Prostho 4th year sheets (5-8):

#The stages of complete denture construction involve dealing with trigger zones in the oral cavity such as : 1) the hard and soft palate.

2) posterior 1/3 of the tongue

**\* Gag reflex** is a protective reflex found in all individuals ranging from slight to moderate or may be severe to any foreign body that enters the oral cavity and it differs from one person to the other.

**\* Causes of retching in general:**

A.Psychological factor. B.Overextension of the upper denture too far to the soft palate.

C.Overextension of the lower denture in the lingual flanges. D.Narrow tongue space (cramped tongue) . E.Thick , rough posterior border of the maxillary denture.

F.Lack of retention for ex. There’s no complete post dam seal. G.Imbalance occlusion.

H.Retching after long time of using the complete denture may happen due to bone resorption.

**\*Management After or before denture delivery :**

1-Brushing technique.

2-Base-plate acrylic technique.

3-Palatless denture. 4-Advise should be given to the patient to listen to music whenever he feels the gagging.

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**(Ridge irregularities) :**

**1-Feather ridge : (**scalloped appearance**)**

Diagnosis: by palpation , and x-rays show radiolucent cancellous bone.

Management: is reshaping and recountouring these irregularities by bone file.

When examining a patient with a feather ridge , we palpate on the elevated ( not depressed) part of the ridge and ask the patient if there is any pain.

**2-knife-edge ridge :**

Is the ridge where the length is good but the width is narrow . it is found more in the mandible and it is painful to pressure & it appears thin and smooth .

Management : relieve the fitting surface of the denture and if the discomfort persists.

**Torus palatines:** Management : if it is small and not interfering within the stability of the denture , relive the fitting surface of the denture, but if it is large and affecting the stability of the denture or interfering with the speech ,**you have to interfere surgically.**

**-Prominent mylohyoid ridge :**

Mylohyoid ridge is distal to the 7, the way you examine it is by palpation with the index ,you might feel that there is prominence and you might feel catch then there is an undercut AND WE SHOULD RELEIF IT, so we don’t interfere surgically because lingual nerve, mandibular canal is there very dangerous area may cause paraesthesia so shorten the flanges in that area is better than damaging the critical structures . If the undercut was deep and the patient can’t use a denture we have to take care of the lingual nerve surgical procedure : open a flap with use of a chisel, round bur then you smooth it take the bone out .

\*there are 5 structures that can’t be resorbed throughout life ?

1. genial tubercle 2.mylohyoid ridge 3.lower border of the zygomatic arch

4. external oblique ridge (buccal shelf ) 5. lower border of the mandible .

**-pressure on the mental nerve :** we either :

1) relieve the area.

2) some surgeons go to the extremes (transposition to the mental nerve itself). 3) implant overdenture mental between 4 , 5 so we put 2 implants in the canine area, and relieve the denture at that area so less pressure is exerted on the nerve.

**\*-Undercuts :**

Management :

\_ try to relief the area of the undercut

\_ if deep and large you have to remove it surgically not recommended in :

The mandible because of the high rate of resorption ,….

……………………………………………………………………….

Why to record jaw relation?

1. To maintain harmonious relationships with oral structures. 2. Provide masticatory apparatus that is efficient and acceptable. 3. To ensure all the effect of occlusal loading was distributed evenly to all supporting structures. 4. To control the unwanted effect of rotational and torque force on the prosthesis itself. 5. To prevent all the deflective contact and premature contact of the teeth during centric and eccentric relation of the prosthesis that can produce some changes in the supporting structures of the oral cavity.

Requirement of the base plate: 1. Accurate 2. Rigid 3. stable 4. the borders should be rounded and smooth so u won't injure patient. 5. stable with no rocking 6. Stable dimensions.

\*Requirements of the occlusal rim: 1. Should be in the anticipated position of the artificial teeth at the center of the ridge 2. Securely attached to the denture base 3. the occlusal surface should be smooth & flat 4. Contoured to support the lip and cheeks 5. proper dimensions "height and width".

Measurement of occlusal rims:

|  |  |  |
| --- | --- | --- |
| mandible | Maxilla | Wax rim |
| 18 | 22 | Height anteriorly |
| 3-5 | 3-5 | Width anteriorly |
| 8-10 | 8-10 | Width posteriorly |

Testing the UPPER recording jaw:

1. Lip and cheek support "amount of fullness": Nasolabial angle: range between 90-120 (the preferable angle is 90°).

2. Amount of tooth showing (smiling line): 1-2 mm

3. Occlusal plane orientation, anterior plane: (determines the position of the anterior teeth from canine to canine, that should be parallel to the inter papillary line).

and posterior plane : determines position of molars and premolars backwards. And should be parallel to ala-tragus line (Camper’s line) .

4. Midline

5. Canine line : (from the ala of the nose downwards) .

# OVD-RPD= freeway space.

#RVD measurements methods:

1. Moisturizing method. 2. Swallowing methods. 3. Phonitics: Ask the pt to say prolonged M 4-5 times.

It determines the amount of OB and OJ, by saying words containing F,V.\*\*