INTRODUCTION
Nowadays, the total implant-supported prosthesis is assumed as the gold standard for the total edentulous. Yet, not knowing the type of fungal flora may difficult the application of a therapeutic solution in case of fungal infection [1]. Prostheses are a microbiological reservoir, creating an additional surface for plaque adhesion which triggers a negative response from the individual’s mucosa [2]. Candida albicans is known as the most prevalent fungus in the oral cavity [3] and many studies report infections by this microorganism [4]. Therefore, it is important to study its prevalence in this new prosthetic rehabilitation and compare it with the traditional total acrylic prosthesis, which is the most common type of prosthetic rehabilitation.

GOALS
Compare the prevalence of yeast present in total implant-supported (TISP) and total mucous-support prosthesis (TMSP).

MATERIALS AND METHODS
30 patients rehabilitated with total implant-supported dentures, chosen by convenience were observed. Samples were collected in the area adjacent to the prostheses with a sterile swab and in the perimplantar sulcus of greater depth with a sterile paper cone, which were immediately analysed for the presence of yeast. The yeasts were isolated and identified in Brilliance™ Candida agar.

RESULTS AND DISCUSSION
A TISD group of 30 subjects, comprising 31% men and 69% women with an average age of 64.8 ± 11 years, was compared with a group of 60 subjects wearing total mucous-supported dentures comprising 35% men and 65% women with an average age of 65.3 ± 11 years. The relative colonization of both types of prostheses (mucous and implant) were evaluated by the qui-square test.

No significant differences were found (p>0.05) in the colonization of TISD (63% of the subjects colonized) and TMSD (58%) (figure 1). Equally, no differences were detected when the simultaneous colonization by one, two, or more different yeast were compared. C. albicans was the most prevalent species detected in 72% of the TISD and 74% of the TMSD (figure 2), leading to the conclusion that the mode of prosthetic support is not a risk factor for colonization with this species. Within the non-C. albicans species we found in TISD C. glabrata (55%), C. krusei (22%), C. tropicalis (11%) and other 3 species (11%) while in the TMSD, only 3 species were found C. glabrata (45%), C. tropicalis (45%) and C. krusei (10%) (figure 3). Apparently, the implant–support dentures are prone to colonization by more species of Candida.

CONCLUSION
The type of prosthesis does not seem to influence the colonization by yeast.