(German Konus Full Mouth Denture): 1. Allows easy daily cleaning.  2. Performing check-up, plaque removal, maintenance, and treatment effortless with clear visual and easily handled tools.  3. Caretakers are able to remove dentures for thorough cleaning for disabled and bed-ridden patients.  Dentists can remove denture and perform effective treatment at bed side. Bed-ridden and disabled elderly no longer has to suffer foul smelled mouth.  Their life are no longer threatened by septicemia due to bacteria from periodontal inflammation bacteremia pus.

New Taiwan Konus rubber cap tension retaining prosthesis solves stability and security problems of inner and outer crowns for full mouth denture, single tooth, as well as dental crown and bridge. The following case is a patient with severe case of periodontal disease.  Her roots on base bone were very shallow.  After extracting all her teeth and implants are done, German Konus style of full mouth denture is restored.  She is quite satisfied.  After 7 years of such restoration, only one implant at right side of very end upper jaw needs to be removed. Rest of others are all very sturdy and healthy. There was no bleeding when performing hygienic work with ultrasonic tools.  This set of restoration can last until she’s 80, 90 years old, or till end of her life. In fact, anyone with such removable denture will not face hygiene or treatment problems when bed-ridden and disabled.  This patient said she always enjoyed eating a whole apple or guava with big bites.  This explains why composite resins on her incisors have chipped and fell off many times.  She also said she uses her pre-molar or molar to bite open pumpkin seed shells.  This also explains why her pre-molar had needed repair many times.  This puzzles me as why with our current technology, we haven’t developed better material in the 21st century.

When there aren’t enough support from existing natural teeth, implant can be considered.  However, stress relieve and shock absorbing should be taken into consideration.  Then restore rubber cap and tension retaining inner outer crowns full mouth denture.  This denture allows easy maintenance and can last a lifetime without the usual foul-smell as the conventional fixed prosthesis.
If New Taiwan Konus method is applied at the very first time when crown is required, its margin and cervical area can be cleaned thoroughly preventing further erosion, tooth stump breakage, and deterioration of adjacent teeth. Patients won’t need to waste time and money on frequent dental visits. Unlike conventional practice where fixed dentures usually end up with vicious cycle of decaying, restoration, extraction, and implant disasters.

Saving one salvageable molar root can:
1. add support to secure inner outer crowns,
2. keep and restore bone structure in addition to prevent it from further receding.
(For more details, please download New_Taiwan_Konus.pdf from the website.)

To treat lower 2nd molar furcation defect, root canaled procedure and root sectioning method were performed. Not only the pus-filled pocket is eliminated, inter-dental brush can easily reach tunnel area for cleaning. Dentists can perform effective treatment with ease to ensure no recurrence of periodontitis. As a result, an unsalvageable tooth with current conventional practice is saved. An idealistic medical goal is achieved without extraction, implant, and large reduction on adjacent healthy teeth.

An upper 2nd molar underwent root canaled procedure and root sectioning method. Then it is restored with New Taiwan Konus tri-inner crown allowing ease of treatment and cleaning with ultrasound brush. If a fragmented root after root sectioned is too loose, then it should be extracted. Saving the somewhat sturdy remaining sectioned roots avoids bone grafting for extracted tooth requiring implant. Additionally, it avoids destroying adjacent healthy teeth from making abutments, restores normal mastication, and ensures no recurrence of periodontitis.
Although fragile teeth can be salvaged, but there isn’t enough thickness in base bone structure for support.  Extraction and implant then can be considered under this circumstance.  Note: Shock absorbent design should be taken into consideration for implant.

The occlusal torque force on the implant roots is shared largely by two neighboring teeth.  Torque force does not generate much damage.

This patient’s lower molar root had been sectioned.  The support of sectioned root is minimal.  However, due to hemophilia, this patient opted for New Taiwan Konus detachable rubber cap crown and bridge to restore his mastication.  (Patient is already used to chew soft food.  Hence, even with minimal support of New Taiwan Konus denture, he is willing to use this method to continue enjoying soft food intake.)

If there are healthy adjacent teeth, then New Taiwan Konus tension retaining prosthesis can replace implant for the missing tooth area.  With upside-down U shape Rest Arms laying on neighboring teeth and tension retaining pins grasping hold of T-Bar, the denture is securely in place over the missing tooth position.  Subsequently, chewing function is restored.  Food limit to medium hardness such as peanuts, chicken celery, duck skin, etc.

If detachable tension retaining bridge is chosen over implant because of financial reason or physical reason such as hemophilia, then the only thing which needs to watch out is food hardness.  Stay medium hardness type of food such as peanuts, chicken, celery, bake duck skin, etc.

New Taiwan Konus bridge over implant should take occlusal torque force into consideration. Even though the vertical and lateral biting force are spread to adjacent teeth, patients still need to be reminded not to bite food that is too hard and not to over bite with strength.
Under current conventional practice, incisor restoration with reinforced post merely restores chewing function with special attention to aesthetic appearance. However, issues of damage done to bite force and fragile tooth stump are not addressed. Without reasonable support and occlusal force distribution, this restoration can last about 10 years. Eventually, fracturing of tooth or erosion of post is inevitable leading to extraction and implant. Conventional implant with fixed denture can restore chewing function and aesthetic appearance albeit with many flaws. All the supposed success stories advertised with conventional prosthesis are the minority. After around six or seven years, the supposed success stories decrease drastically.

Incisor with rubber cap and Rest Arm alloy plate solves current conventional incisor restoration method which succumbs to breakage and hygienic problems. New Taiwan Konus incisor no longer breaks due to erosion. Extraction and implant are no longer applicable.

In the early days, Dr. Wu’s German Konus dental bridge depends on friction of inner outer crowns and Rest Arms to be in place securely. His work also restored chewing function and prevented extraction, implant, and over preparation of adjacent teeth.

New Taiwan Konus detachable tension retaining prostheses have applied multi-nation patents. Nearly 99% of actual clinical cases express satisfactory conditions. Actual clinical cases will be published in the not-too-distance future with illustrations and videos in order to share with the public.