

Complaints About Denture Function

Problem	Causes	Solutions
Denture seems to “move around”–Instability		
When not occluding	<ol style="list-style-type: none"> Overextension of borders and posterior limits Under-extended borders Loss of post-dam seal <ol style="list-style-type: none"> Post-dam on hard palate Post-dam not over-hamular notches Insufficient post-dam Dehydration of tissues due to alcoholism or medication Flabby tissues displaced when taking impressions due to improper tray 	<ol style="list-style-type: none"> 2., 3., 4., 5. <p>In all cases, a new impression is necessary. Best to grind out the tissue side and take a wash, using compound where necessary to extend impression to include post-dam area. Rebase or reline entire denture.</p>
When chewing food	<ol style="list-style-type: none"> Loss of post-dam seal Anterior teeth too far labially Flabby anterior tissues Improper incising habits Lower posteriors set off ridge 	<ol style="list-style-type: none"> Same as above Remount and reset, bringing anteriors back lingually Surgery to remove poor denture foundation and rebase Patient education is the only answer Reset and correct posterior alignment
When occluding in centric	<ol style="list-style-type: none"> Malocclusion: <ol style="list-style-type: none"> Premature individual teeth hitting High occlusion on one side of arch Bicuspid area premature contact Upper denture “riding” on hard palate surface Flabby tissues over ridge Teeth set too far buccally Centric occlusion not in harmony with centric relationship 	<ol style="list-style-type: none"> Malocclusion: <ol style="list-style-type: none"> Remount selective grind and mill-in Remount and reset Try chairside mill-in or remount and reset Relieve pressure area Remove flabby tissue with surgery and rebase Remount and reset to lingual Remake on denture
General overall soreness on ridge	<ol style="list-style-type: none"> Vertical open too much Totally inaccurate denture base 	<ol style="list-style-type: none"> Remake one of the dentures to correct vertical, providing plane of occlusion is acceptable Try a wash impression and rebase, or remake the denture after tissue treatment
Sore under lower lingual flange	<ol style="list-style-type: none"> Centric off-mastication drives lower forward Lingual flange over extended Posterior teeth too far distal 	<ol style="list-style-type: none"> Recheck vertical and centric. Rearticulate and remove the interfering cusps or change to non-interfering teeth. Shorten and repolish flange Remove 2nd molars
Sore under lower labial flange	<ol style="list-style-type: none"> Too much overbite Overextended labial flange When masticating patient throws lower forward 	<ol style="list-style-type: none"> Rearticulate and change tooth position Shorten flange and repolish Recheck vertical and centric. Change to centrimatic posteriors. Check lingual flanges–shorten
Burning Sensations*		
Burning feeling on hard palate area	High pressure area in the acrylic base*	Locate the high area, remove and polish
Burning feeling on upper anterior ridge	Pressure on papilla and rugae area*	Relieve
Burning feeling on bicuspid area to tuberosities	High pressure area in the acrylic base*	Same as above–grind 1st bicuspid out of occlusion
Burning feeling on lower anterior ridge	High pressure area in the acrylic base*	Same as above

Complaints About Phonetics

Whistle on “S” sounds	<ol style="list-style-type: none"> Not enough room for tongue between upper bicuspid Space between centrals 	<ol style="list-style-type: none"> Remount and move bicuspid to the buccal or, if room permits, grind out more room for tongue Close space
Lisping on “S” sounds	<ol style="list-style-type: none"> Too much space for tongue between upper bicuspid 	<ol style="list-style-type: none"> Narrow palate space between upper bicuspid by adding ledge of acrylic
“Th” and “T” sounds indistinct	<ol style="list-style-type: none"> Not enough room in dentures for tongue If “Th” and “T” sound alike, the anteriors are too far lingual 	<ol style="list-style-type: none"> Thin out dentures from lingual side–don’t grind tissue side Remount and move anteriors out to the buccal
“F” and “V” sounds indistinct	<ol style="list-style-type: none"> Improper position of upper anterior teeth–either vertically or horizontally 	<ol style="list-style-type: none"> Difficult adjustment–must decide and try to correct.

*Burning sensations are usually caused by pressure on a nerve as it leaves nasopalatine or by under-cured bases. (Diabetics get the burning sensations occasionally.)

Uncomfortable Dentures

Problem	Causes	Solutions
Sore Spots		
Sore spot in vestibule area Upper or lower denture	<ol style="list-style-type: none"> Overextended borders Rough spot in base 	<ol style="list-style-type: none"> Shorten borders and polish Smooth and refinish
Sore spot in upper post-dam area (Posterior limit of upper)	<ol style="list-style-type: none"> Post-dam too deep Sharp edges on the posterior seal Overextension 	<ol style="list-style-type: none"> Reduce base carefully and gradually to avoid loss of border seal. Round off sharp edges. Same as above Same as above. Make sure the post-dam is on soft tissue.
Single sore spot on the crest of the ridge	<ol style="list-style-type: none"> Premature occlusion Inaccurate denture base Voids or porosity in acrylic Nodules under base 	<ol style="list-style-type: none"> New centric registration or accurate bite. Remount dentures on articulator and adjust bite. Take a "wash" impression and rebase after tissue treatment Take a "wash" impression and rebase after tissue treatment Remove nodules
Seems to Feel "Interference"		
When swallowing	<ol style="list-style-type: none"> Upper: <ol style="list-style-type: none"> Overextension in the posterior buccal flange Too thick in posterior Lower: <ol style="list-style-type: none"> Overextension in the lingual Too thick in lingual posterior flanges Overclosed vertical Too much vertical Posteriors too far to lingual—crowding tongue 	<ol style="list-style-type: none"> Upper: <ol style="list-style-type: none"> Carefully reduce distal buccal flange Adjust by thinning dentures from the outside, not the tissue side Lower: <ol style="list-style-type: none"> Carefully reduce the flange Reduce from the outside—do not grind tissue side Remount and reset, correcting vertical Same as above Remount and reset opening arch to allow more tongue room
Gagging		
Immediate on insertion	<ol style="list-style-type: none"> Upper: Overextension. Too thick posterior border Lower: Distal-lingual flange too thick 	<ol style="list-style-type: none"> Upper: Denture must be double-past dammed and cut back to anterior post-dam. Lower: Carefully reduce from the outside. Do not grind tissue side.
Delayed gagging 2 weeks to 2 months after delivery	<ol style="list-style-type: none"> Faulty post-dam allowing saliva under denture Malocclusion allowing denture to loosen causes saliva, seepage 	<ol style="list-style-type: none"> Grind out post-dam area and take "wash" impression for a laboratory reline. Remount and mill-in. Sometimes necessary to reset the teeth.
Biting cheek and tongue		
Keeps biting cheek and/or tongue	<ol style="list-style-type: none"> Posterior teeth set end-to-end Overclosed Posterior teeth set too far to the lingual or buccal 	<ol style="list-style-type: none"> Rearticulate and reset posteriors (Wax try-in highly recommended) Rearticulate and reset all teeth, opening bite Rearticulate and reset posterior teeth
Redness of tissue		
Tissue getting red in denture-bearing area	<ol style="list-style-type: none"> Ill-fitting denture base Improper cure of denture base Avitaminosis 	<ol style="list-style-type: none"> Take a wash impression and re-base denture. Check for prematurities in the occlusion. Re-base (heat-cure acrylic). Prescribe vitamins
All tissues becoming fiery red including cheeks and tongue	<ol style="list-style-type: none"> Denture base allergy (extremely rare) 	<ol style="list-style-type: none"> Change base material by having laboratory "jump" to a vinyl base material. All acrylic teeth must be removed and replaced. A patch test should be taken.
Pain in mandibular joint		
	<ol style="list-style-type: none"> Vertical overclosed Centric relation off Arthritis Trauma 	<ol style="list-style-type: none"> Rearticulate and reset all teeth to open bite Take intra-oral tracing and reset. Retrial advised Consult patient's M.D. Difficult to correct. Consider TMJ treatment. Consider O⁹ posterior teeth.
Complaints About Appearance		
Too bulky under nose	<ol style="list-style-type: none"> Labial flange of upper too long or too thick Upper anterior teeth set too far back 	<ol style="list-style-type: none"> Reduce bulk and/or length repolish Reset anteriors lingually. Try-in suggested.
Sinking in under nose	<ol style="list-style-type: none"> Upper labial flange needs more bulk Upper labial flange needs more length 	<ol style="list-style-type: none"> Add wax to build up proper contour and have laboratory build out base Grind out tissue side of labial flange, add compound border and take "wash" impression Reset anteriors for lip support
Upper lip sinks in too far	<ol style="list-style-type: none"> Upper anterior teeth set too far to lingual 	<ol style="list-style-type: none"> Add wax on teeth to proper contour and have laboratory set teeth more to labial for lip support
Shows too much teeth	<ol style="list-style-type: none"> Vertical too great Occlusal plane too low Cuspids and laterals set too prominent Upper anterior teeth set out too far 	<ol style="list-style-type: none"> Have laboratory reset all teeth, closing vertical. Maintain esthetics by determining to raise or lower upper or lower teeth. Have laboratory reset all teeth, raising occlusal plane Replace cuspids and laterals with smaller teeth and rotate them in Reset teeth back to ridge
Just look too false	<ol style="list-style-type: none"> Set too regular, technic type set-up All teeth look the same shade No gingival contouring or staggering of gingival depth 	<ol style="list-style-type: none"> Try sculpturing anterior incisals to give abraded appearance. Rotate and stagger teeth in set-up. Change to characterized anterior teeth Have laboratory process new base with anatomical finish and characterized base