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With Free Companion FAQs on Prosthodontics

Essential Quick Review

Prosthodontics

HIGHLIGHTS

- Supplementary FAQ book containing Definitions, Classifications and Viva-voce
- Diagrams with supporting answers
- Recent question bank of all India universities
- Covers entire undergraduate DCI syllabus

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Contents

1. Definitions 1-28

2. Classifications 29-40

3. Viva-Voce 41-104

Chapter 2

Diagnosis and Treatment Planning

LONG ESSAY

Question 1

Discuss in detail the clinical significance of diagnosis and treatment for ensuring success of complete denture treatment.

Answer

- Diagnosis is the examination of the physical state, evaluation of the mental or psychological make-up and understanding the needs of each patient to ensure a predictable result
- Diagnosis in complete denture is a continuing process and is not accomplished in a short time. In many patients, the most important finding escapes the operator until the planned treatment is near to completion
- The diagnostic record for complete denture treatment can best be complied by using a systematic diagnostic form
- From this information a treatment plan and prognosis can be developed. The dentist must consider each patient as an individual. It is possible to categorise patients and anticipate certain problems but always remember that not all patients will fit a predetermined group.

According to difficulty faced, patients can be categorised in the following types:

- Group 1: Relatively easy, compromises can be made during the treatment (70%)
- Group 2: Somewhat difficult, they make about 20% of all patients
- Group 3: Difficult, about 10% of the patients who have anatomical and psychological problems.

Treatment Planning

- Developing a course of action that encompasses the ramification and sequelae of treatment to serve the patient's needs
- Treatment planning is a consideration of all of the diagnostic findings, systemic and local, which influence the surgical preparations of the mouth, impression making, maxillomandibular relation records, occlusion to be developed, form and material of the teeth, denture base material and instructions in the use and care of dentures
- In evaluating a patient, a decision should be reached whether or not successful therapy can be instituted for that patient
- This decision should be based upon the result of the examination
- It should be based upon a physical examination; the patient's attitude may negate the construction of successful complete denture
- The success of complete denture treatment depends on so many physical and mental variables. It is advisable to use a complete checklist to ensure that all the influencing conditions have been examined.

Diagnostic Form

Patient Data

Name _____

Tel. Ph.: (Home) _____ (Business) _____

Age _____ Sex _____

Occupation and social position _____

Tooth shade _____ Mucosa shade _____

Cosmetic index: Class I (high), Class II (medium), Class III (low).

Personality: Philosophic, exacting, hysterical and indifferent

Medical History

- General health
- Major ailments (if any)
- Whether under any medication:

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Dental History

1. Chief complaint _____
2. Period of edentulousness _____
   Maxilla _____
   Mandible _____
3. Reason for extraction _____
   Caries _____
   Periodontal diseases _____
   Others _____
4. Previous denture history-number_____
   Satisfactory/Unsatisfactory _____
   If unsatisfactory, state the reasons _____

Existing dentures experience

- ❑ Retention
- ❑ Stability
- ❑ Extension
- ❑ Aesthetics
- ❑ Phonetics
- ❑ Occlusion.

Extra-oral Clinical Examination

1. Face form: Ovoid _____
   Square _____ Tapering _____
2. Profile _____ Straight _____
   Convex _____ Concave _____
   (Class I) (Class II) (Class III)
3. Complexion: Fair_____
   Medium _____ Dark _____
4. Lips: Active_____ Flaccid _____
   Normal _____ Long _____
   Medium _____ Short _____
   Thick_____ Thin _____
   Normal_____
5. Muscle tone: Class I (Normal) _____
   Class II (Slightly impaired) _____
   Class III (Greatly impaired) _____
6. Temporomandibular joint:
   Normal _____ Crepitus_____
   Clicking_____ Deviation_____
7. Neuromuscular coordination:
   Class I: (Excellent)
   Class II: (Fair)
   Class III: (Poor)

Intra-oral Clinical Examination

Arch size

- ❑ Class I: Large
- ❑ Class II: Medium
- ❑ Class III: Small.

Arch form

- ❑ Class I: Square
- ❑ Class II: Ovoid
- ❑ Class III: Tapering.

Shape of the ridge

- ❑ Class I: U-shaped or square
- ❑ Class II: V-shaped
- ❑ Class III: Flat
- ❑ Class IV: Knife edge.

Inter-arch space

- ❑ Class I: Ideal inter-arch space to accommodate the artificial teeth
- ❑ Class II: Excessive inter-arch distance
- ❑ Class III: Insufficient inter-arch distance.

Ridge parallelism

- ❑ Class I
- ❑ Class II
- ❑ Class III.

Ridge relationship (Angle classification)

- ❑ Class I: Normal
- ❑ Class II: Retrognathic
- ❑ Class III: Prognathic.

Bony undercuts

- ❑ Maxilla: Class I (None), Class II (Slight), Class III (More)—require removal
- ❑ Mandible: Class I (None), Class II (Slight), Class III (More)—require removal.

Tori

- ❑ Class I (Absent)
- ❑ Class II (Mild): Surgery optional
- ❑ Class III (Large): Require surgical removal.

Palatal throat form

- ❑ Class I: Gentle (large and normal in form with a relative immovable band of resilient tissue 5–12 mm distal to a line drawn across the distal end of the tuberosities)

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- Class II: Medium (sized normal in form with immovable tissue 3–5 mm distal to a line drawn across the distal end of the tuberosities)
- Class III: Abrupt (drop of soft tissue 3–5 mm anterior to a line drawn across the palate at the distal end of the tuberosities).

Lateral throat form

- Class I: Large
- Class II: Medium
- Class III: Small.

Mucosa condition

- Class I: Healthy: Uniform thickness and firm
- Class II: Irritated and thin
- Class III: Pathological thick and flabby.

Border and frenum attachments

- Class I: High
- Class II: Medium
- Class III: Low.

Saliva

- Class I: Normal quality and quantity
- Class II: Excessive saliva with much mucin
- Class III: Scanty with mucin.

Tongue size

- Class I: Normal
- Class II: Large
- Class III: Small.

Tongue position

- Class I: Normal
- Class II: Retracted
- Class III: Retracted.

Gag reflex

Radiographic Examination

Pre-extraction records.

Treatment Plan and Prognosis

- Tissue conditioning
- Pre-prosthetic surgery
- Tooth selection shade mould and material.
  - Maxillary anterior
  - Mandibular anterior
  - Maxillary posterior
  - Mandibular posterior.

Prognosis

- Mandibular denture criteria for retention
  - Factors: Good prognosis, bad prognosis.
- Criteria for stability
  - Factors: Good prognosis, bad prognosis.
- Maxillary denture criteria for retention and stability
  - Factors: Good prognosis, bad prognosis.
- From this checklist, a accurate treatment plan and prognosis is formulated by collecting and interpreting diagnostic data
- The problems should be identified early and explained clearly to the patient prior to the treatment
- Problems that are explained after they occur, may delay treatment, will be considered by the patient as excuses for poor dental skill
- It will have an adverse effect on doctor-patient relation.
- A logical approach to diagnosis begins with a patient interview, which may also include a dental and medical history, followed by radiographic and oral examinations
- So, a proper emphasis should be given in collecting, interpreting and transferring the diagnostic information into a treatment plan.

Explanation of Diagnostic Form

The information required to interpret the diagnostic data properly is given above. The discussion is followed to fully correlate the diagnostic findings and clinical practice.

Patient Data

Name

It is necessary for the purpose of identification and record.

Age

The age of the patient gives an indication of his ability to wear and use dentures efficiently. Young patients are generally in good health, and this is reflected in the oral tissues.

- In young patient, resorption of ridges is rare and all the anatomical and physiological factors are more favourable than in older patients
- The young people possess more powers of accommodation or adaptability, and learn to use artificial dentures with little apparent effort
- Patients over 40 have tissues that do not heal as quickly and have a mental attitude not to adapt to new situation
- Many patients over the age of 60 years find it difficult to adapt to new situations
- Tissue repair is often slow and in many cases there was extensive destruction of denture supporting tissues
- Age is also important in the selection and arrangement of artificial teeth.

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Sex

- In general, women are more difficult to please with appearance of their denture than men
- They are more aware of their face and lips than men
- Any change in this part of body is readily apparent to them
- Women during menopause can be difficult to treat due to psychological problems, dry mouth, burning sensation in the mouth and general vague pain
- Men tend to be more occupied with their work and less concerned with their dentures. They are move inclined towards comfort and function.

Occupational and social position

- Knowing the patient's occupation and social position helps the dentist in determining what the patient expects from his dentures. In general:
  - Higher the social position, more demanding the patient is about aesthetics
  - A patient who speaks before group of people would be concerned about speech patterns more than one who paints for living
  - Tooth position for a musician who plays a wind instrument would be more critical than for person who does not use the mouth in making a living
  - Person who works in cafeteria is in high risk for frequent eating.
- At this time dentist should also identify discrepancy between expectations and reality before the start of treatment otherwise success will elude both dentist and patient.

Tooth shade

- The preliminary shade selection should be made in the first visit without the patient participation as most patients have a wrong concept about the size and colour of teeth
- These require some patient education
- The final selection of tooth shade and mould is usually done at third visit and patient's participation should be needed at that time.

Mucosal shade

- The colour of the denture base material should match with the colour of the mucosa
- For proper selection of shade manufacturers, supplied colour tabs may be used at chair side.

Cosmetic index

- It is the aesthetic expectations of the patient
- The patients are classified as high, medium and low cosmetic indices
  - Class I: High cosmetic index. Patients with high cosmetic indices are often exacting, appreciative and cooperative
  - Class II: Moderate cosmetic index. The patients are of moderate expectations
  - Class III: Low cosmetic index. The patients with low cosmetic indices are often indifferent and uncooperative.

Patient personality

- Meeting the mind of the patient is essential before institution of treatment. To understand a patient, the psychological assessment is required. House (1937) classified the patient as philosophical, exacting, indifferent and hysterical.
  - Philosophical patients:
    - These patients are with best mental attitude
    - These patients are rational, sensible, calm and well-adjusted in difficult situation
    - Their motivation is generalised as they desire denture for the maintenance of health and appearance and feel that having teeth replaced is a normal, acceptable procedure. Prognosis is excellent.
  - Exacting/Critical patients:
    - These patients are methodical, precise, accurate, and immaculate in dress and appearance, at times makes severe demands
    - They are dissatisfied, distrust and want guarantee or remake at no additional charge
    - A firm control of these patients is essential.
  - Indifferent patients:
    - These patients have questionable or unfavourable prognosis. These patients have little concern for their teeth or health
    - They have little appreciation for the efforts of their dentist
    - Often seek treatment because of insistence of their family
    - They will give up early, if problems are encountered in new teeth
    - Their attitude can be discouraging to the dentists who treat them
    - Education programme in dental condition is recommended treatment plan.
  - Hysterical/Sceptical patients:
    - They are those patients who have bad results with previous treatment and therefore, are doubtful that anybody can help them

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- They often have a recent series of personal tragedies such as loss of spouse, business problems
- Sometimes they demand unrealistic expectation, i.e. patients demand aesthetic and function equal or greater than natural teeth. They have poor prognosis.

Medical History

General health

- Generally, a patient who possesses a good general health will be able to accept and adapt to a complete denture better than those in poor health
- So, the dentist must know about the systemic diseases that may affect complete denture therapy, e.g. AIDS, anaemia, arthritis, Bell's palsy, carcinomas, tuberculosis, diabetes, lupus erythematosus, nicotinic stomatitis, Parkinson's diseases, Pemphigus vulgaris, Paget's diseases, Plummer Vinson syndrome and scleroderma
- The medical history questions are to alert the dentist:
  - A positive answer indicates the necessity of further investigation
  - The dentist should know what medicines the patient is taking
  - Some medicines have direct effect on the oral cavity
  - Tranquillizers and antidepressants may cause dry mouth
  - Hormone therapies often cause extreme sore mouth for edentulous patients.

Debilitating diseases

- Patients having debilitating diseases should be under medical control
- Diabetes, tuberculosis and blood dyscrasia require extra instructions in oral hygiene, eating habits and rest of tissues.

Diseases of joint

- Osteoarthritis of the temporomandibular joint (TMJ) presents a problem in complete denture construction as mandibular movements are painful
- This causes jaw relation and impression procedures difficult.

Cardiovascular diseases

In presence of cardiovascular diseases, the patient's physician should be consulted as denture appointments may be contraindicated or shortened and along with premedication.

Neurological diseases

Parkinson's diseases and Bell's palsy involve nerve and patients may be treated but the problems of denture retention and jaw relation records should be encountered with special attention.

Malignancies

- The diagnosis of oral lesions should be done by biopsy, and treatment with surgery, and radiotherapy should be followed by denture construction only after proper healing
- The clinical examination of the tissues after post-insertion of denture is essential.

Menopause

- The hormonal changes cause bone changes, generalised osteoporosis
- The mental changes may cause burning mouth, gagging and vague pain in the patients
- Medical or psychiatric treatment may be required before dentures are constructed.

Diet

- The patient should be questioned about his diet
- Dentist must remember that a patient who has been edentulous may have unconsciously changed his diet due to his inability to masticate properly and if the nutritional intake of patient is found to be lacking, an adequate diet should be prescribed.

Dental History

Chief complaint

- It is the patient's reasons for seeking dental treatment or new dentures
- The exact words of patient should be noted.

Dates of extraction of the teeth

- This helps to ascertain the rate of resorption and gives an idea of stability of the denture bearing tissues
- The longer the patient been edentulous, the more bone resorption usually is noted
- More resorption in one area than in other is difficult to treat with a complete denture
- The patients who have been edentulous for a long time and did not wear artificial dentures are difficult to treat.

Reasons for extraction of the teeth

- The reasons for loss of natural teeth help to ascertain the rate of resorption of ridges

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- The rate is more expected in tooth loss due to periodontal disease. Extraction due to caries usually produces less resorbed ridges.

Previous denture history

- The denture history is very important in evaluation of the prognosis of complete denture treatment
- The number of dentures that the patient has had and the length of time each has been worn help in evaluating the anticipated prognosis
- A patient with a successful denture treatment will probably be having good prognosis again.

Existing or present dentures

- The reasons for dissatisfaction with the present dentures may also affect the type of replacement to the patient
- The following should be checked:
  - Occlusion
  - Retention
  - Stability
  - Aesthetics
  - Phonetics
  - Extension.

Extra-oral Clinical Examination

Face form

- There are four basic shapes of a person.
  1. Square.
  2. Square tapering.
  3. Tapering.
  4. Ovoid.
- The shape of the maxillary central incisor should be similar to that of face when placed upside down
- This method is known as geometric theory.

Facial profile

- The incisogingival and mesiodistal curvatures of incisor teeth are similar to the profile curvature of face
- So, facial profile is helpful for selection of anterior tooth.

Complexion

- It is important guide in the shade selection. The shade should have harmony with complexion
- The relationship of colour of hair or eye is questionable in shade selection.

Lips

- Short lips show more tooth structure
- The opposite is true for long lips
- Thin lips are difficult to treat because the slight over support may greatly affect facial expression.

Temporomandibular joint

- The TMJ should be examined digitally by placing the fingers on the joints when the patient opens and closes the mouth
- Any pain, clicking and crepitus or abnormal movements should be noted
- Discomfort or pain has been associated with excessive increase or decrease of vertical dimension and arthritis.

Neuromuscular coordination

- The mandibular movements should be coordinated
- Uncontrolled movements cause difficulty in determining correct centric relation and protrusive records and forbid the use of a balanced occlusion with anatomic tooth.

Intra-oral Clinical Examination

Arch size

- Class I (large): Best for retention and stability
- Class II (medium): Good for retention and stability
- Class III (small): Poor for retention and stability
- Denture stability will be hampered, if there is a great discrepancy between the upper and lower arch
- The choice of cuspless posterior teeth will lessen the problem.

Arch form

- Generally arch form is classified as:
  - Class I (square): The square arch is best form to prevent rotational movements and provides stability to the dentures
  - Class II (tapering): The tapering arch prevents rotational movements to a lesser degree
  - Class III (oval): The oval arch is round in shape and gives little or no resistance to rotational movements.
- If the arch form is not same in the maxilla and mandible, there will be problem with tooth arrangement and stability.

Shape of the ridge

- The contour of the residual ridge determines the amount of vertical and horizontal denture basis
  - Class I (square): The square and U-shaped ridges are best for denture stability and retention
  - Class II (V-shaped): The V-shaped ridges are less favourable as slight pressure on the denture base

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causes displacement of the denture from the underlying soft tissues
- Class III (flat): The flat ridges offer the poorest resistance to horizontal forces
- Class IV (knife edge): The knife edged ridges also can offer little resistance to vertical forces.

- The pressure on the ridges traumatises the mucosa covering the top of the ridge and sufficient relief should be provided on it.

Inter-arch space

- The inter-arch distance between the ridges are approximately parallel. In case of normal interspace, the arrangement of teeth is easy and stability of the denture is good
- Excessive inter-arch space is usually accompanied by severe resorption and produces leverages on the denture base and decreases stability
- Insufficient inter-arch space creates difficulty to accommodate the artificial teeth.

Ridge parallelism

- Class I: When both the ridges are parallel, no sliding movement of the denture occurs during function
- Class II: When the mandibular ridge is divergent from the occlusal plane anteriorly one denture will slide forward
- Class III: When the maxillary ridge is divergent from the occlusal plane anteriorly or both the ridges are divergent anteriorly both the dentures will slide forward.

Ridge relationship

- Class I (normal):
  - The maxillary ridge crest is directly above the mandibular ridge
  - This is most favourable ridge relation for complete dentures and balanced occlusion is possible.
- Class II (retrognathic):
  - The mandibular ridge is narrower and shorter than the maxillary ridge that makes the setting of posterior teeth difficult
  - These patients often have wide range of mandibular movement that makes the balance occlusion necessary
  - They frequently show habitual closure position anterior to centric relation.
- Class III (prognathic):
  - The mandible is larger and wider than maxillae
  - These patients show no excursive movement but only open and close hinge jaw movement
  - This makes balance occlusion unnecessary
  - These patients show a posterior, and sometimes, an anterior cross-bite.

Bony undercuts

- Bony undercuts are found on both the maxillary and mandibular ridges
- On maxilla, undercuts are usually present in anterior ridge and lateral to the tuberosities. Undercuts do not help in retention but cause loss of border seal.

Tori

- Small mandibular or maxillary tori usually present no problem in denture fabrication
- If undercuts are present in tori, they should be removed surgically
- If very thin mucosa overlies, the tori relief in denture should be provided.

Mucosa condition

- Class I: Healthy
- Class II: Irritated
- Class III: Pathologic, e.g. papillomatous.

Border and frenum attachments

- Class I (low): The border or frenum attachments close to the vestibule (less than 6 mm)
- Class II (intermediate): The border or frenum attachments close to the ridge crest (between 6–12 mm)
- Class III (high): The border or frenum attachments high up the ridge crest (more than 12 mm).

Saliva

- Class I: Amount and consistency of saliva is normal
- Class II: Excessive thin saliva containing water or thick saliva contains much mucus. Excessive saliva may cause gagging and interface with impression making
- Class III: (Xerostomia) Saliva is scanty and mucinous may reduce retention of denture.

Tongue size

- Class I: normal in size
- Class II: Large in size
- Class III: Excessive large.

Tongue position

- Wright (1949) classified tongue position as follows:
  - Class I
    - The tongue completely fills the floor of the mouth
    - The lateral borders of the tongue rest on or against the residual ridges

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- The tip of the tongue rests just lingual to anterior mandibular ridges
- This is the normal position of tongue and is the most favourable for denture border seal.

- Class II
  - The tongue is flattened and broad with its apex in normal position.
- Class III
  - Retracted tongue: The apex is curled upward or downward and depressed in the floor of the mouth. The retracted tongue fails to provide a seal and also unseat the mandibular denture.

Gag reflex

- Gagging is due to psychological and somatogenic causes
- The gag reflex is assessed by gently touching the palate with a mouth mirror
- The patient may gag during impression making
- To prevent that sedatives may be employed, but the medicines should be avoided
- The patient should be kept in an upright position and his attention is distracted
- The use of fast setting impression material and quick manipulation is essential.

Radiographic Examination

- The panoramic radiographs are valuable to examine the osseous structures that support the denture
- The nature of the supporting bony structure has been classified by Wical and Swoope as follows:
  - Class I: Approximately two-thirds of mandibular alveolar bone remains
  - Class II: Approximately two-thirds to two-ninth mandibular alveolar bone remains
  - Class III: Approximately one-thirds or less mandibular alveolar bone remains.
- This classification is based on the measurement of the distance from the inferior border of mandible to the lower edge of the mental foramen divided by three
- Approximately 25% of edentulous mouths show the presence of some types of retained pathology like roots, unerupted teeth, cysts, etc.
- A pantographic X-ray is valuable in estimating the bone quantity but it has little value in evaluating bone quality
- An image of retained root or unerrupted tooth in a pantographic X-ray should be viewed in a periapical X-ray
- If the retained root or tooth is present for many years symptomless and shows no pathology, removal may not be necessary. Of course, a regular yearly check-up is necessary.

Pre-extraction Records

- All types of pre-extraction record are helpful
- Study casts and close up photographs are most useful, but radiographs and patient's recollection can also be used.

Treatment Plan and Prognosis

- After all the relevant information has been gathered in the form of a chart, prognosis and treatment plan should be formulated
- Treatment plan is the sequence of procedures planned for the treatment of a patient after diagnosis
- A treatment plan includes necessary pre-prosthetic surgery and tissue conditioning
- It should include the procedures to be followed, materials to be used and time schedule required for treatment
- It should be presented to the patient along with the prognosis and the fee to the patient for approval.

SHORT ESSAY

Question 1

Write about ridge relationship.

Answer

Antero-posterior

- Class I (Angle's classification) jaw relation
- Class II (Angle's classification) jaw relation
- Class III (Angle's classification) jaw relation.

In case of class II and III, the dentist has to encounter great difficulties during placement and arrangement of tooth for balanced occlusion. On the contrary, in class I jaw relation, the problem of arrangement of teeth is comparatively simple procedure.

Ridge Relationship (Lateral)

- Mandibular ridge is much wider than maxillary ridge
- Maxillary ridge is much wider than mandibular ridge
- Maxillary and mandibular ridges are almost of same width.

In the first two cases, difficulties will be encountered in setting up the teeth. In the first case, it may be necessary to arrange the teeth in cross-bite relation. In the second case,

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the occlusion may be limited to the second premolars and molars only.

Inter-arch Distance

- An ideal inter-arch distance at vertical dimension of occlusion is 16–18 mm
  - Normal: When there is a normal distance between the ridges, the conditions are favourable for arrangement of anterior and posterior teeth
  - Excessive: When there is an excessive distance between the ridges, it is very difficult to get stability of the dentures during mastication because of the large distance between the occlusal surfaces of the upper and lower teeth to their respective ridges
  - Inadequate: When there is very limited space between the ridges, setting of teeth may have to be mutilated to arrange them in proper position.

Nature of Denture-bearing Tissue

- The denture bearing mucosa and submucosa overlying the bone are not of uniform thickness
- Thick and compressible mucosa because of their extreme resiliency returns to their original position when compressed
- They may loosen the dentures after the pressure is released
- An extensive papillary hyperplasia due to traumatic ill-fitting denture should require surgery
- A new denture should be constructed then
- Thin incompressible mucosa never allows the dentures to bring into intimate contact with soft tissues lessening retention
- Average thick mucosa allows the dentures to bring into intimate contact with the soft tissues and good retention and prognosis is obtained.

Maxillary Ridge Prognosis

- The prognosis for the maxillary complete denture can be divided into factors that can affect retention and stability
- The factors are as follows:
  - Size of ridge
  - Shape of palatal vault
  - Bilateral tuberosity undercuts
  - Size of tuberosity
  - Maxillary torus.

SHORT NOTES

Question 1

Write a short note on surgical mouth preparation?

Answer

The prosthodontic should be aware of the situation before the extraction of teeth and perform the preparation accordingly following the list of staging of the surgical procedures.

Surgical Preparation During Extraction of Teeth

- Removal of sharp bony spicules and tips of interdental septum using the rongeur forceps
- Application of sharp pressure between thumb and index finger after, all extraction of teeth to even contouring the ridge.

Surgical Preparation of Edentulous Mouth

- Removal of retained roots or unerrupted teeth, and dental cysts
- Reduction of sharp bony mass, e.g. mylohyoid ridges, sharp ridges, enlarged tuberosities, and torus
- Removal of soft hyperplastic tissues caused by denture hyperplasia or flabby anterior ridges
- Removal of high frenum attachments
- Deepening of shallow sulcus to increase denture bearing area
- Orthognathic surgery to improve ridge relation
- Important denture procedures
- Surgery of congenital defects.

Question 2

Write a short note on nutritional counselling.

Answer

- Nutritional counselling is a very important step in treatment planning of a complete denture patient
- The quality of diet for such patient can be improved with nutritional counselling
- An unbalanced diet that lacks fruits, vegetables or proteins and calories can turn perfectly made denture into an unsatisfactory one
- So, a properly guided balanced diet should be included in prosthodontic treatment
- The main objective of nutritional council is to correct nutritional imbalances that interfere with body and oral health.

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Five Basic Food Guide Pyramid as Follows

1. Eat diet containing five basic types.
2. Eat at least five servings of fruits and vegetables.
3. Take fish, poultry, lean meat, eggs, or dried peas and beans daily.
4. Eat four servings of calcium rich food daily.
5. Take eight glasses of water.

Question 3

Write a short note on prosthodontic care.

Answer

Nature of Treatment

- Patients in need of prosthodontic care can be divided into three general groups:
  1. Those with natural teeth remaining.
  2. Those wearing dentures who wish or need replacements.
  3. Those who are edentulous.
- The first group of patients may be treated with removable partial denture, or overdentures
- The second and third group of patients may be treated with conventional soft tissue supported complete denture or implant supported complete denture
- Articulator used
- Manufacturer and instrument number
- Control settings: Horizontal condylar guidance (right and left), incisal guide angle, and incisal guide lateral angle (right and left)
- Tooth selection: The shade, mould and material of anterior and posterior teeth should be selected
- Denture base material: Available materials like heat cure or microwave cure or soft base
- Denture base shade: Pink, special pink, veined matching the patient's gingiva
- Anatomic palate including rugae or conventional palate
- Characterization: Choice of stain, drawing proposed plan
- List of items to improve the new dentures
- List of items not to be changed in new dentures.

Question 4

Write a short note on patient appointments.

Answer

- In the first visit, a set of preliminary impressions may be obtained. In addition, surgical procedures are discussed and planned and pre-operative therapy may be given
- This therapy needs the use of any medicine or rest to the mouth to produce ridges which are well healed and the gingiva are in good tonus
- During the second office visit, the final impression is taken and the cast poured using dental stone. Bite rims are made prior to the third visit
- The third visit is concerned with obtaining vertical dimension centric relation and orientation relations which is transferred to an articulator. In addition, eccentric relations are obtained and the condylar guidance is established. The selection of anterior teeth is possible in this stage
- The fourth visit is to trying of dentures to verify records and to satisfy the patient's aesthetic need
- The fifth visit is the insertion of the dentures
- The sixth visit is the first post-operative visit after 24 hours for sore spot adjustment, remounting of casts and final occlusal adjustment
- Then any subsequent visit required for oral examinations and treatments. When the periodic recall for oral examination and the necessary post-insertion appointments are completed the patients are instructed to call for an appointment, if there is any problem
- Every denture patient should be placed on a regular recall programme at a 12 months interval. The necessary occlusal corrections, relining and new denture should be made as required as changes in the mouth occur continuously.

Question 5

Write a short note on prognosis.

Answer

- The determination of the prognosis of every complete denture case is important to both operator and patient. The examination both visual and digital will bring out all the favourable and unfavourable circumstances under which the problem is to solve
- An analysis of the situation will show the operator the extent of favourable and unfavourable conditions and assess his ability to reduce the unfavourable conditions using certain techniques
- The cost of production in this case may increase due to mouth preparations, relining, rebasing, or even remaking the dentures
- The unfavourable oral condition of the patient must be informed before the start of treatment and with the cooperation of the patient the operator can utilize his skill to produce successful dentures
- There are a number of salient features in the mouth to be taken into consideration before determination of prognosis.

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