

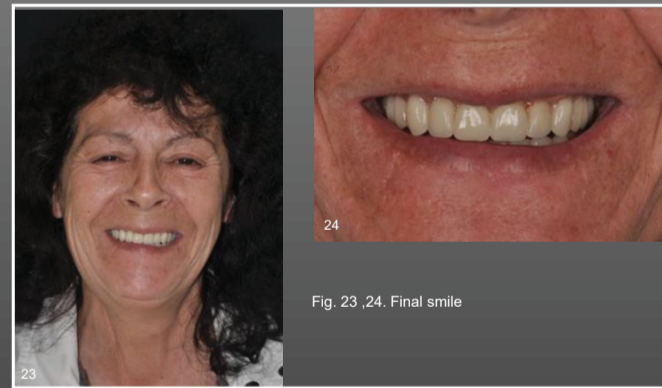
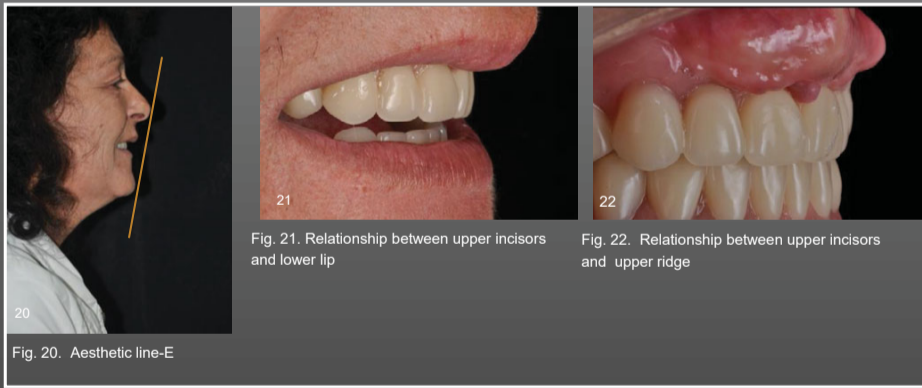
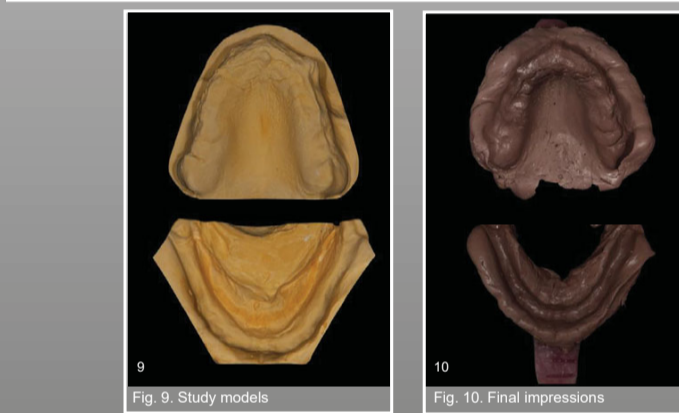
Rehabilitation with Complete Denture – A non surgical treatment option

CASE DESCRIPTION

A 51 year old, healthy female patient came to the clinic asking to make new dentures. She had an immediate complete denture placed when the maxillary anterior teeth were extracted 27 years ago. She also had a lower complete denture that she never adapted and never used, but expressed its full adaptation to the upper denture complaining about the too worn teeth. Patient also express that she was not interested in any surgical procedure hence alveoplasty.

During intra-oral examination we observed little reabsorption in both alveolar ridges. U shaped arch with rounded crest and a severe labial undercut on anterior region of upper ridge with great palatine-vestibular volume. In the aesthetic profile analysis we found a small open nasolabial angle (fig.6) and an unusual maxillo-mandibular relationship for the total edentulous, class II.¹ After intra- and extra-oral clinical observation, and evaluation of study models, we chose to perform new mucous-bore dentures without surgery keeping the upper teeth with an open faced flange.

A conventional denture making protocol was followed. Study models were made to fabricate custom trays for the final impressions. Mucostatic hand manipulated impressions were made with polysulfide impression material (Permalastic®, Kerr Dental, USA). Jaw relationship was obtained with occlusal rims on recorded bases with the use of an occlusal plane guide (Fox plane) to assure the upper occlusal rim was parallel with Camper's line and with the interpupillary line. (Fig. 11 e 12.). A teeth try-in appointment to evaluate form, aesthetics and phonetics was made prior to delivery.



DISCUSSION

Success in complete-denture treatment is directly related to the health and condition of the hard and soft tissues that make up the denture-bearing areas.² The edentulous patient presents anatomical challenges that can be corrected surgically, prior to denture fabrication, to improve patient function. Although surgery is not always possible as many patients are not comfortable with this approach.^{3,4} Our patient was not receptive to surgery, but in this case the prominent ridge contributes to a favorable aesthetic profile that would be lost with surgery. The surgical reduction would involve the loss of lip support which then would have to be compensated with an extra large labial flange and a more anterior teeth mounting which would complicate the maxillo-mandibular tooth setting. Alveolar ridge surgery, as any invasive treatment should always be carefully evaluated in order to not compromise the success of the treatment.⁵ The goals of pre-prosthetic surgery are to create a better frame for the dentures to work, that would restore function, provide stability and retention, while preserving structures and satisfy esthetics.⁴

CONCLUSION

Although anatomical conditions of the patient appeared to be unfavorable to achieving a mucous-bone denture without pre-prosthetic surgery, we took advantage of the maxillary alveolar conformation performing a satisfactory aesthetic and functional rehabilitation.



REFERENCES

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