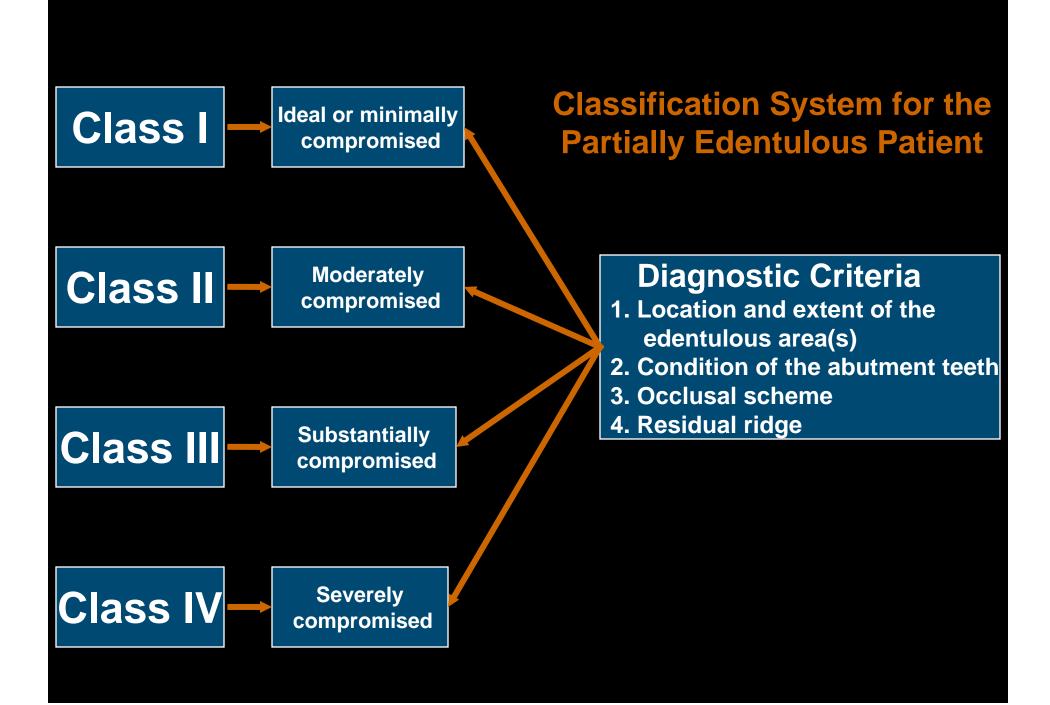
Classification System for Partial Edentulism

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This partially edentulous classification system offers the following potential benefits:

- Improved intra-operator consistency
- Improved professional communication
- Insurance reimbursement commensurate with complexity of care
- An objective method for patient screening in dental education
- Standardized criteria for outcome assessment and research
- Improved diagnostic consistency
- Simplified, organized aid in the decision to refer a patient



REVIEW OF THE DIAGNOSTIC CRITERIA

- Location and extent of the edentulous area(s)
- 2. Condition of the abutment teeth
- 3. Occlusal scheme
- 4. Residual ridge

Criteria 1

Location and extent of edentulous area(s)

Ideal or Minimally Compromised Edentulous Area

The edentulous span is confined to a single arch and one of the following:

- Any anterior maxillary span that does not exceed 2 missing incisors
- Any anterior mandibular span that does not exceed 4 missing incisors
- Any posterior maxillary or mandibular span that does not exceed 2 premolars or 1 premolar and 1 molar

Moderately Compromised Edentulous Area

The edentulous span is in both arches and one of the following:

- Any anterior maxillary span that does not exceed 2 missing incisors
- Any anterior mandibular span that does not exceed 4 missing incisors
- Any posterior maxillary or mandibular span that does not exceed 2 premolars or 1 premolar and 1 molar
- The maxillary or mandibular canine is missing

Substantially Compromised Edentulous Area

- Any posterior maxillary or mandibular span that is greater than 3 missing teeth or 2 molars
- Any edentulous span including anterior and posterior areas of 3 or more missing teeth

Severely Compromised Edentulous Area

 Any edentulous area or combination of edentulous areas requiring a high level of patient compliance

Criteria 2

Abutment Teeth Condition

Ideal or Minimally Compromised Abutment Teeth Condition

No preprosthetic therapy is indicated

Moderately Compromised Abutment Teeth Condition

Abutment Condition:

Insufficient tooth structure to retain or support intracoronal restorations – in one or two sextants

Abutments require localized adjunctive therapy, i.e., periodontal, endodontic or orthodontic procedures in one or two sextants

Substantially Compromised Abutment Teeth Condition

Abutment condition:

Insufficient tooth structure to retain or support intracoronal or extracoronal restorations- four or more sextants

Abutments require extensive adjunctive therapy, i.e., periodontal, endodontic or orthodontic procedures- in four or more sextants

Severely Compromised Abutment Teeth Condition

Abutments have a guarded prognosis

Criteria 3

Occlusal Scheme

Ideal or Minimally Compromised Occlusal Scheme

- No preprosthetic therapy required
- Class I molar and jaw relationships

Moderately Compromised Occlusal Scheme

- Occlusal scheme requires localized adjunctive therapy (e.g. enameloplasty on premature occlusal contacts)
- Class I molar and jaw relationships

Substantially Compromised Occlusal Scheme

- Entire occlusal scheme requires reestablishment but without any change in the vertical dimension of occlusion
- Class II molar and jaw relationships

Severely Compromised Occlusal Scheme

- Entire occlusal scheme requires reestablishment with changes in the vertical dimension of occlusion
- Class II Division 2 and Class III molar and jaw relationships

Criteria 4

Residual Ridge

The criteria published for the Classification System for Complete Edentulism are used to categorize any edentulous span present in the partially edentulous patient.

Classification System for Partial Edentulism

Class I

Class I—Criteria 1 Location and extent of edentulous area(s)

- Ideal or minimally compromised
- Edentulous areas are confined to a single arch
- It does not compromise the physiologic support of the abutment
- Includes any anterior maxillary span that does not exceed two incisors, any anterior mandibular span that does not exceed four missing incisors and any posterior span that does not exceed two premolars or one premolar and a molar

Class I—*Criteria 2*Abutment condition

- Abutment teeth condition is ideal or minimally compromised
- No need for preprosthetic therapy

Class I—Criteria 3 Occlusal Scheme

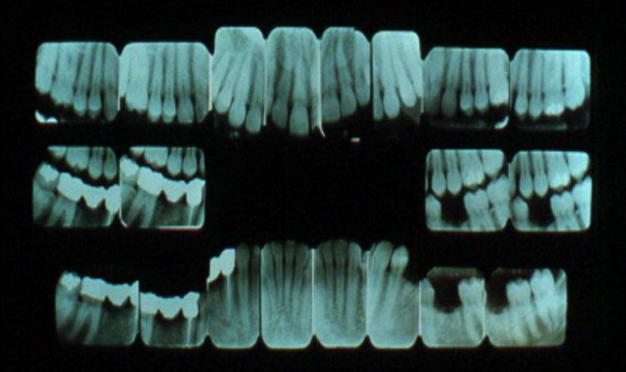
- Occlusal scheme is ideal or minimally compromised
- No need for preprosthetic therapy
- Maxillomandibular relationship: Class I molar and jaw relationships

Class I—*Criteria 4*Residual ridge

 Residual ridge morphology is the Class I complete edentulism description







Class II

Class II—Criteria 1 Location and extent of edentulous area(s)

- Moderately compromised
- Edentulous areas are confined to a single arch
- It does not compromise the physiologic support of the abutment teeth
- Includes:
 - any anterior maxillary span not exceeding two incisors
 - any anterior mandibular span not exceeding four missing incisors
 - any posterior span that does not exceed two premolars or one premolar and a molar or any missing canine (maxillary or mandibular

Class II—*Criteria 2*Abutment condition

- Abutment teeth condition is moderately compromised
- Abutments in one or two sextants have insufficient tooth structure to retain or support intracoronal or extracoronal restorations
- Abutments in one or two sextants require localized adjunctive therapy

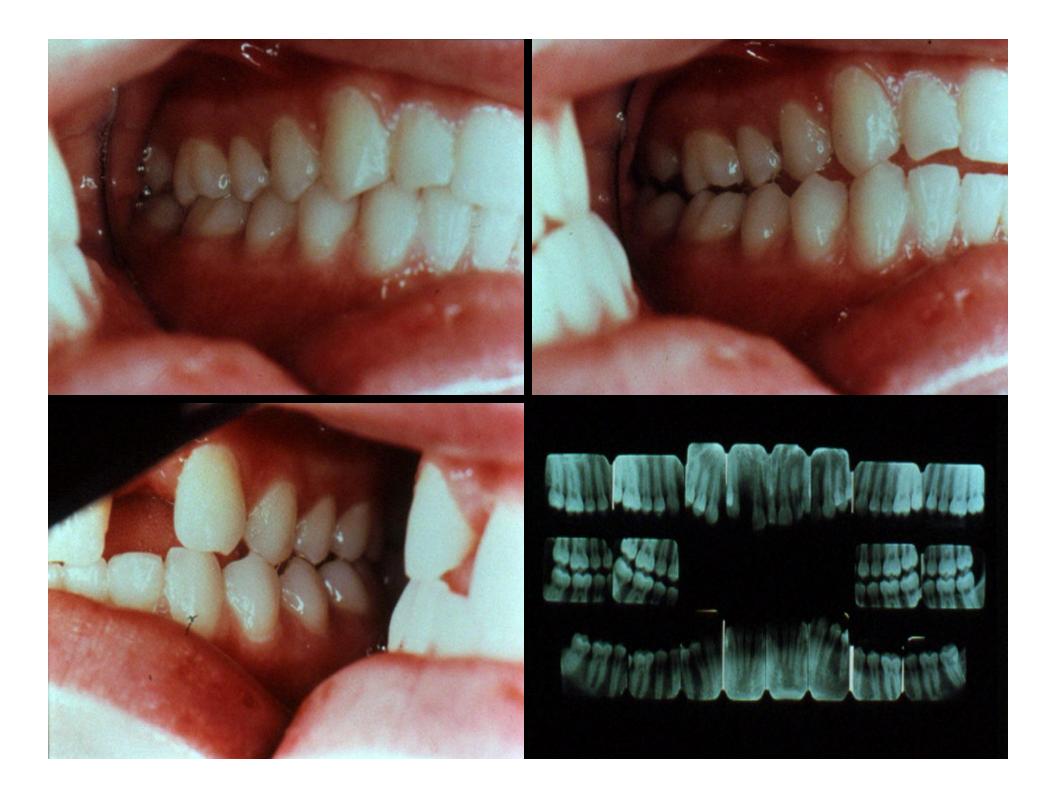
Class II—*Criteria 3*Occlusal Scheme

- Occlusal scheme is moderately compromised
- Occlusal scheme requires localized adjunctive therapy
- Maxillomandibular relationship:
 Class I molar and jaw relationships

Class II—*Criteria 4*Residual ridge

 Residual ridge morphology is the Class I complete edentulism description





Class III

Class III—Criteria 1 Location and extent of edentulous area(s)

- Substantially compromised
- Edentulous areas may be in one or both arches
- It does compromise the physiologic support of the abutment teeth

Class III—Criteria 2 Abutment condition

- Abutment teeth condition is substantially compromised
- Abutments in three sextants have insufficient tooth structure to retain or support intracoronal or extracoronal restorations
- Abutments in three sextants require more substantial localized adjunctive therapy, i.e., periodontal, endodontic, or orthodontic procedures
- Abutments have a fair prognosis

Class III—*Criteria 3*Occlusal Scheme

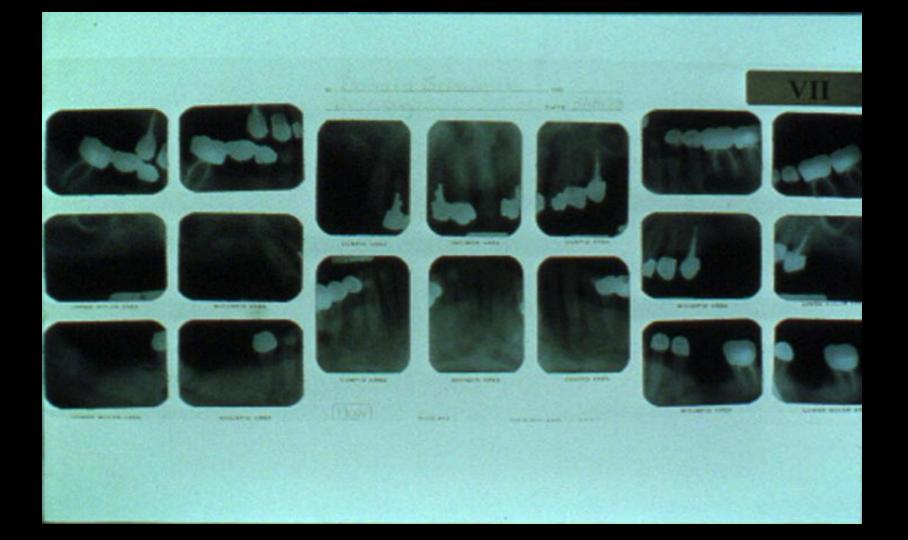
- Occlusal scheme is substantially compromised
- Requires reestablishment of the entire occlusal scheme without any change in the vertical dimension of occlusion
- Maxillomandibular relationship: Class II molar and jaw relationships

Class III—*Criteria 4*Residual ridge

 Residual ridge morphology is the Class I complete edentulism description







Class IV

Class IV—*Criteria 1*Location and extent of edentulous area(s)

- Severely compromised
- It can be extensive and in multiple areas in opposing arches
- It does compromise the physiologic support of the abutment teeth to create a guarded prognosis
- It includes acquired or congenital maxillofacial defects
- At least one edentulous area has a guarded prognosis

Class IV—Criteria 2 Abutment condition

- Abutment teeth condition is severely compromised
- Abutments in four or more sextants have insufficient tooth structure to retain or support intracoronal or extracoronal restorations
- Abutments in four or more sextants require extensive localized adjunctive therapy, i.e., periodontal, endodontic, or orthodontic procedures
- Abutments have guarded prognosis

Class IV—*Criteria 3*Occlusal Scheme

- Occlusal scheme is severely compromised
- Requires reestablishment of the entire occlusal scheme including changes in the vertical dimension of occlusion
- Maxillomandibular relationship: Class II Division 2 and Class III molar and jaw relationships

Class IV—*Criteria 4*Residual ridge

 Residual ridge morphology is the Class I complete edentulism description

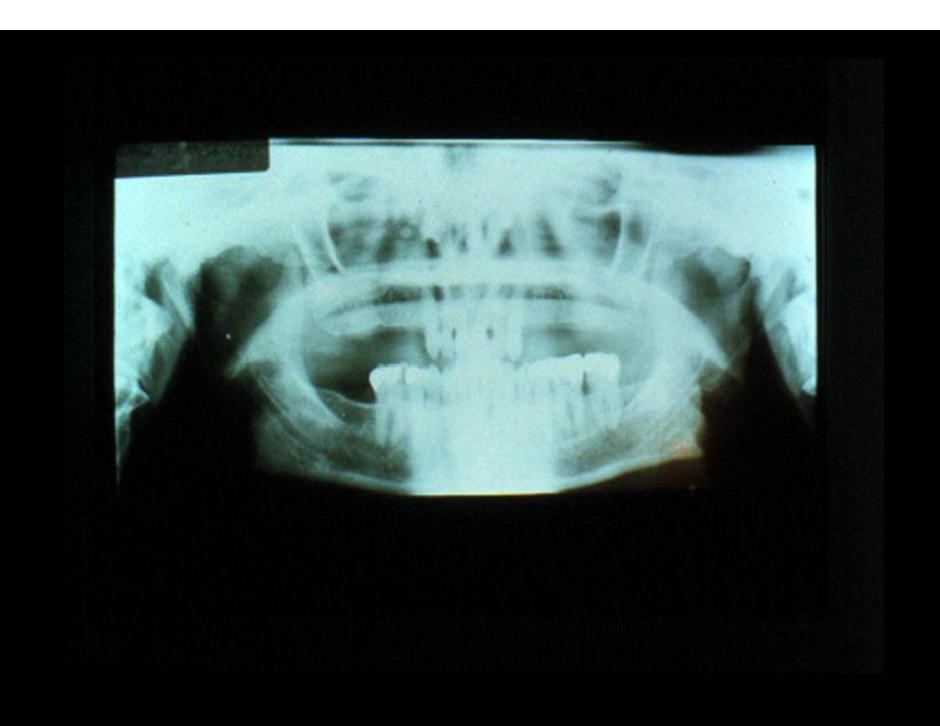
Class IV—Additional Criteria

- Refractory patient (a patient who has chronic complaints following appropriate therapy).
 These patients continue to have difficulty in achieving their treatment expectations despite the thoroughness or frequency of the treatment provided.
- Severe manifestations of local or systemic disease including sequelae from oncologic treatment
- Maxillo-mandibular dyskinesia and/or ataxia

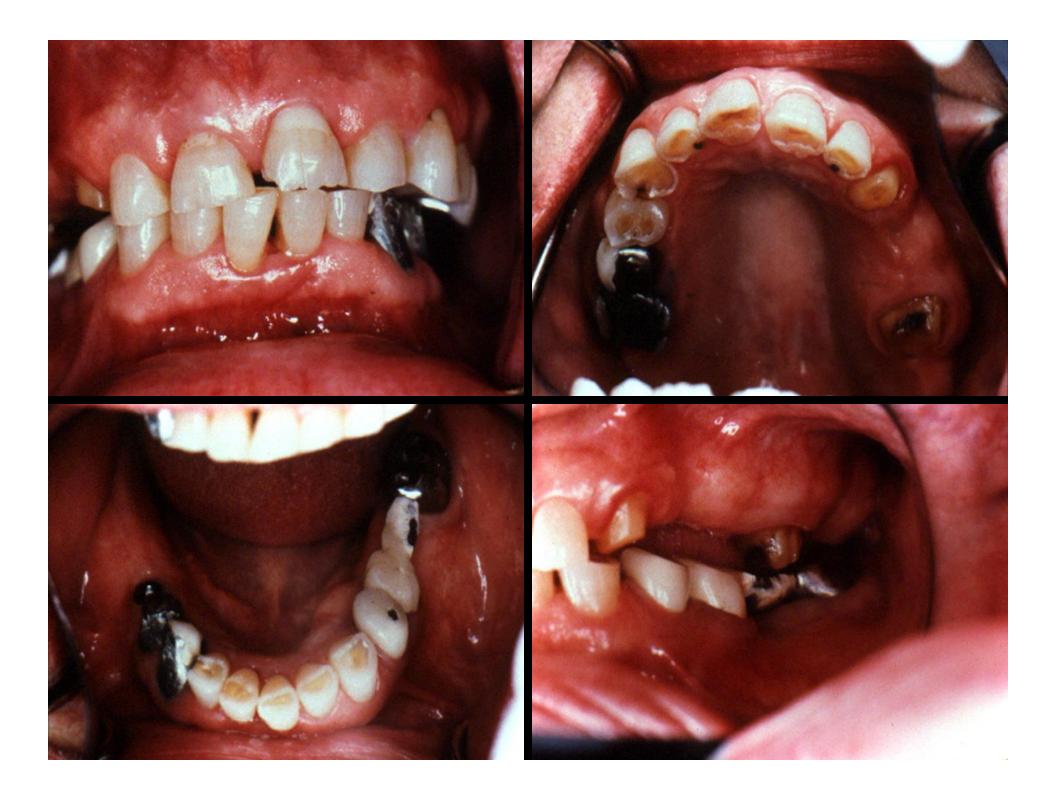
Class IV Loss of posterior support

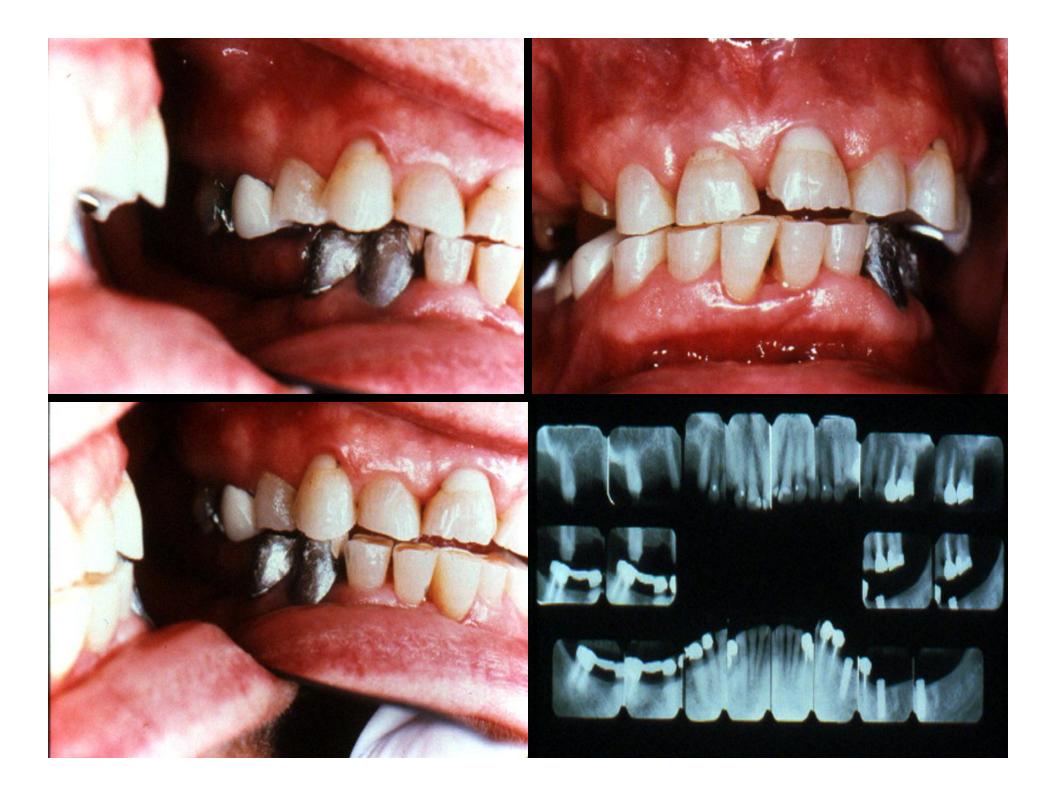






Class IV Advanced wear





Guidelines for the Use of the Classification System for Partial Edentulism

In those instances when a patient's diagnostic criteria are mixed between two or more classes, any single criterion of a more complex class places the patient into the more complex class

The following additional guidelines will assist in the consistent application of the classification:

- 1. Consideration of future treatment procedures must not influence the decision as to which diagnostic level to place the patient in.
- Initial preprosthetic treatment and/or adjunctive therapy can change the initial classification level. The classification may need to be reassessed after the removal of existing prostheses.

- 3. Esthetic concerns or challenges raise the classification in complexity by one level in Class I and II patients
- 4. In the presence of TMD symptoms, the classification is increased in complexity by one or more levels in Class I and II patients
- 5. Periodontal health is intimately related to the diagnosis and prognosis for partially edentulous patients. For the purpose of this system, it is assumed that patients will receive periodontal therapy to achieve and maintain periodontal health so that prosthodontic care can be accomplished.

6. In the situation where the patient presents with an edentulous maxilla opposing a partially edentulous mandible, each arch is diagnosed with the appropriate classification system.

In this situation, the maxilla would be classified according to the complete edentulism classification system and the mandible according to the partial edentulism classification system.

A single exception to this rule is when the patient presents with an edentulous mandible opposed by a partially edentulous or dentate maxilla.

This clinical situation presents significant complexity and long-term morbidity and as such, should be diagnosed as a Class IV in either system.

Diagnostic Worksheet

	Class I	Class II	Class III	Class IV
Location & Extent of Edentulous Areas				
Ideal or minimally compromised-single arch				
Moderately compromised-both arches				
Substantially compromised- >3 teeth				
Severely compromised-guarded prognosis				
Congenital or acquired maxillofacial defect				
Abutment Tooth Condition				
Ideal or minimally compromised				
Moderately compromised-local adjunctive tx				
Substantially compromised-mod adjunctive tx				
Severely compromised-extensive adjunctive tx				
Occlusal Scheme				
Ideal or minimally compromised				
Moderately compromised-local adjunctive tx				
Substantially compromised-occlusal scheme				
Severely compromised-change in VDO				
Residual Ridge				
Class I Edentulous				
Class II Edentulous				
Class III Edentulous				
Class IV Edentulous				
Conditions Creating a Guarded Prognosis				
Severe oral manifestations of systemic disease				
Maxillomandibular dyskinesia and/or ataxia				
Refractory patient				

Guidelines for use of the Worksheet

- Any single criterion of a more complex class places the patient into the more complex class.
- Consideration of future treatment procedures must not influence the diagnostic level.
- Initial preprosthetic treatment and/or adjunctive therapy can change the initial classification level.