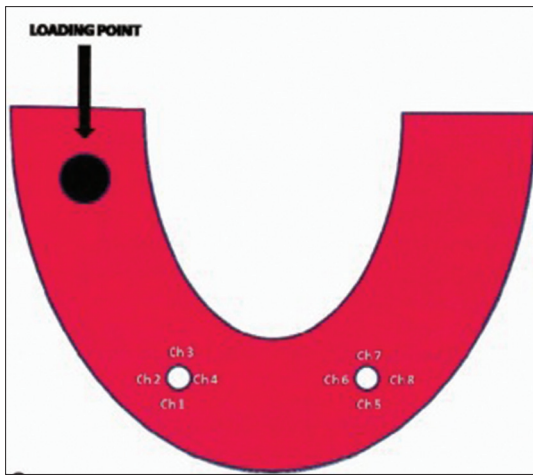


Figure 3: Attachment of strain gauges around the implants and loading point

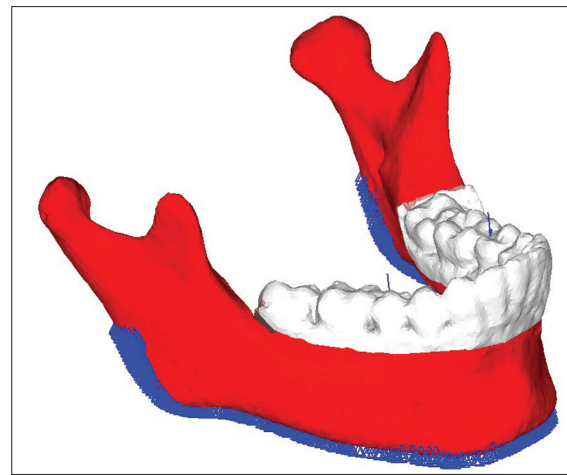


Figure 4: Loads and boundary conditions in Finite element analysis model

Table 1: Comparison between both the attachment systems in dissipating the forces applied on them

Source of variation	df	SS	Mean SS	F	P
Load	1	24124.009	24124.009	129.937	<0.001*
Attachment	1	241.114	241.114	1.299	0.261
Implant	1	16459.114	16459.114	88.652	<0.001*
Attachment×implant	1	2114.205	2114.205	11.388	0.002*
Error	39	7240.718	185.659	-	-
Total	43	50179.159	-	-	-

\*Denotes a significant factor/significant difference between the levels of the factor. SS: Sum of squares

blue indicates region of low-stress concentration. In case of unilateral loading, it can be seen that stresses developed in the implant closest to the loading area are more [Figure 6].

Whereas when bilateral loads are applied, it can be seen that Von Mises stresses are developed on both sides almost equally [Figure 7].

*Bar/Clip attachment system*

In case of unilateral loading, it can be seen that stress is developed on both the sides, although loading is unilateral [Figure 8]. With bi-lateral load application, more or less uniform state of stresses was found to develop on both the sides [Figure 9].

**DISCUSSION**

An implant supported overdenture is subjected to various types of axial and nonaxial stresses, including the masticatory forces. The resultant of these forces is transmitted through the superstructure and the attachments to the implants and may lead to concentration of stresses in the different parts of the implants.<sup>[12]</sup>

Cost is an important factor that determines the placement of implants. By reducing the number of implants required to

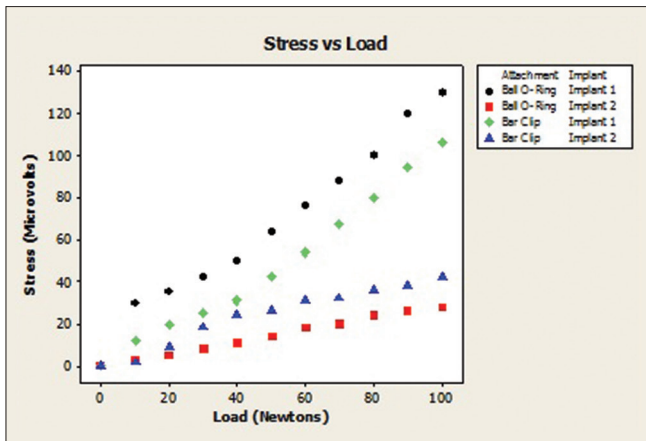


Figure 5: Effect of load (in Newtons) on stress (Microvolts)

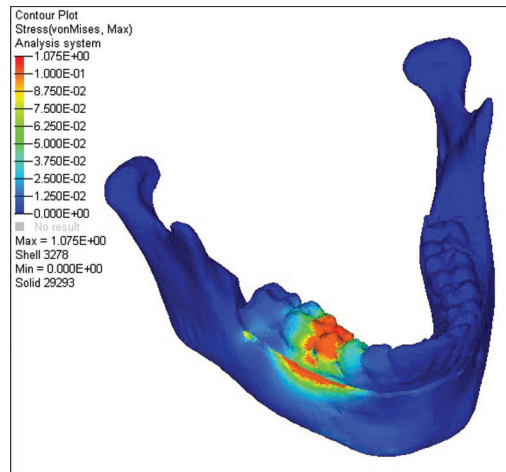


Figure 6: Von Mises stress due to unilateral loading for ball attachment system

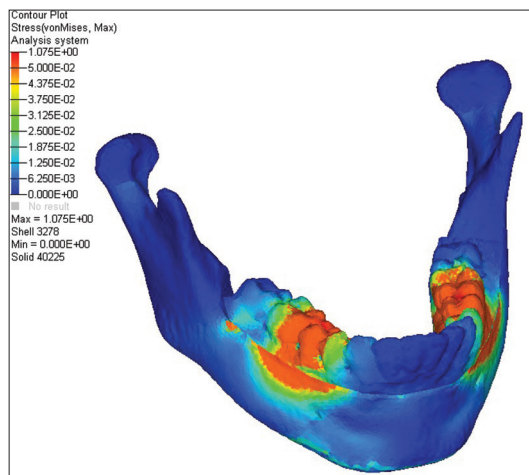


Figure 7: Von Mises stress due to bi-lateral loading for Ball/O-ring attachment

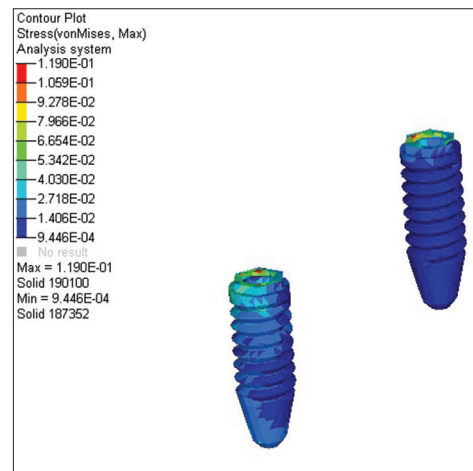


Figure 8: Von Mises stress due to unilateral loading for Bar/Clip attachment

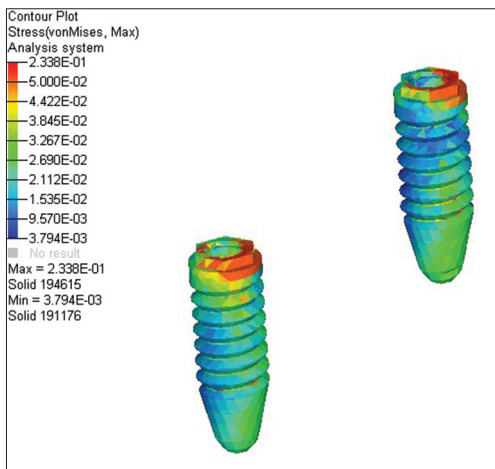


Figure 9: Von Mises stress due to bilateral loading for Bar/Clip attachment

support an overdenture, the cost can be considerably reduced. Two instead of four implants in the mandible can also offer an almost equal amount of stability to the denture.

The assumption that unfavorable loading of implants may lead to bone resorption has been neither confirmed nor rejected. Therefore, is it necessary to learn more about naturally occurring forces *in vivo*. Because of technical difficulties, *in vivo* measurements of forces with the transducers mounted directly on the implants are rare.<sup>[61]</sup> In the present study, stress on the implant surface was measured using a strain-gauge technique and finite element analysis models.

The two most commonly used attachments in implant retained overdentures are the Ball/O-ring and Bar/Clip attachment systems. The need was to compare the stress distribution capabilities of the attachment systems so that clinicians can make an informed choice.<sup>[1-6,8,10]</sup>

It was found that on ipsilateral loading, with Ball/O-ring, the strain was concentrated on the loading side implant. The stress on the loading side implant was small when the load

was slight because of the secondary splinting that occurs with ball attachments. The Bar/Clip attachment, on the contrary, produced higher stress on the nonloading side implant when compared with the Ball/O-ring attachment because of the primary splinting effect even at low pressure. Our results were consistent with previous studies that noted that the axial force on the loading-side implant was minimal with the Ball/O-ring attachment.<sup>[1,3,5,6,10,18-21]</sup>

This may be the result of the stress-absorbing effect of the rubber O-ring component. Under our experimental condition, in which a ball attachment was used, minimum amount of force was transmitted to the implant body. The force may have been absorbed at the rubber O-ring component and anchor head connection. Therefore, in the long term, prosthetic complications such as screw loosening or the need to replace O-ring matrices may occur.<sup>[22,34,35,41,43,44]</sup>

When comparison was done between Ball/O-ring and Bar/Clip attachment systems under unilateral and bilateral loading conditions, similar to the methodology followed under analog model with the finite element analysis models, it was observed that for unilateral loading, the Bar/Clip attachment dissipated less force as compared to Ball/O-ring.<sup>[6,8,10,23-26]</sup> Whereas when the same model was subjected to bilateral loading, it was observed that the Ball/O-ring attachment configuration dissipated less forces compared to the Bar/Clip attachment. However, if one looks at the overall stress distribution, the Bar/Clip attachment system seems to perform better than the Ball/O-ring attachment system, as the forces are distributed better.<sup>[22,28-33]</sup>

The models had been fabricated to simulate an experimental condition to compare the stress distribution capabilities of Ball/O-ring and Bar/Clip attachment systems, wherein, the implant length and diameter, location in the model, attachment type and dimensions were standardized for both analog and finite element analysis. Ball/O-ring attachment system may be considered a favorable attachment system, when the expected amount of force on the superstructure is in the low, but as we consider the superstructure being subjected to higher amount of stresses, the Bar/Clip attachment system can be considered more favorable, due to its potential to dissipate the stresses uniformly between both the implants with its splinting effect.<sup>[36,39,40,46-48]</sup> As most of the stresses in a Ball/O-ring attachment system is primarily absorbed around the implant on the side of loading, if it is subjected to high amount of stresses over increased periods of time, it may lead to screw loosening and subsequent failure.<sup>[45,49,50,57,61]</sup>

Excessive loading of the implants has been related to marginal bone loss, failure of osseointegration, and failure of implant and/or prosthetic superstructure component.

The implant-bone interface is rigid and transmits all loads directly to the adjacent bone. This condition produces a high level of stresses which can be counterproductive for long-term survival of the implants. Therefore, emphasis has been put on force transmission by each attachment system.<sup>[62-64]</sup>

In this present study, the vital anisotropic tissues were considered isotropic. The loads applied were static whereas dynamic loading is seen during the masticatory function. Finite element analysis is based on mathematical calculations which are based on simulation of the structure in its environment. But living tissues are beyond the confines of set parameters and values since biology is not a compatible entity. The study did not take into consideration the resilient soft tissue covering the ridge.

Newer attachment systems such as locator attachments can be taken up as future studies to evaluate the stress patterns generated in such attachments.

## CONCLUSION

Within the limitations of this study, following conclusions were drawn:

- It was observed that for unilateral loading case, Bar/Clip attachment dissipated less force compared to Ball/O-ring and for bilateral it was observed that the Ball/O-ring implant configuration dissipated less force compared to the Bar/Clip attachment case
- Analysis of the results obtained from both, analog and finite element analysis models were taken into consideration and it can be concluded that the Ball/O-ring attachment system may be considered a favorable attachment system, when the expected amount of force on the superstructure is in the lower range and the Bar/Clip attachment system can be considered more favorable when a higher range of force is expected.

## REFERENCES

1. Tokuhisa M, Matsushita Y, Koyano K. *In vitro* study of a mandibular implant overdenture retained with ball, magnet, or bar attachments: Comparison of load transfer and denture stability. *Int J Prosthodont* 2003;16:128-34.
2. Menicucci G, Lorenzetti M, Pera P, Preti G. Mandibular implant-retained overdenture: Finite element analysis of two anchorage systems. *Int J Oral Maxillofac Implants* 1998;13:369-76.
3. John J, Rangarajan V, Savadi RC, Satheesh Kumar KS, Satheesh Kumar P. A finite element analysis of stress distribution in the bone, around the implant supporting a mandibular overdenture with ball/o ring and magnetic attachment. *J Indian Prosthodont Soc* 2012;12:37-44.
4. Menicucci G, Lorenzetti M, Pera P, Preti G. Mandibular implant-retained overdenture: A clinical trial of two anchorage systems. *Int J Oral Maxillofac Implants* 1998;13:851-6.
5. Porter JA Jr, Petropoulos VC, Brunski JB. Comparison of load distribution for implant overdenture attachments. *Int J Oral Maxillofac Implants* 2002;17:651-62.
6. Ellis JS, Burawi G, Walls A, Thomason JM. Patient satisfaction with two

- designs of implant supported removable overdentures; ball attachment and magnets. *Clin Oral Implants Res* 2009;20:1293-8.
7. Cune M, Burgers M, van Kampen F, de Putter C, van der Bilt A. Mandibular overdentures retained by two implants: 10-year results from a crossover clinical trial comparing ball-socket and bar-clip attachments. *Int J Prosthodont* 2010;23:310-7.
  8. Gotfredsen K, Holm B. Implant-supported mandibular overdentures retained with ball or bar attachments: A randomized prospective 5-year study. *Int J Prosthodont* 2000;13:125-30.
  9. Misch CE. *Contemporary Implant Dentistry*. 3<sup>rd</sup> ed. Philadelphia: Mosby; 2008.
  10. Wright PS, Watson RM, Heath MR. The effects of prefabricated bar design on the success of overdentures stabilized by implants. *Int J Oral Maxillofac Implants* 1995;10:79-87.
  11. Block MS, Guerra LR. *Implants in Dentistry*. Ch. 8. Quintessence: Chicago; 1999. p. 78.
  12. Borchers L, Reichart P. Three-dimensional stress distribution around a dental implant at different stages of interface development. *J Dent Res* 1983;62:155-9.
  13. Rieger MR, Mayberry M, Brose MO. Finite element analysis of six endosseous implants. *J Prosthet Dent* 1990;63:671-6.
  14. Meijer HJ, Kuiper JH, Starmans FJ, Bosman F. Stress distribution around dental implants: Influence of superstructure, length of implants, and height of mandible. *J Prosthet Dent* 1992;68:96-102.
  15. Rho JY, Ashman RB, Turner CH. Young's modulus of trabecular and cortical bone material: Ultrasonic and microtensile measurements. *J Biomech* 1993;26:111-9.
  16. Meijer HJ, Starmans FJ, Steen WH, Bosman F. A three-dimensional, finite-element analysis of bone around dental implants in an edentulous human mandible. *Arch Oral Biol* 1993;38:491-6.
  17. Kenney R, Richards MW. Photoelastic stress patterns produced by implant-retained overdentures. *J Prosthet Dent* 1998;80:559-64.
  18. Mericske-Stern R. Treatment outcomes with implant-supported overdentures: Clinical considerations. *J Prosthet Dent* 1998;79:66-73.
  19. Burns DR. Mandibular implant overdenture treatment: Consensus and controversy. *J Prosthodont* 2000;9:37-46.
  20. Meijer HJ, Starmans FJ, Steen WH, Bosman F. Loading conditions of endosseous implants in an edentulous human mandible: A three-dimensional, finite-element study. *J Oral Rehabil* 1996;23:757-63.
  21. Geng JP, Tan KB, Liu GR. Application of finite element analysis in implant dentistry: A review of the literature. *J Prosthet Dent* 2001;85:585-98.
  22. Weinstein AM, Klawitter JJ, Anand SC, Schuessler R. Stress analysis of porous rooted dental implants. *J Dent Res* 1976;55:772-7.
  23. Cook SD, Weinstein AM, Klawitter JJ. A three dimensional finite element analysis of a porous rooted Co-Cr-Mo alloy dental implant. *J Dent Res* 1983;62:155-9.
  24. Mericske-Stern R, Piotti M, Sirtes G 3-D *in vivo* force measurements on mandibular implants supporting overdentures. A comparative study. *Clin Oral Implants Res* 1996;7:387-96.
  25. Papavasiliou G, Kamposiora P, Bayne SC, Felton DA. Three-dimensional finite element analysis of stress-distribution around single tooth implants as a function of bony support, prosthesis type, and loading during function. *J Prosthet Dent* 1996;76:633-40.
  26. Levy D, Deporter DA, Watson PA, Pilliar RM. Periodontal parameters around porous-coated dental implants after 3 to 4 years supporting overdentures. *J Clin Periodontol* 1996;23:517-22.
  27. Schmitt A, Zarb GA. The notion of implant-supported overdentures. *J Prosthet Dent* 1998;79:60-5.
  28. Chandrupatta TR. *Introduction to Finite Elements in Engineering*. 3<sup>rd</sup> ed. Pearson Education, Inc. Upper Saddle River, NJ; 2012.
  29. Cook SD, Klawitter JJ, Weinstein AM. A model for the implant-bone interface characteristics of porous dental implants. *J Dent Res* 1982;61:1006-9.
  30. Rutger HK, Henry JA, Meijer GM. Treatment concept for mandibular overdentures supported by endosseous implants: A literature review. *Int J Oral Maxillofac Implants* 1998;13:539-45.
  31. Fontijn-Tekamp FA, Slagter AP, van't Hof MA, Geertman ME, Kalk W. Bite forces with mandibular implant-retained overdentures. *J Dent Res* 1998;77:1832-9.
  32. Røynesdal AK, Ambjørnsen E, Støvne S, Haanaes HR. A comparative clinical study of three different endosseous implants in edentulous mandibles. *Int J Oral Maxillofac Implants* 1998;13:500-5.
  33. Teixeira ER, Sato Y, Akagawa Y, Shindoi N. A comparative evaluation of mandibular finite element models with different lengths and elements for implant biomechanics. *J Oral Rehabil* 1998;25:299-303.
  34. Schwartz-Dabney CL, Dechow PC. Edentulation alters material properties of cortical bone in the human mandible. *J Dent Res* 2002;81:613-7.
  35. Tada S, Stegaroiu R, Kitamura E, Miyakawa O, Kusakari H. Influence of implant design and bone quality on stress/strain distribution in bone around implants: A 3-dimensional finite element analysis. *Int J Oral Maxillofac Implants* 2003;18:357-68.
  36. Doundoulakis JH, Eckert SE, Lindquist CC, Jeffcoat MK. The implant-supported overdenture as an alternative to the complete mandibular denture. *J Am Dent Assoc* 2003;134:1455-8.
  37. van Kampen F, Cune M, van der Bilt A, Bosman F. Retention and postinsertion maintenance of bar-clip, ball and magnet attachments in mandibular implant overdenture treatment: An *in vivo* comparison after 3 months of function. *Clin Oral Implants Res* 2003;14:720-6.
  38. Kordatzis K, Wright PS, Meijer HJ. Posterior mandibular residual ridge resorption in patients with conventional dentures and implant overdentures. *Int J Oral Maxillofac Implants* 2003;18:447-52.
  39. Cruz M, Wassall T, Toledo EM, Barra LP, Lemonge AC. Three-dimensional finite element stress analysis of a coneiform-geometry implant. *Int J Oral Maxillofac Implants* 2003;18:675-84.
  40. Botega DM, Mesquita MF, Henriques GE, Vaz LG. Retention force and fatigue strength of overdenture attachment systems. *J Oral Rehabil* 2004;31:884-9.
  41. Himmlová L, Dostálová T, Káčovský A, Konvícková S. Influence of implant length and diameter on stress distribution: A finite element analysis. *J Prosthet Dent* 2004;91:20-5.
  42. Chiapasco M. Early and immediate restoration and loading of implants in completely edentulous patients. *Int J Oral Maxillofac Implants* 2004;19 Suppl: 76-91.
  43. Cune M, van Kampen F, van der Bilt A, Bosman F. Patient satisfaction and preference with magnet, bar-clip, and ball-socket retained mandibular implant overdentures: A cross-over clinical trial. *Int J Prosthodont* 2005;18:99-105.
  44. Chun HJ, Park DN, Han CH, Heo SJ, Heo MS, Koak JY. Stress distributions in maxillary bone surrounding overdenture implants with different overdenture attachments. *J Oral Rehabil* 2005;32:193-205.
  45. Lee CK, Agar JR. Surgical and prosthetic planning for a two-implant-retained mandibular overdenture: A clinical report. *J Prosthet Dent* 2006;95:102-5.
  46. Fitzpatrick B. Standard of care for the edentulous mandible: A systematic review. *J Prosthet Dent* 2006;95:71-8.
  47. O'Mahony AM, Williams JL, Katz JO, Spencer P. Anisotropic elastic properties of cancellous bone from a human edentulous mandible. *Clin Oral Implants Res* 2000;11:415-21.
  48. Brunski JB. Biomaterials and biomechanics in dental implant design. *Int J Oral Maxillofac Implants* 1988;3:85-97.
  49. Cochran DL. A comparison of endosseous dental implant surfaces. *J Periodontol* 1999;70:1523-39.
  50. Vollmer D, Meyer U, Joos U, Vègh A, Piffko J. Experimental and finite element study of a human mandible. *J Craniomaxillofac Surg* 2000;28:91-6.
  51. Fanuscu MI, Caputo AA. Influence of attachment systems on load transfer of an implant-assisted maxillary overdenture. *J Prosthodont* 2004;13:214-20.
  52. Lachmann S, Kimmerle-Müller E, Gehring K, Axmann D, Gomez-Roman G, Watzek G, et al. A comparison of implant-supported, bar- or ball-retained mandibular overdentures: A retrospective clinical, microbiologic, and immunologic study of 10 edentulous patients attending a recall visit. *Int J Prosthodont* 2007;20:37-42.
  53. Cekiç C, Akça K, Cehreli MC. Effects of attachment design on strains around implants supporting overdentures. *Quintessence Int* 2007;38:e291-7.
  54. Evtimovska E, Masri R, Driscoll CF, Romberg E. The change in retentive values of locator attachments and hader clips over time. *J Prosthodont* 2009;18:479-83.

55. Barão VA, Assunção WG, Tabata LF, Delben JA, Gomes EA, de Sousa EA, *et al.* Finite element analysis to compare complete denture and implant-retained overdentures with different attachment systems. *J Craniofac Surg* 2009;20:1066-71.
56. Cakarer S, Can T, Yaltirik M, Keskin C. Complications associated with the ball, bar and Locator attachments for implant-supported overdentures. *Med Oral Patol Oral Cir Bucal* 2011;16:e953-9.
57. John J, Rangarajan V, Savadi RC, Satheesh Kumar KS, Satheesh Kumar P. A finite element analysis of stress distribution in the bone, around the implant supporting a mandibular overdenture with ball/o ring and magnetic attachment. *J Indian Prosthodont Soc* 2012;12:37-44.
58. Krennmair G, Seemann R, Fazekas A, Ewers R, Piehslinger E. Patient preference and satisfaction with implant-supported mandibular overdentures retained with ball or locator attachments: A crossover clinical trial. *Int J Oral Maxillofac Implants* 2012;27:1560-8.
59. Uludag B, Polat S. Retention characteristics of different attachment systems of mandibular overdentures retained by two or three implants. *Int J Oral Maxillofac Implants* 2012;27:1509-13.
60. Ahmadzadeh A, Fereidoonpoor N. Comparison of retentive force in four attachment systems in implant supported overdenture of the lower arch. *J Dent Shiraz Univ Med Sci* 2012;13:54-8.
61. Manju V, Sreelal T. Mandibular implant-supported overdenture: An *in vitro* comparison of ball, bar, and magnetic attachments. *J Oral Implantol* 2013;39:302-7.
62. Akça K, Çavusoglu Y, Sagirkaya E, Çehreli MC. Early-loaded one-stage implants retaining mandibular overdentures by two different mechanisms: 5-year results. *Int J Oral Maxillofac Implants* 2013;28:824-30.
63. Liu J, Pan S, Dong J, Mo Z, Fan Y, Feng H. Influence of implant number on the biomechanical behaviour of mandibular implant-retained/supported overdentures: A three-dimensional finite element analysis. *J Dent* 2013;41:241-9.
64. Petrie CS, Walker MP, Lu Y, Thiagarajan G. A preliminary three-dimensional finite element analysis of mandibular implant overdentures. *Int J Prosthodont* 2014;27:70-2.

**How to cite this article:** Satpathy S, Satish Babu CL, Shetty S, Raj B. Stress distribution patterns of implant supported overdentures-analog versus finite element analysis: A comparative *in-vitro* study. *J Indian Prosthodont Soc* 2015;15:250-6.

**Source of Support:** Nil, **Conflict of Interest:** None.

### "Quick Response Code" link for full text articles

The journal issue has a unique new feature for reaching to the journal's website without typing a single letter. Each article on its first page has a "Quick Response Code". Using any mobile or other hand-held device with camera and GPRS/other internet source, one can reach to the full text of that particular article on the journal's website. Start a QR-code reading software (see list of free applications from <http://tinyurl.com/yzlh2tc>) and point the camera to the QR-code printed in the journal. It will automatically take you to the HTML full text of that article. One can also use a desktop or laptop with web camera for similar functionality. See <http://tinyurl.com/2bw7fn3> or <http://tinyurl.com/3ysr3me> for the free applications.