**Abstract:** The ultimate goal of an implant-retained prosthesis is to ensure that the esthetic and functional needs of the patient are met with minimal discomfort and limited complications. Prosthodontic designs have dictated implant placement, so it was logical to develop prosthetic designs that minimized alignment problems. Esthetic restrictions, poor quality bone in a specific site, and the need for extensive bone grafting are critical considerations. In general, it has been wise to use 2 or more implant abutments when designing cantilevered prostheses. This general rule may be affected by the anticipated or lack of forces on the prostheses and the size of a cantilever pontic. The first rule for ideal key implant positions is that no cantilever should be designed in the prosthesis. Cantilevers are force magnifiers to the implants, abutment screws, prosthesis screws, cement and implant-bone interface. The ideal treatment plan should eliminate cantilevers. However, in some clinical conditions a cantilever is the most prudent treatment option such as:
1. Inadequate bone in posterior regions
2. Esthetic considerations
3. Alignment problems
4. Failed implants
5. Poor bone quality

**Conclusion:** The use of implants to support cantilevered fixed partial dentures has been successful in selected clinical situations.

**Key words:** Dental Prosthesis, Implant-Supported, cantilever

**Presentation:** Poster