## Complaints About Denture Function

| Problem | Causes | Solutions |
|---|---|---|
| **Denture seems to "move around"–Instability** | | |
| When not occluding | 1. Overextension of borders and posterior limits<br>2. Under-extended borders<br>3. Loss of post-dam seal<br>a. Post-dam on hard palate<br>b. Post-dam not over-hamular notches<br>c. Insuff icient post-dam<br>4. Dehydration of tissues due to alcoholism or medication<br>5. Flabby tissues displaced when taking impressions due to improper tray | 1., 2., 3., 4., 5.<br>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. |
| When chewing food | 1. Loss of post-dam seal<br>2. Anterior teeth too far labially<br>3. Flabby anterior tissues<br>4. Improper incising habits<br>5. Lower posteriors set off ridge | 1. Same as above<br>2. Remount and reset, bringing anteriors back lingually<br>3. Surgery to remove poor denture foundation and rebase<br>4. Patient education is the only answer<br>5. Reset and correct posterior alignment |
| When occluding in centric | 1. Malocclusion:<br>a. Premature individual teeth hitting<br>b. High occlusion on one side of arch<br>c. Bicuspid area premature contact<br>2. Upper denture "riding" on hard palate surface<br>3. Flabby tissues over ridge<br>4. Teeth set too far buccally<br>5. Centric occlusion not in harmony with centric relationship | 1. Malocclusion:<br>a. Remount selective grind and mill-in<br>b. Remount and reset<br>c. Try chairside mill-in or remount and reset<br>2. Relieve pressure area<br>3. Remove flabby tissue with surgery and rebase<br>4. Remount and reset to lingual<br>5. Remake on denture |
| General overall soreness on ridge | 1. Vertical open too much<br>2. Totally inaccurate denture base | 1. Remake one of the dentures to correct vertical, providing plane of occlusion is acceptable<br>2. Try a wash impression and rebase, or remake the denture after tissue treatment |
| Sore under lower lingual flange | 1. Centric off-mastication drives lower forward<br>2. Lingual flange over extended<br>3. Posterior teeth too far distal | 1. Recheck vertical and centric. Rearticulate and remove the interfering cusps or change to non-interfering teeth.<br>2. Shorten and repolish flange<br>3. Remove 2nd molars |
| Sore under lower labial flange | 1. Too much overbite<br>2. Overextended labial flange<br>3. When masticating patient throws lower forward | 1. Rearticulate and change tooth position<br>2. Shorten flange and repolish<br>3. 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

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| Whistle on "S" sounds | 1. Not enough room for tongue between upper bicuspids<br>2. Space between centrals | 1. Remount and move bicuspids to the buccal or, if room permits, grind out more room for tongue<br>2. Close space |
| Lisping on "S" sounds | 1. Too much space for tongue between upper biscuspids | 1. Narrow palate space between upper bicuspids by adding ledge of acrylic |
| "Th" and "T" sounds indistinct | 1. Not enough room in dentures for tongue<br>2. If "Th" and "T" sound alike, the anteriors are too far lingual | 1. Thin out dentures from lingual side–don't grind tissue side<br>2. Remount and move anteriors out to the buccal |
| "F" and "V" sounds indistinct | 1. Improper position of upper anterior teeth–either vertically or horizontally | 1. 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.)

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DENTURE ANALYZER | CHAIRSIDE GUIDE

## Uncomfortable Dentures

| Problem | Causes | Solutions |
|---|---|---|
| **Sore Spots** | | |
| Sore spot in vestibule area<br>Upper or lower denture | 1. Overextended borders<br>2. Rough spot in base | 1. Shorten borders and polish<br>2. Smooth and refinish |
| Sore spot in upper post-dam area<br>(Posterior limit of upper) | 1. Post-dam too deep<br>2. Sharp edges on the posterior seal<br>3. Overextension | 1. Reduce base carefully and gradually to avoid loss of border seal. Round off sharp edges.<br>2. Same as above<br>3. Same as above. Make sure the post-dam is on soft tissue. |
| Single sore spot on the crest of the ridge | 1. Premature occlusion<br>2. Inaccurate denture base<br>3. Voids or porosity in acrylic<br>4. Nodules under base | 1. New centric registration or accurate bite. Remount dentures on articulator and adjust bite.<br>2. Take a "wash" impression and rebase after tissue treatment<br>3. Take a "wash" impression and rebase after tissue treatment<br>4. Remove nodules |
| **Seems to Feel "Interference"** | | |
| When swallowing | 1. Upper: a. Overextension in the posterior buccal flange<br>b. Too thick in posterior<br>2. Lower: a. Overextension in the lingual<br>b. Too thick in lingual posterior flanges<br>3. Overclosed vertical<br>4. Too much vertical<br>5. Posteriors too far to lingual–crowding tongue | 1.Upper: a. Carefully reduce distal buccal flange<br>b. Adjust by thinning dentures from the outside, not the tissue side<br>2.Lower: a. Carefully reduce the flange<br>b. Reduce from the outside–do not grind tissue side<br>3. Remount and reset, correcting vertical<br>4. Same as above<br>5. Remount and reset opening arch to allow more tongue room |
| **Gagging** | | |
| Immediate on insertion | 1. Upper: Overextension. Too thick posterior border<br>2. Lower: Distal-lingual flange too thick | 1. Upper: Denture must be double-past dammed and cut back to anterior post-dam.<br>2. Lower: Carefully reduce from the outside. Do not grind tissue side. |
| Delayed gagging<br>2 weeks to 2 months after delivery | 1. Faulty post-dam allowing saliva under denture<br>2. Malocclusion allowing denture to loosen causes saliva, seepage | 1. Grind out post-dam area and take "wash" impression for a laboratory reline.<br>2. Remount and mill-in. Sometimes necessary to reset the teeth. |
| **Biting cheek and tongue** | | |
| Keeps biting cheek and/or tongue | 1. Posterior teeth set end-to-end<br>2. Overclosed<br>3. Posterior teeth set too far to the lingual or buccal | 1. Rearticulate and reset posteriors (Wax try-in highly recommended)<br>2. Rearticulate and reset all teeth, opening bite<br>3. Rearticulate and reset posterior teeth |
| **Redness of tissue** | | |
| Tissue getting red in denture-bearing area | 1. Ill-fitting denture base<br>2. Improper cure of denture base<br>3. Avitaminosis | 1. Take a wash impression and re-base denture. Check for prematurities in the occlusion.<br>2. Re-base (heat-cureacrylic).<br>3. Prescribe vitamins |
| All tissues becoming fiery red including cheeks and tongue | 1. Denture base allergy (extremely rare) | 1. 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** | | |
| | 1. Vertical overclosed<br>2. Centric relation off<br>3. Arthritis<br>4. Trauma | 1. Rearticulate and reset all teeth to open bite<br>2. Take intra-oral tracing and reset. Retrial advised<br>3. Consult patient's M.D.<br>4. Difficult to correct. Consider TMJ treatment. Consider 0º posterior teeth. |

## Complaints About Appearance

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| Too bulky under nose | 1. Labial flange of upper too long or too thick<br>2. Upper anterior teeth set too far back | 1. Reduce bulk and/or length repolish<br>2. Reset anteriors lingually. Try-in suggested. |
| Sinking in under nose | 1. Upper labial flange needsmore bulk<br>2. Upper labial flange needsmore length | 1. Add wax to build up proper contour and have laboratory build out base<br>2. 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 | 1. Upper anterior teeth set too far to lingual | 1. Add wax on teeth to proper contour and have laboratory set teeth more to labial for lip support |
| Shows too much teeth | 1. Vertical too great<br>2. Occlusal plane too low<br>3. Cuspids and laterals set too prominent<br>4. Upper anterior teeth set out too far | 1. Have laboratory reset all teeth, closing vertical. Maintain esthetics by determining to raise or lower upper or lower teeth.<br>2. Have laboratory reset all teeth, raising occlusal plane<br>3. Replace cuspids and laterals with smaller teeth and rotate them in<br>4. Reset teeth back to ridge |
| Just look too false | 1. Set too regular, technic type set-up<br>2. All teeth look the same shade<br>3. No gingival contouring or staggering of gingival depth | 1. Try sculpturing anterior incissals to give abraded appearance. Rotate and stagger teeth in set-up.<br>2. Change to characterized anterior teeth<br>3. Have laboratory process new base with anatomical finish and characterized base |

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