# VITAPAN EXCELL®

## **VITAPAN®** LINGOFORM

Setup guide





#### VITAPAN EXCELL®

For brilliant vitality of shape, shade and play of light



#### What?

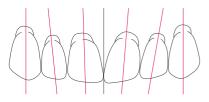
• lifelike, elaborate premium anterior teeth made of MRP composite

- Benefits? simple fabrication of highly esthetic dentures due to lifelike tooth moulds with "golden" proportions
  - brilliant play of shade and light thanks to excellent light dynamics and harmonious shade progression
  - good shade reproduction with natural remaining dentition due to ideal shade accuracy to the shade guide
  - excellent durability due to high load capacity and abrasion stability
  - excellent gingiva design thanks to broadly dimensioned tooth neck

**What for?** • ideal solution for highly esthetic full, partial and implant-retained dentures.



#### **Setup of the upper anteriors**



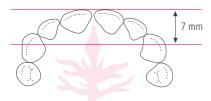
The following suggestions should be followed to ensure a natural appearance of the anterior setup:

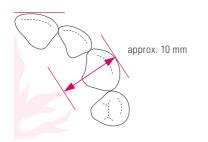
- The central incisors are upright.
- The cervical portion of the lateral incisors is inclined distally.
- The canines are tendentially upright, with the tooth neck inclined vestibularly.
- The incisal edges of the upper central incisors run parallel to, and are situated approximately +/- 1-2 mm above the occlusal plane.
- The incisal edges of the upper lateral incisors run parallel to, and do not touch the occlusal plane.
- The tips **of the canines** are situated approximately on the occlusal plane.

The teeth are mostly positioned according to the atrophy of the upper jaw, in front of the alveolar ridge - with their labial surfaces over the vestibule.



### **Setup of the upper anteriors**

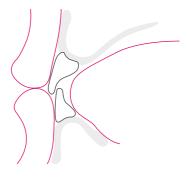




In normal occlusion, the upper anteriors are positioned at a distance of approx. 7 mm in front of the center of the incisal papilla.

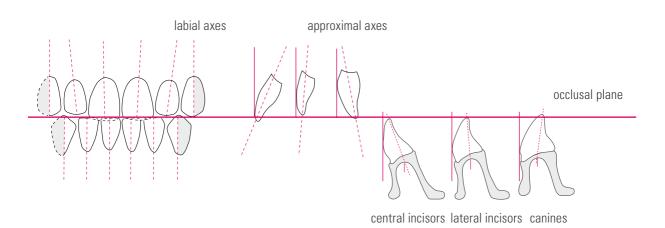
The labial surfaces of the upper anteriors provide support to the upper lip. The incisal edges of the central incisors ensure a harmonious lip contour.

The tips of the two canines are positioned at a distance of approx. 10 mm from the end of the first pair of palatal rugae.



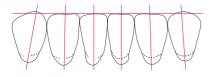


### Setup of the anteriors with reference to the occlusal plane





#### **Setup of the lower anteriors**



The lower anterior setup should display the following characteristics:

The incisal edges of the lower incisors are level with and run parallel to the occlusal plane.

The tips of the canines are situated slightly above the occlusal plane.

#### From the labial view:

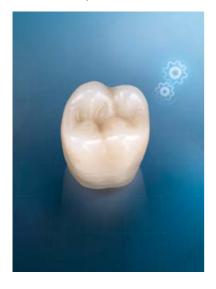
- · The central incisors are straight and upright.
- The lateral incisors show a slight mesial inclination.
- The canines are straight or show a slight mesial inclination.
- The distal facet of the canine points in the direction of the molars.

When positioning the tooth necks on the alveolar ridge, the following rule of thumb can be applied: the central incisors are on, the lateral incisors at and the canines outside of the lower alveolar ridge path.



#### **VITAPAN®** LINGOFORM

For all concepts of occlusion, thanks to multifunctional occlusal surface design



#### What?

• Natural, multifunctional premium posterior teeth made of MRP composite

- **Benefits?** Setup is easy and intuitive with "automatic" centric finding, thanks to occlusal surfaces designed according to the cogwheel principle
  - Can be used universally and reliably for all concepts of occlusion thanks to multifunctional occlusal surface design
  - Time-saving setup without extensive grinding, thanks to precisely defined centric
  - Excellent durability thanks to high load capacity, abrasion stability and centric-supported function
  - Good processability due to optimum material homogeneity and edge stability

**What for?** • ideal solution for highly esthetic full, partial and implant-retained dentures.



### Significance / benefits of lingualized occlusion in dental prosthetics



The main characteristic of lingualized occlusion is an optimal positional stability of a dental prosthesis.

In both static and dynamic occlusion, it is important to ensure that all occlusal forces in close occlusal contact, are aligned towards the center.

When setting up the teeth, the focus should be on the central palatal contact relationship.



## Significance / benefits of lingualized occlusion in dental prosthetics

#### Good results regarding both medical and static occlusion:

- Prosthetic restorations are improved when faced with difficult statics or when there is a strong divergence between
  conditions in the upper and lower jaw. This means that in the case of larger lower and smaller upper dental arches which
  are often solved by setting up a crossbite the teeth can be set up further bucally without compromising the stability of
  the prosthesis. This can also help avoid the build-up of pressure areas.
- Thanks to the axial direction of force, this concept prevents excessive strain on the rest area of the prosthesis, which is particularly beneficial in the case of implant prosthetics. This is mainly due to the fact that this offers protection, to a great extent, against horizontal shear forces.
- The greater accuracy in the positioning of the mastication elements in the so-called "neutral zone" (i.e., muscular balance),
  leads to better cheek contact of the teeth and noticeably more tongue space for the patient. This cheek contact prevents
  the formation of a food bolus in the vestibular area and helps horizontally stabilize the prosthesis.



## Significance / benefits of lingualized occlusion in dental prosthetics

#### For the patients this means:

- More tongue space, resulting in a greater degree of comfort.
- Less biting of the cheek through reduction of buccal contacts.
- Alleviates pressure areas.
- Small, regulatory checking movements (Dr. Hiltebrandt) with slight disclusion are possible.

#### Benefits for the dental technician / laboratory

- Clear, unmistakable and reproducible contact relationships.
- Understandable and verifiable setup criteria.
- Time is saved by efficient and accurate setup procedures.



#### Setup of the lower anteriors and the first premolar



The lower incisors are aligned to the occlusal plane with the labial surfaces pointing in the direction of the upper anterior sulcus.

The longitudinal axis of the canines is inclined at right angles to, and should be situated approximately 1 mm above, the occlusal plane.



The setup of the first lower premolar is identical to the canine. As a result, it is aligned at right angles to the occlusal plane.

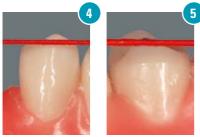
The mesial area of the buccal facet is above the occlusal plane, as is the canine; the distobuccal area follows the line of the occlusal plane.



### **Checking the setup of the first lower premolar**



- The tooth axis is aligned at right angles to the occlusal plane
- Fig. 3: the mesiobuccal area is situated above the occlusal plane
- Fig. 4: the setup of the distobuccal area follows the line of the occlusal plane
- Fig. 5: the lingual cusp tip is located in the area of the occlusal plane



Please note: To achieve an optimal contact point relationship, the lingual cusp of the first lower premolar is given a functionally oriented design corresponding to its dominance

See also Figs. 16, 21, 23



### Setup of the second lower premolar



The neck of the second lower premolar shows a slight distal inclination in comparison to the first premolar.



Mesially to the first premolar, the teeth should be set up with a harmonious rounded contour, which facilitates the correct functional setup of the first upper premolar. See also Fig. 19



The lingual cusp is also aligned to the occlusal plane. See also Figs. 10, 13

The setup follows an imaginary line which runs from the canine distal facet through the central fissures of the premolars and molars. See also Fig. 11



#### Setup of the first lower molar without the setup of the second lower molar



Following the setup pattern of the second premolar, the first molar is raised distally so that the distobuccal cusp reaches the level of the canine and the first premolar. (i.e. it is situated approx. 1 mm above the occlusal plane): Fig. 9.



The lingual cusps are aligned to the occlusal plane: Fig. 10 See also Fig. 13



The setup follows an imaginary line which runs from the canine distal facet through the central fissures of the premolars and molars: Fig.11



### **Setup of the lower posteriors**



#### Aids for checking the setup (important: do not use contact points for this):

In addition to using rubber thread to help mark the lingual cusp tips of the lower VITAPAN LINGOFORM posteriors (important: do not use contact points), it is very simple to verify the correct orientation of the posterior setup and the identical height of the posterior teeth with reference to the occlusal plane.



This view clearly shows the cuspal progression of the setup from lingual to buccal, as well as from buccal to lingual. It shows that all cusps up to the buccal cusp of the first premolar and the distal cusps of the first molar are aligned to the occlusal plane.



#### Setup of the first lower molar with the setup of the second lower molar



In this case, continuing the trend of the second premolar, the first molar is set up flat (i.e., with its distobuccal cusp touching the occlusal plane).



The lingual cusps are also in contact with the occlusal plane.



The setup follows an imaginary line which runs from the distal facet of the canine through the central fissures of the premolars and molars.



#### **Setup of the lower posteriors**



In addition to checking the setup using rubber thread, it is very simple to verify the correct orientation of the posterior setup with the help of markings on the lingual cusp tips of the lower VITAPAN LINGOFORM posteriors.



This perspective shows the straight lingual progression of the cusps from mesial to distal



## **Setup of the upper posteriors – first upper premolar**





Fig. 19: The first upper premolar is positioned at right angles to the occlusal plane, resulting in a tooth-to-tooth relationship with its antagonist.

See also Figs. 4, 7

Fig. 20: The first upper premolar is set up slightly opened towards the buccal side, the first lower premolar has contact on the mesial marginal ridge, in the area of the mesiocentral fossa of the first upper premolar.



In order to improve the static occlusion, the first upper premolar achieves a secure contact relationship in the central fossa of its lower antagonist.



## First upper premolar: contact relationship



The mutual contact relationship of the first premolars is clear, unmistakable and always reproducible:

The mesial marginal ridge of the palatal cusp in the upper jaw forms a clear mutual tripodization (three-point support) with the distolingual fossa of the lower premolar.



It is important to ensure sufficient buccal freedom. This is required in order to benefit from the free space in the molar area. See also Fig. 20



#### Setup of the first upper molar



With a reliable and specific setup pattern of the teeth (highest number of reference points), it is advantageous to set up the first molar before the second premolar.

The first molar, like the premolars, is set up with a tooth-to-tooth relationship.



Besides the centric palatal contact relationship, care should be taken to ensure sufficient buccal space.

A space of between 1 and 2 mm is generally required.

See also Figs. 26, 27, 28



#### **Setup of the second upper premolars**



The second upper premolar is then set up in the remaining space. From a functional viewpoint, with a tooth-to-tooth relationship, and approximately at right angles to its antagonist in the lower jaw.





The second upper premolar is also set up with buccal freedom. According to its size, this is positioned between the first premolar and the first molar. The goal is to achieve a harmonious transition in which the free space is increased successively from the the first premolar to the last molar.



## Contact relationships of the upper to the lower posteriors



The contact relationship of the VITAPAN LINGOFORM posterior tooth:

Fig. 29: The focus is mainly on the palatal support.

Fig. 30: The palatal cusps bite precisely into the fossae of the mandibular teeth.



This type of setup helps stabilize the restoration and at the same time, allows for increased tongue space.

The forces transferred to the mucosa and the underlying bone can also be minimized. The is beneficial to the denture-bed (i.e., protects against undue strain), and can be an important factor regarding the survival rate of placed implants.



Fig. 31: The palatal view shows optimum intercuspation.



## The finished prosthesis



The mesial, buccal and palatal view of the completed setup up show the connection between clear, reproducible function and esthetic harmony.



The excellent (high-precision) palatal contact relationship is guaranteed through the consistent application of the lingual occlusion principles, according to Prof. Dr. Gerber. At the same time, the requirements regarding the correct functional alignment of the teeth are fulfilled through a statically correct setup.



### **Special tooth molds**



The first upper premolar in particular, plays a key part in complete denture prosthetics.

Just like natural dentition, in addition to providing centric palatal support, it helps guide the mandible, while sliding into the centric position.



To make this guidance more active or more passive, the first upper premolar can be exchanged, quadrant-wise, prior to setting up. No change is made to the setup of the lower teeth. The centric contact relationship of the premolars remains virtually unchanged.



## Exchange 14/24







exchanged: tooth 24





As illustrated here, a further essential difference can be seen if tooth 14 is exchanged with tooth 24.

Fig. 35: The occlusal contact surface on the first premolar is clearly recognizable from the distobuccal view.

Fig. 36: When tooth 14 is replaced by tooth 24, this occlusal contact surface changes from distal to mesial. This increases the free space buccally around the centric position and strengthens the palatal contact relationship.

This makes virtually no difference to the alignment of the tooth axis or the tooth-to-tooth relationship.

Figs. A and B: The appearance of the contact relationship remains identical in its arrangement, despite the exchange of the two tooth.



### Reliable achievement of the contact points



Defined centric occlusion with stable tripodization of the molars in the mesial, central and distal area of the lower fossa, highlights the multifunctionality of VITAPAN LINGOFORM teeth



In the case of a mesial shift, the tripodic function remains fully intact — this plays a decisive part in both the combined technique and in implant prosthetics.



### The finished prosthesis

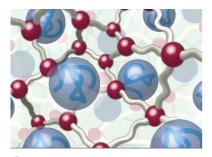


A finished restoration with **VITAPAN** EXCELL® and **VITAPAN®** LINGOFORM.

Perfection in form and function.



#### **VITAPAN** EXCELL®, **VITAPAN®** LINGOFORM — made of top-quality material



- PMMA pearls, swollen by monomer
- Cross-linked monomer
- Inorganic microparticle filler material incorporated into the polymer network

- In the MRP material (Microfiller Reinforced Polymer matrix) developed by VITA, inorganic microfiller materials with an optimally matched particle size distribution are integrated into the polymer network.
- This guarantees uniform, high-quality material properties throughout the entire tooth.
- In addition to this, the unique VITA repressing procedure results in a
  homogeneous material structure throughout all layers, which is
  distinguished by the secure bonding of neck, dentine and enamel –
  all made of the same material.
- Furthermore, the chemical composition of the MRP material results in a high mechanical strength – whether in the case of mucosal or implant-borne restorations.



#### **Sources**

Hofmann-Axthelm, Lexikon der Zahnmedizin Hohmann-Hielscher, Lehrbuch der Zahntechnik, Quintessenz Verlag 2001 Stuck /Horn "Zahnaufstellung in der Totalprothetik" Parsche E., Funktionslehre/Biomechanik Graz 2006 Gründler, H./Stüttgen, U., Die Totalprothese, Verlag Neuer Merkur GmbH 1995 Linke u.a., 2001 Tschirch, 1966 VITA, A Guide to Complete Denture Prosthetics, 2010

We would like to thank Mr Karl-Heinz Körholz for his support in writing this setup guide.



For notes			



This product group is available in the VITA SYSTEM 3D-MASTER and VITA classical A1 – D4 shades. Shade compatibility with all VITA 3D-MASTER and VITA classical materials is guaranteed. With the unique VITA SYSTEM 3D-MASTER, all natural tooth shades can be systematically determined and perfectly reproduced.



Please note: Our products must be used in accordance with the instructions for use. We accept no liability for any damage resulting from incorrect handling or usage.

The user is furthermore obliged to check the product before use with regard to its suitability for the intended area of applications. We cannot accept any liability if the product is used in conjunction with materials and equipment from other manufacturers that are not compatible or not authorized for use with our product and this results in damage.

The VITA Modulbox is not a required component of the product. Date of issue of this information: 04.19

After the publication of this information for use any previous versions become obsolete.

The current version can be found at www.vita-zahnfabrik.com

VITA Zahnfabrik has been certified and the following products bear the CE mark **C** € 0124:

VITAPAN EXCELL®
VITAPAN® LINGOFORM

# **VITA**

VITA Zahnfabrik H. Rauter GmbH & Co.KG

Spitalgasse 3 · D-79713 Bad Säckingen · Germany

Tel. +49(0)7761/562-0 · Fax +49(0)7761/562-299

Hotline: Tel. +49(0)7761/562-222 · Fax +49(0)7761/562-446

www.vita-zahnfabrik.com · info@vita-zahnfabrik.com

f facebook.com/vita.zahnfabrik