

Incidence of combination syndrome over a fiveyear period at the University of Pécs, Department of Prosthodontics



¹Dóra MARKOVICS, ²Róbert SZENDI, ³Kristina VICKO, ¹Zsolt RAJNICS, ¹Gyula MARADA, ¹Márta RADNAI

¹University of Pécs, Medical Faculty, Dental School, Department of Prosthodontics, Hungary ²Southgate Dental Ltd., Drogheda,, Ireland

³University of Novi Sad, Faculty of Medicine, Department of Dentistry

PURPOSE

system used by the University of Pécs, 26.4%), extrusion of the lower anterior

The treatment of patients having a com-319 patients were filtered who were diteeth (6 cases, 17.6%) and great resorppletely edentulous maxillary arch and agnosed with anodontia code (K0000 tion of the distal mandibular ridge (16 lower anterior teeth present is frequent International Classification of Diseases cases, 47%) was diagnosed on the Xin the dental practice. In these cases (ICD)) in the examined period. rays. The clinical examination of three some specific changes can be detected patients supported the radiological find-RESULTS in the oral cavity and on X-rays. These ings. 220 patient's orthopantomographs were signs were summarized and described CONCLUSIONS evaluated searching for specific sympfirst by Kelly (1972). toms of the combination syndrome. 34 Different signs of the combination syn-**MATERIALS AND METHODS** patients had complete edentulous maxil- drome were detectable, but the inci-

Aim of the study was to examine the
presence of the specific signs of the
combination syndrome among the pa-
tients between 2009 and 2014. With thela and anterior teeth in the mandible. 4
patients (11.7%) showed the main sign
of the combination syndrome, i.e. the
maxillary anterior bone loss. Hypertro-in comparison with the results available
in dental scientific publications.

help of the electronic patient registry phy of maxillary tuberosity (9 cases,



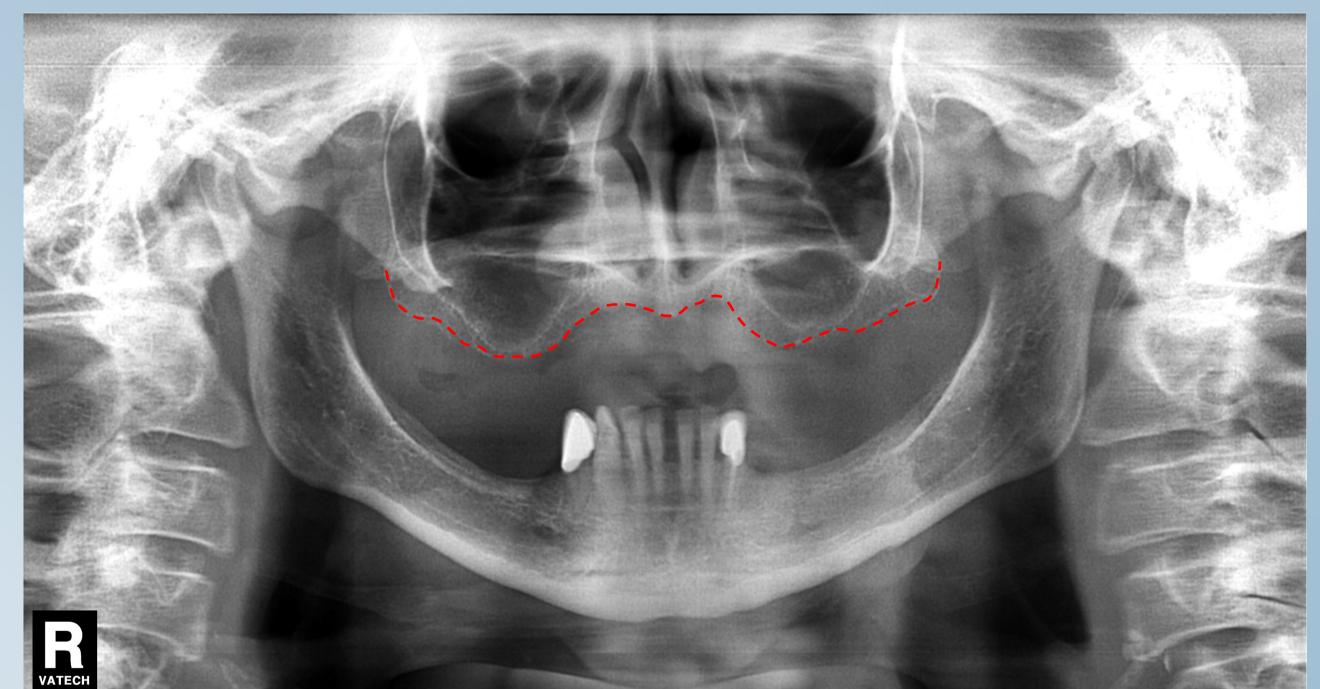


Fig. 1: Panoramic X-ray of the patient (alveolar ridge contour highlighted)



Fig. 3: Frontal view of the upper edentulous ridge

Fig. 4: Upper and lower casts

Fig. 2: Panoramic x-ray of the same patient four years later



Fig. 5: Occlusal view of the maxilla

