Prosthetic V.

Complete denture

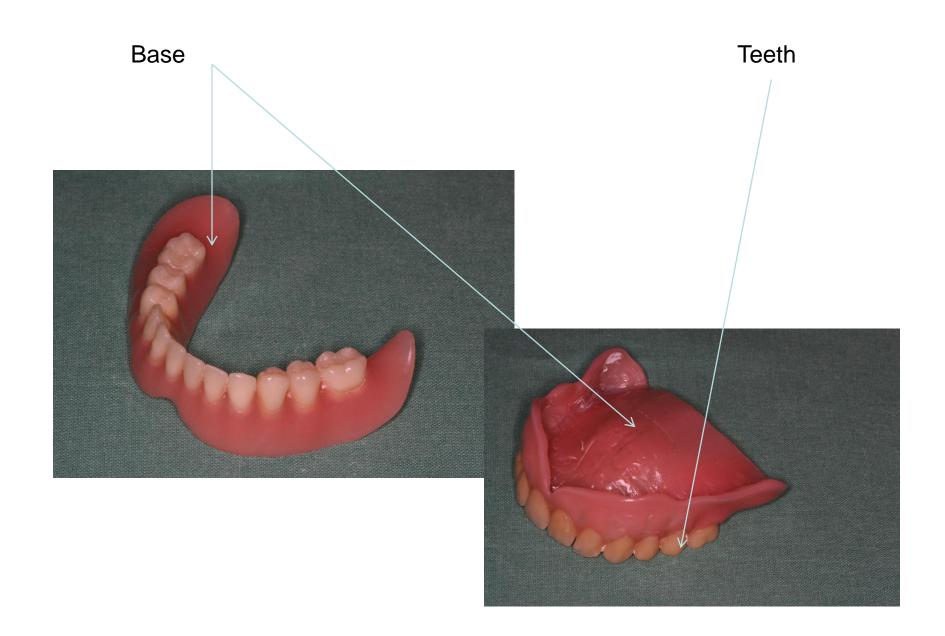
Complete denture

Replaces all teeth in the jaw with exception third molars.

It consist of only one part- resin body:

 Base (made usually of acrylic resin – methylmetacrylate)

- Teeth (made usually of acrylic resin)



Edentulous jaws

 The transfer of occlusal forces – mucous (gingival only).

Tissue supported (born) denture.

Retention

- Adhesion –a capillar pressure between the base and denture bearing area
- Viscosity of saliva
- Resilience of the mucosa
- Marginal seal

Stability

The ability to face up to horizontal forces

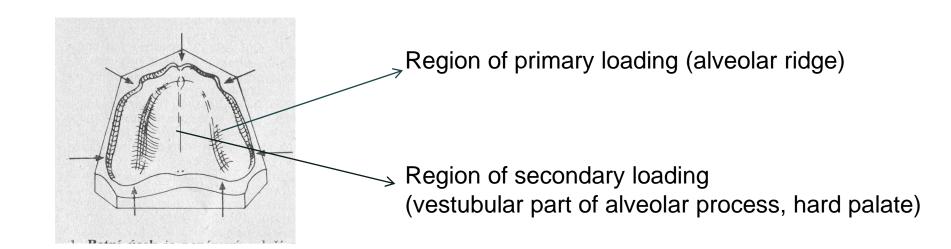
Moat important: position of arteficial teeth

Denture supporting area Maxilla

Area of primary loading - the middle of alveolar ridge

- Area of secondary loading
 - vestibular part of the alveolar ridge
 - area of hard palate

Upper complete denture



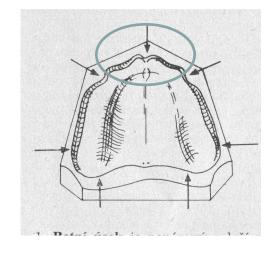
Labial section

Between canines (crista canina)

Frenulum labii superioris (labial frenum)

The margin must respect these anatomical

structures



Buccal section

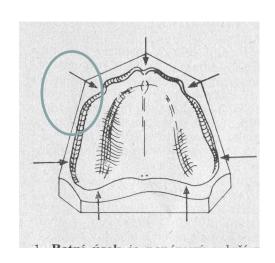
Between crista canina and tuber maxillae

The margin must respect anatomical

structures: buccal frenum with muscular fasciculus.

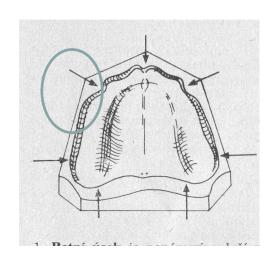
The margin must avoid them

Upper facial vault – the denture supporting area can be extended.



Section tuber maxillae

The margin is lower and more narrow.

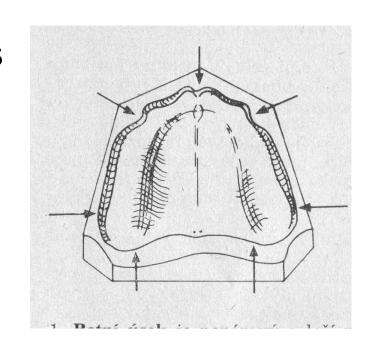


Palatal seal (post dam)

The border of the prothesis is situated on the immobile part of the hard palate.

Between H and A line.

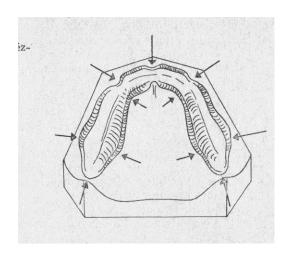
The border is like an arch avoiding the nasal spina



Margina seal Mandible

The denture supporting area is limited on the alveolar ridge

In bucccal vault an in sublingual region It can be slightly extended.

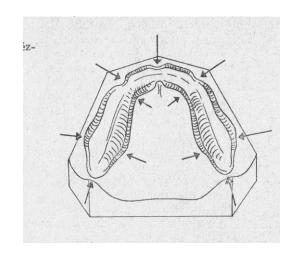


Margina seal Mandible

Labial section – similar to maxilla, between canine crists, frenum in the middle.

Buccal section – between canine crist and m.masseter. The border of the prothesis can be slightly extended.

M. Masseter section. The prothesis mus avoid this insertion



Distal seal (trigonum retromolare) – the border goes around it

Posterior lingual section- goes down and horizontal, ever over crista mylohyoidea

Central sublingual section – slight extension, avoiding sublingual frenum.

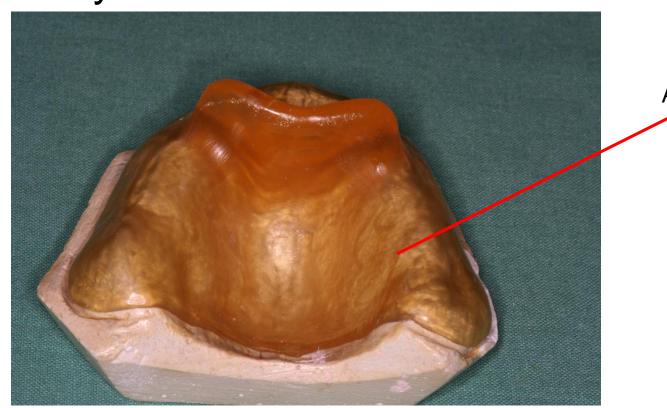
 Taking impression (alginate the best choice)



Pouring: gypsum model



Fabrication of the indivindiual impression tray



Acrylic or shellack

Fabrication of the indivindiual impression tray



Ranging with the special low – fusing wax (the functional tray)



This procedure is done in the patient.
The tray must be accurate without any excess, the wax makes the tray more precise patient moves with his/her lips and cheeks

– the function is important

After this procedure the tray is called the functional tray

Functional impression

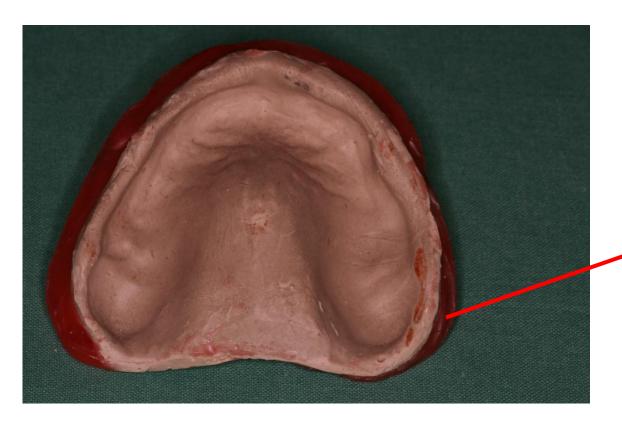


The impression after that is called the functional impression.

During this procedure patient is moving with his/her lips and cheeks again.

The most suitable material is the zinkoxideugenol paste.

Ranging of the impression with the wax



The border of the functional impression must be protected using the wax strip

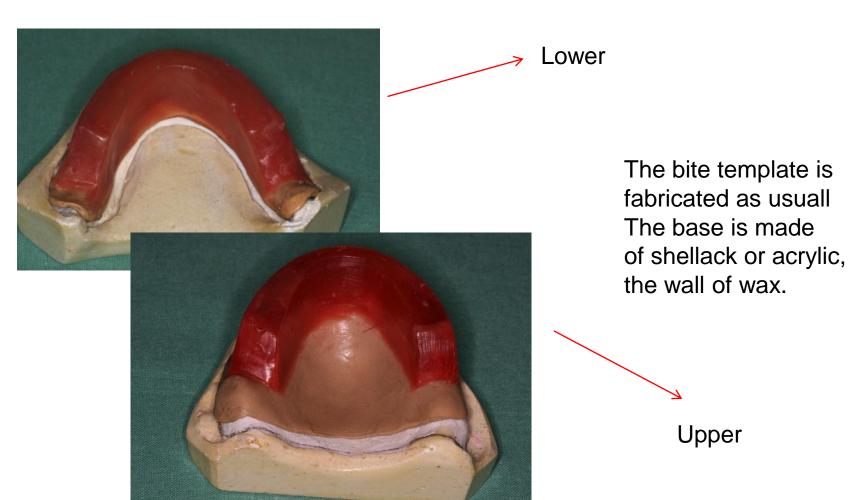
Bite template



The bite template is fabricated as usuall The base is made of shellack or acrylic, the wall of wax.

The wall is appr. 0,5 cm wide in anterior area and appr 1 cm in posterior area. It terminates the region of 1st.molar.

Bite template



Important terms

- Occlusal plane
- Incisal point upper and lower
- Bipupillary line
- Nasoaural plane
- Physiological rest position of mandible
- Occlusion
- Intercuspidation (intercuspation)
- Canine point
- Smile line

Physiological rest position of mandible

 This is position when the dental arches are not in contact, the mendible is in free position between muscles.

 If the patient sits normally the distance between dental arches is 2 mm.

Incisal point

- The point betwwen incisal edges of incisors
- upper incisal point
- lower incisal point

Upper incisal point is more important for reconstruction of intermaxillary relation. Its position is 2mm below upper lip.

Intercuspidation Occlusal plane

 When the patient put both dental arches together (bites) the cusps in one dental arch fit into pits in the opposite dental arch. This is intercuspidation.

 The plane going through the upper incisal point and mesiobuccal cusps of the first upper molars is occlusal plane. All occlusal surfaces sre inside in this plane.

Nasoaural plane

- The plane going through points:
 Subnasale (the point below the middle of the nose)
- Tragion (the most snterior point on the tragus)

In posterior area (premolar and moar)the nasoaural plane and occlusal plane are parallel.

Bipupillary line

 The line connecting the middles of both pupils.

The bipupillary line and the occlusal plane are parallel in frontal (anterior) area.

Overbite Forebite

The upper incisors overlap upper incisors

The distance between incisal edges upper and lower incisors is overbite.

The distance between incisal edges of upper incisors and labial surfaces lower incisors is forebite.

What can we recognise in edentoulos patient?

- Rest position of mandible
- Bipupillary line
- Nasoaural plane

What can we reconstruct using the bite template?

Occlusal plane

- 2mm below the upper lip
- in anterior area parallel to bipupillary line
- in posterior area parallel to nasoaural plane

Incisal point

Canine point

Line of smile

Vertical relation

Two markers on the face

- Subnasale
- Mention

Rest position of mandible

Measurement of the distance of these

markers (strip of the paper)

Vertical relation

Upper bite template is put into the oral cavity – there is marked

- a line in frontal area parallel to bipupillary line in frontal area 2 mm below the upper lip
- a line in posterior area parallel to nasoaural line

The modellation knife is used, the surface of the bite template must be plane and smooth.

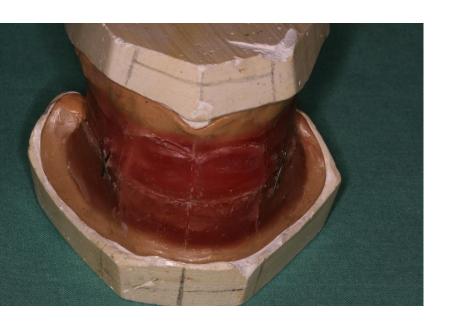
Vertical relation

 Lower bite template is plain cut, it must fit on the upper bite template.

 After that the distance between markers on the face is measured, the lower bite template is cut untill the distance is 2 mm shorter in comparison to the distance in free position of mandible.



Registration of the intermaxillary relation(ship).



The procedure consist of two steps

1. Vertical relation
The neck of the patient
is perpendicular to the
horizontal plane. The occlusal
plane must be parallel to the
bipupillary line in the frontal area and to
nasoaural line in the posterior area.

The wax walls must be plain cut, the height is according to the free position of the mandible. – physiological rest position.

After that the height is reduced – 2 mm. This is a vertical relationship

Registration of the intermaxillary relationship



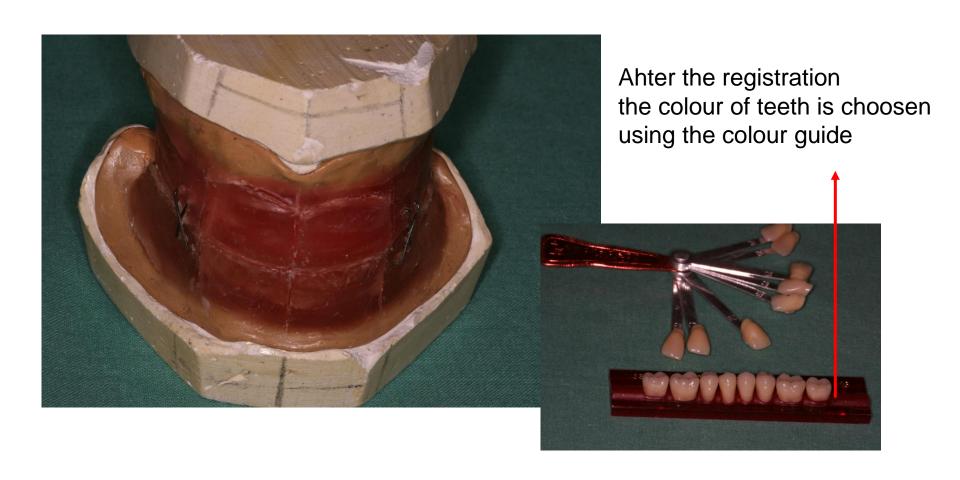
The procedure consist of two steps

2. Horizontal relationship

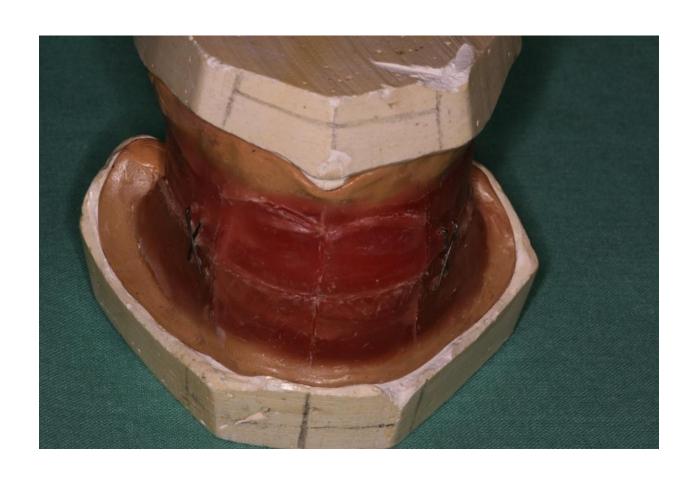
The head of the patient is bent backward and he/she swallows. This can halp us to find the horizontal relationship.

After these procedures the wax walls must be put together (with paperclips or wax or other material).

Registration of the intermaxillary relationship



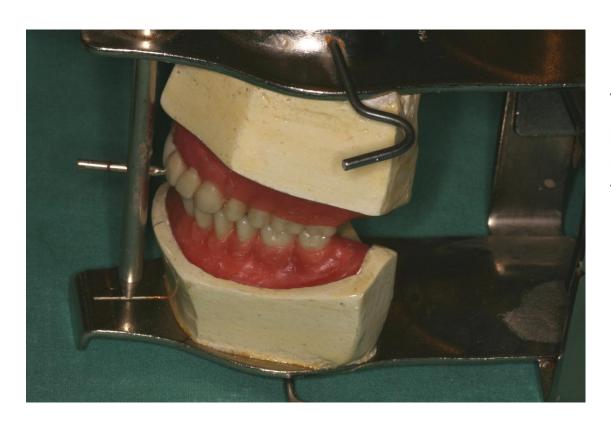
The models are mounted into the occludor or articulator



Importatnt points must be marked

- Line of symetry
- Occlusal plane
- Canine point (on the axis of the angle betwen the nose and nasolabial groove)

The wax pattern of the denture is made



This is made of wax – base and acrylic teeth are built according to the registrate using the articulator or occludor.

The rules of the positioning of arteficial teeth

P osterior teeth – static rules (on alevolar ridge)

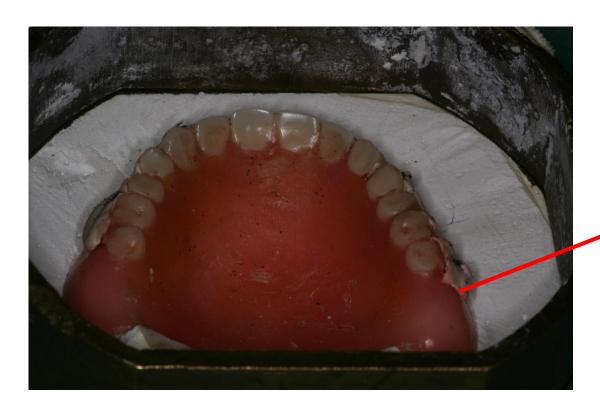
 Anterior teeth – aesthetic rules (before alveolar ridge) overbite, forebite.

The wax pattern of the denture is tried out in the patient.



The dentist must check the colour, the form and the position of arteficial teeth.

The wax pattern is flasked into a four parts flask using plaster



The teeth are insulated with a special silicone material.

The flask is closed and filled with the gypsum completely

 After the hardening of the plaster the flask is opened and the wax removed



The arteficial teeth remain in one part of the flask

 After the hardening of the plaster the flask is opened and the wax removed



The wax is removed using hot water. This is the second part of the flask A thin tin foil is put on some places, esp. on palatal suture in order to unload them. The insulating agent based on alginate is used. Without it the flask could not be opened

 After the hardening of the plaster the flask is opened and the wax removed



The resin dought is put into the form

Resin is mixed

Polymer – powder

Monomer – liquid

Ratio:

Polymer is partly dissolved in monomer
The dought is pressed into the form and put
into a special pressure machine. The
access is removed.

 The flask is closed and put into a special cleap.



The resin is polymerized using the 2,5 hours polymerization Schema:

- 1. During 1 hour reach the temperature 70°C,
- 2. 30min interrupt heating
- 3. During further 30 min increase the temperature reach 100°C
- 4. 30 min stay on 100°C.

After that let the flask cool slowly.

The four parts flask



 The denture is taken out finished and polished using special burs, grinding and polishing pastes.





The denture can be tried in.

