denture design to increase the retention and yet not cause extra loading on the posterior residual ridge.

Conclusion: Implant supported overdenture with the posterior displacement of the denture is a concerning factor for residual ridge resorption. Therefore, in this case report, the distal abutments were preserved to prevent excessive loading to the residual ridge.

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CRNC5: Mandibular Implant Supported Removable Partial Denture: A Case Report

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Introduction: McGill and York consensus stated that two implants retained overdenture should be the minimum standard to restore mandibular edentulous ridge. However, this option is not without problems but need significant maintenance especially high maintenance of denture base relining and rebasing due to continuing posterior alveolar ridge resorption. Therefore, by preserving the distal end abutments, it provides a vertical occlusal stop and thus might reduce bone resorption.

Case Description: A 66-year-old male patient presented to the clinic with complaints of poor stability of his mandibular denture during mastication. Clinical examination revealed unstable mandibular removable partial denture with tooth 38 and 48 abutments. Tooth 48 was diagnosed with pulp necrosis with symptomatic apical periodontitis. After the decision was made to preserve the two abutments, endodontic treatment was completed on tooth 48 by an endodontist. Two implants were placed at the anterior alveolar ridge followed by fabrication of implant supported removable partial denture.

Discussion: Implants placement medially and preservation of both distal abutments might influence the amount of forces transfer to the prostheses and subsequently reduce the posterior mandibular ridges remodeling during function. Therefore, occlusal rests and circumferential clasps were incorporated in the implant supported removable partial