CASE REPORT
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FLABBY RIDGES IN COMPLETELY EDENTULOUS PATIENTS: BANE TO BOON.

Dental Science

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ABSTRACT

Prosthodontic innovations and developments have had a quantum leap in the past decade or so. But more or less they have been associated with the fixed prosthetics. Complete denture patients have not been much benefitted by the same. Denture abuse is a common site in the dental set up. Patients wearing worn off prosthesis for the past 12 – 14 years are regular visitors to the clinic. The total rehabilitation of such patients is not complete till the time oral tissues have reverted back to optimum health. One such technique for flabby tissues in the oral cavity is discussed in this article.

KEYWORDS

flabby tissue, ultra light body elastomer, mucostatic impression.

INTRODUCTION:
Medical improvisations are on an all time high. The latest advancements in the field of medicine have led to increased longevity of the human life. However weak and frail the human might be, yet due to great advancements in the medical field, he or she is able to lead a long and fruitful life. This increased proportion of geriatric population aims to achieve a high degree of functionality and productivity. Though the average incidence of edentulism has decreased over the years still a vast percentage of the world population craves for a prosthesis that will restore back the form, aesthetics and function of the oral cavity.

Though now not much in demand, the complete denture prosthesis still amounts to a large percentage of the prosthesis fabricated in the dental set up. Many of the patients still report to dental clinics and operatories wearing the same old prosthesis they have been using since past 10-12 years. The result is an oral cavity in a poor condition with all the pendulous tuberosities and flabby tissue present on the ridge.

The aim of the practitioner in such cases should not be just to give the patient a prosthesis that will restore the function and the aesthetics but to rehabilitate the oral cavity back to health and well being. Nothing can be more damaging to the patient than a pathology left undiagnosed or a disease left unattended by the clinician. It is our duty as a prosthodontist or a dentist to cure the patient of all the ills that affect the oral cavity.

As rightly said by M.M.Devan "the perpetual preservation of what remains is more important than the meticulous replacement of what is missing".

Case report:
One such patient reported to the Dept of prosthetics, Karnavati School of Dentistry, Gandhinagar, India for the replacement of his old prosthesis. On detailed history, it was told that he has been wearing the same prosthesis for the past 14 years. Also the patient was a known diabetic since 6 yrs but the sugar levels were under control.

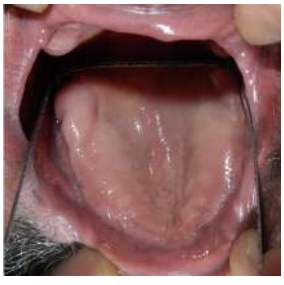
On examination, the oral cavity looked quite inflamed and prone to injury. The whole of buccal mucosa and the palate was inflamed and flabby tissues were seen on both the ridges. The tuberosities were quite pendulous and were fibrous on palpation.

The patient was asked to discontinue wearing the prosthesis immediately as it was amply clear that the prosthesis was doing more harm than good. The patient was advised gingival massage and warm saline gargles to wear off the effects of denture injury. The use of tissue conditioners was also debated upon but then they were no advocated as they would not have served well in this patient.

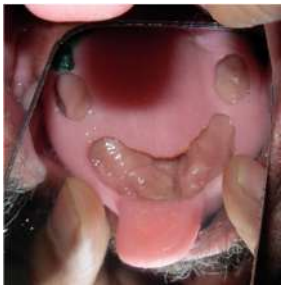
After due diligence, it was decided that if a prosthesis has to be made for this patient then due modifications will have to be made for adequate success. The use of a minimum pressure technique for the making of a secondary impression was the chief amongst that.

Procedure for the making of prosthesis:
a) Primary impression: they were made in an irreversible hydrocolloid material so as to impart minimum pressure over the tissues. (Minimal pressure theory). Just to prevent further damage to the underlying structures, use of alginate was advocated.
b) Secondary impression: use of minimum pressure technique was again recommended for making definitive impressions. Border moulding was done in a conventional method using Greene stick compound. Then the tray was seated into the oral cavity and the flabby tissues present in the mouth were marked on to the tray. Holes were made over those specific areas and the tray placed again to verify the same. Secondary impressions were made using the medium body elastomeric material over the residual tray. The tray was then again seated into the oral cavity. Then ultra light body material was mixed and placed over the flabby tissues. This was done to record the tissues in a state of minimum pressure and to prevent further damage to supporting structures.
c) Jaw relations: jaw relations were recorded in a conventional manner but vertical dimension was deliberately reduced so as to prevent excessive leverage forces on the ridge and prevent further bone loss and flabby tissue.
d) Occlusal scheme: non anatomic teeth were advocated for the patient to prevent generation of excessive forces on the ridge and to maintain the tissues in good health.

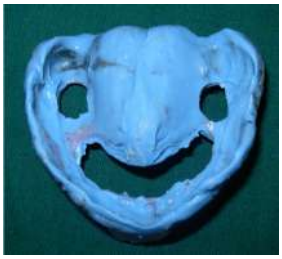
Summary:
Devan's dictum might have been said a long time back but holds true even today. The continued health and well being of the oral cavity is just as important for the function of prosthesis as the meticulous efforts put in for the fabrication of the same. Proper impression techniques are the single and most important step in that direction.



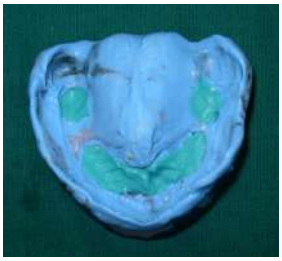
Intra oral view of the oral cavity.



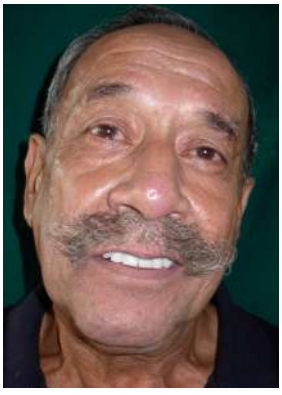
Special tray placed within the oral cavity to verify location of flabby tissues.



Definitive impression of the residual tissue.



Definitive impression with the flabby tissues recorded in ultra light body elastomer.



Post insertion view

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