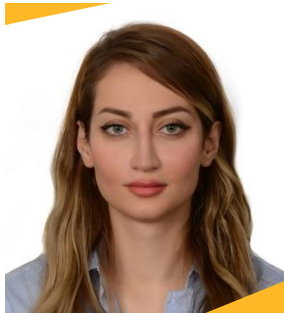


COMPARING LOCATOR VS BARS IMPLANT OVERDENTURES

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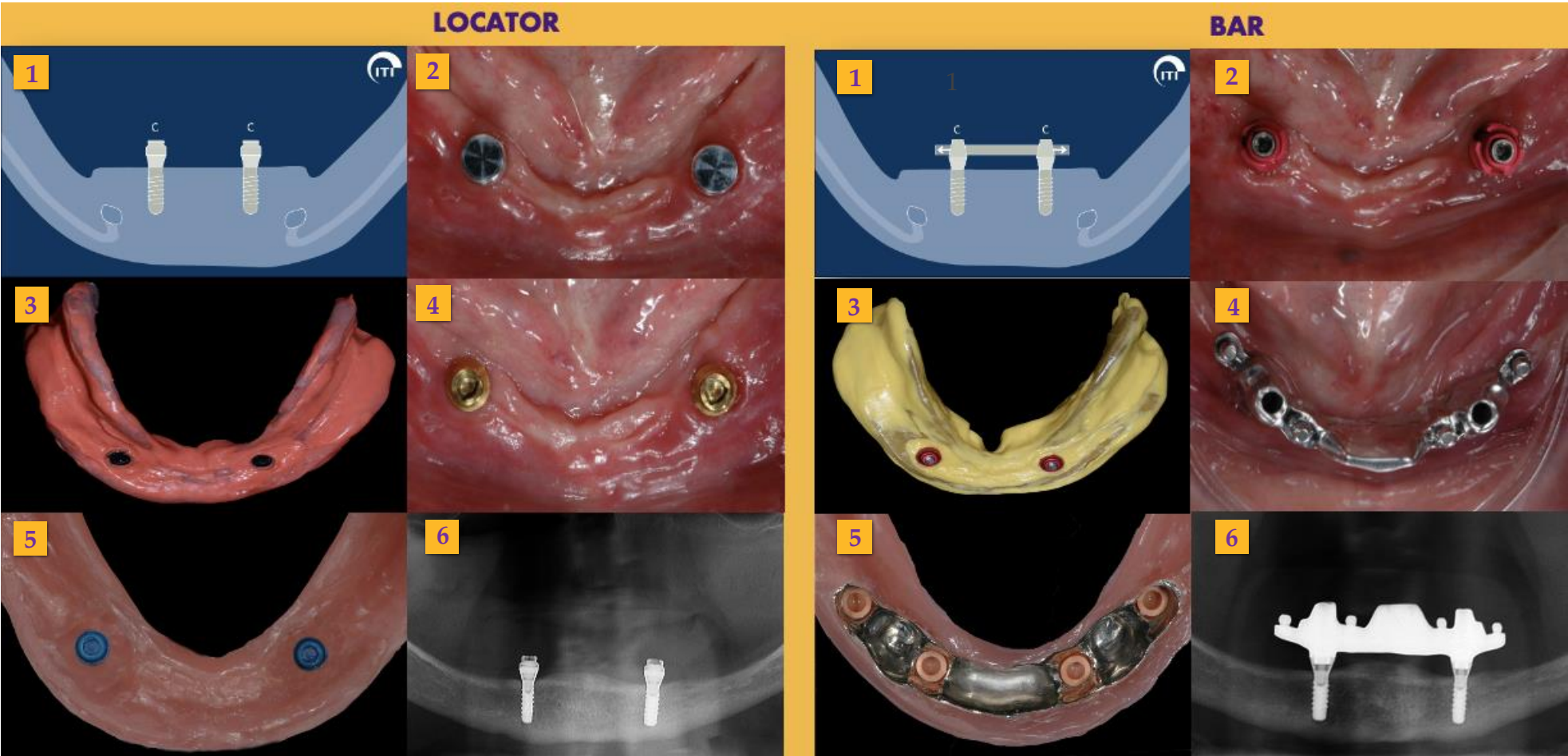


INTRODUCTION

Attachment systems are central to the success and satisfaction of mandibular implant overdentures. Options such as bar-clip, ball, locator, and magnetic designs show mixed outcomes in prior studies. Bar-clip attachments often outperform ball-socket systems in satisfaction and maintenance, though some trials report no significant differences across types. Retentive force also declines differently among systems, with locators showing greater reduction over time. This study compares locator and bar attachments, emphasizing patient-reported outcomes and clinical performance.

MATERIALS & METHODS

A randomized crossover trial was conducted at a single center with 20 edentulous patients treated with mandibular two-implant overdentures opposing maxillary conventional dentures. Patients wore either locator or bar attachments for two weeks before crossover, with no washout period. Outcomes including retention, stability, comfort, hygiene, esthetics, maintenance, and quality of life, were assessed using custom questionnaires. Implants were placed with a standardized protocol, and results were analyzed descriptively. This approach allowed direct comparison of patient experiences with both attachment systems.



CATEGORY	BAR	LOCATOR
Total Satisfaction	5	4
Comfort & Esthetics	5	5
Speaking	5	5
Cleaning	1-2	5
Ability to remove	5	2-3

RESULTS

Patients reported greater ease of cleaning and higher overall satisfaction with locator attachments. Hygiene demands were lower with locators, while bar attachments showed slightly fewer maintenance issues. Other outcomes, including speech, esthetics, and peri-implant health, were comparable between the two systems.

Before



After



CONCLUSIONS

Both locator and bar attachment systems showed strong performance in mandibular implant overdentures, each offering distinct advantages. Locators were associated with greater patient satisfaction and easier hygiene maintenance, whereas bars required fewer technical interventions. Therefore, attachment selection should be individualized, guided by clinical requirements as well as the patient’s ability to maintain oral hygiene and effectively use the prosthesis.