The critical period of complete denture

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some patients who wear dentures for the first time face critical period before they adapt to the new dentures one may ask where is the progress in the field of complete denture prosthodontics? the answer is that the dentures do not cause so many problems, most of the problems are attributed to the patients them self for example The mental attitude of the patient some patients expect that the masticators efficiency of the complete denture is the same as that of the natural dentition The dentist should be capable of differentiating between normal and abnommal tissue responses.Diagnosis of problems associated with complete dentures depend to alarge extent on the ability of the dentist to distinguish between physical disorders that is aggrevated by psychic and emotional process of a patient and one that solely physical, when the dentist has aknowledge of basic sciences and skill and experience he will readily see that the majority of these problems are real and not psyehosomatic.

The following are the most common complains of the patients:

1- Masticators shortcoming
Inability to preform certain Masticatory acts such as chewing hard and sticky food or bititng with the front teeth does not mean that the dentures are failure. Denture wearareas who experience problems in eating may need further instructions.the patient should realize that the proplem can be solved if he face reality.Patients must tought that they do not eat with teeth alone but rather with a complicated mechanism of which the teeth are the terminal parts,without the muscles of mastication and the auxiliary organs of mastication including the tongue lips,cheeks,throat,temporomandibular joints and salivary glands the act of mastication could not take place. Acertain period of adaptation is necessary before the mechanism can function with denture attached lossely to
the mucosa, bilateral simultaneous chewing should be proposed to the patient as an aid in overcoming their chewing difficulties they told to start with alight and not sticky food and gradually shift to more resistive food substance.

2- Excessive bulk: In most cases, this complaint disappear with few days as the patient contactual sense fatigue. On the other hand, the denture should never be made thicker than is necessary to serve the purpose of retention and esthetics. However the thickness should be examined if the complaint continue.

3- Speech difficulties: this problem need assurance that time will eliminate speech difficulties. The length, form and thickness of the lower lingual flange are important consideration in speech. Usually patient have low index of neuromuscular skill experience difficulty in speaking with artificial teeth, these patient do better with lingual flange that does not extend below the mylohyoid ridge, nor posterior into the retroalveolar space. The thinnest, shortest lingual flange possible will aid their speech, however the demand of retention, may interven. The thickness of the palatal part of the upper denture also has some effect on speech.

4- In sufficient retention: the lack of adequate retention that keeps the upper up and the lower down is a common complaints. Dentures can be made today with sufficient retention it is a matter of neuromuscular adaptation to the new denture, however if the problem continue the dentist should re-evaluate the denture as follow:

a- Maxillary denture

1- Dislodgment during function:
Is the result of one or more of the following reasons:
 a. Over filled buccal vestibule.
b. Over extension in the hamular notch.
c. Inadequate notches for frenum attachment.
d. Excessively thick denture base over distobuccal alveolar tubercle area leaving insufficient space for the forward and medial movement of the anterior border of the coronoid process.
e. Placing the maxillary anterior teeth too far in the anterior
direction.
f. Placing the maxillary posterior teeth too far in the buccal direction.
g. Placing posterior palatal seal too far in superior direction causing over displacement of the soft palate tissues.
h. Lack of occlusal harmony, when teeth do not make harmonious contact the seal between the tissues and denture base is often broken the result will be loss of stability and retention.

2- Dislodgement when the jaws at rest is the result of one or more of the following factors:-

a. Under filled buccal vestibule.
b. Inadequate border seal.
c. Exessiv saliva.
d. Xerostomia.

When the maxillary denture slowly loses retention the consistency of saliva, excessive saliva or Lack of saliva is usually involved when the drop or loosening of the denture is sudden the cause is usually mechanical as an example when the wearers smokes or whistles the contraction of modiolus dislodges the denture, the denture flange is not contoured properly.

b- mandibular denture.

1- Dislodgment during function:- could be due to one or more of the following factors:-

a- Over extension in the masseter groove area.
b- Extending in a lateral direction beyond the external oblique line.
c- Over - extension of the lingual flauges.

d- Placing the occlusal plane too high causing dislodgment when the tongue tries to handle the bolus of food.
e- Under. extension of the ligual flange causing the border to become the play grund for the tongue.

f- Improper contour of the polished surfaces .
g- Over extension in the retromolar pad area causing contact between denture base that covers the maxillary tuberosity and the denture base that covers the retomolar pad when the mandible is protruded, this contact dislodge the mandibular denture in the anterior direction.

2- Dislodgment at rest position is mainly due to one or more of the following factors: -

a- Over - extension of the borders.
b- Faulty impression technique.

5- Mucosal irritation

Irritation of the mucosa on the ridges and palate is due to several factors as follow: -

a- It may be the result of excessive vertical dimension of occlusion .
b- Instability caused by incorrect centric jaw relation
c- Premature contact in eccentric occlusion.
d- Premature contact in centric occlusion
e- Arrangement of posterior teeth beyond the areas of support
f- Mucosal irritation in the area of periphery is usually due to over extension of the denture borders and can easily be corrected by reducing the length of these borders
g- Poor oral hygiene can result in inflammatory reactions
h- An unbalanced diet and avitaminosis contribute to Inflammatory conditions in all age groups alcoholism and senality may lead to mal-nutrition which is reflected in the inability of oral mucosa to resist the pressure of dentures .

i- Endocrine gland disturbances resulting from neurosis can cause inflammation of the oral mucosa
j- Systemic debilitating diseases contribute to poor tissue tone and poor tissue resistance to the stress of dentures
k- Allergic reactions of the supporting tissues to denture base materials appears to occur very rarely.
6- **Difficult swallowing**

Pain during swallowing is often caused by mucosal irritation at the posterior limit of the lower or upper denture this may be due to:

a- Over extended peripheries or

b- Increased vertical dimension of occlusion or both of them

c- Difficulty in swallowing may also be attributed to decrease salivary flow

It should be mentioned that there are many other complains which are uncommon When the denture wearers overcome the critical period of the denture it will be easy to him get use the denture rapidly.

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الفتره الحره من استعمال طقم الأسنان zlib: 

إن عدد غير قليل من الأشخاص الذين يستعملون طقم الأسنان الكامل يعانون بفتره حرجة و بصورة خاصة أولئك الذين يستعملونه للمرة الأولى وتتمثل تلك الفترة الحرة التي قد تستغرق ربما عدة أسابيع أو أشهر بالمصاعب الآتية: 

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1- صعوبة النطق.

2- صعوبة البلع.

3- عدم الثبات وعدم الاستقرار.

4- إلام في الأنسجة السائدة لطقم الأسنان أو الأنسجة المحيطة بالطقم.

إن التقدم في تقنية صناعة طقم الأسنان في الوقت الحاضر جعلت تلك المصاعب وقتية ولكن إذا استمرت فعلى طبيب الأسنان التحقق من أسبابها فربما تكون حقية وهذا الأمر يتطلب من طبيب الأسنان أن يكون ملما بالنواحي التشريحيّة والفسلية للأنسجة السائدة لطقم الأسنان وكذلك ملما بالنواحي الذهنية للأشخاص الذين يستعملون طقم الأسنان الكامل وكذلك يجب أن يكون على خبرة ودراية كافية تمكنه من التشخيص الصحيح ومعالجة المشاكل الناجمة عن الاستعمال.

References


Landa, JS: Trouble Shooting In Complete Denture

