

Fundamentals Involved in Dentures and their Transitions

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DESCRIPTION

Fundamentals of complete dentures

Complete dentures are vulnerable to a range of displacing forces of varying magnitude because they rest on oral mucosa and are situated close to tissues that are dynamic due to muscle activity. Therefore, for complete dentures to be stable and retentive, retentive forces holding the dentures in place must be stronger than displacing forces. One of the biggest difficulties in the construction of full dentures is achieving maximum stability and retention.

Retention

The resistance to vertical dislodgment that can result from either muscular forces or physical forces can be described as retention in removable prosthodontics. It can be obtained from the following three denture surfaces are occlusal surface, polished surface, impression surface.

Muscular control of the dentures

The peri-oral muscles, which include the cheek and lip muscles, can lead to denture displacement. However, patients can learn to coordinate and control their muscles so that the forces applied are reduced or neutralised to prevent such displacement. Learning new skills and gaining some degree of neuromuscular control become more difficult as we get older. Therefore, it is anticipated that older patients will require much more "training" time to become proficient in using their new complete dentures.

Transition into complete dentures

Complete dentures are very distress to many patients, and these psychological effects, along with the difficulties of successful prosthetic use, can make treatment acceptance challenging. In patients who have not yet lost all of their teeth but who will need complete dentures in the near future, it is therefore reasonable to consider various ways of transitioning into the edentate state. Certain teeth can be retained in the short to medium term with partial dentures provided in the

meantime so that the patient can get used to wearing dentures. If the first option is not feasible, it should be investigated whether it is possible to keep the roots of some teeth in specific areas of the mandible or maxilla to aid in the stability of the prostheses.

Transitional partial dentures

A series of transitional partial dentures may be used to gradually transition the patient into the edentulous state using teeth that can be restored despite a poor long-term prognosis. It is crucial that the patient can maintain good plaque control during this time because periodontal disease progression will cause further bone loss, which will later serve as the base for denture support. Complete dentures require the patient to exert some degree of muscular control (e.g., lifting the tongue to stabilize the upper denture when biting), and this process of adaptation can take weeks or even months. Learning and memorization of new information, as well as neuromuscular control the ability to regulate when and how much muscles contract become more difficult for patients as they get older. Therefore, before complete dentures are provided, transitional partial dentures can give the musculature time to practice.

Over dentures

A prosthesis known as an over denture fits over implants or retained roots in the jaws. It offers the prosthesis a higher level of stability and support compared to traditional complete dentures. The retention of a lower prosthesis is much more difficult because the mandibular (lower jaw) has a significantly smaller surface area than the maxillary (upper jaw). Because the palate frequently serves as adequate support for the plate in maxillary overdentures, mandibular overdentures are much more frequently prescribed.

Tooth supported

A complete denture's retention and stability can be significantly increased by keeping two or three natural teeth as retained roots, especially if the roots are fitted with specialized precision attachments. Decoronation, or removing the tooth's crown, and

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optional root canal therapy for the overdenture abutments are involved in the procedure. Single-rooted anterior teeth are preferred for ease of endodontic treatment provision, with the exception of lower incisors because they have insufficient root surface area. Tooth-supported overdentures may be a long-term treatment option if plaque is adequately controlled. In the event that treatment is unsuccessful, the overdenture can simply be transformed into a standard complete denture by having the roots removed.

Implant supported

Given the higher stability and retention of such dentures, an implant supported overdenture should be taken into consideration for the definitive treatment even though it is not appropriate for the short-term transitioning stage into conventional complete dentures. Despite issues, dental implants

have a proven track record of success, with reports of mandibular anterior teeth exceeding 98% success in 20 years. With patients reporting a significant improvement in quality of life and higher patient satisfaction when compared to conventional removable prostheses, the provision of a two-implant supported overdenture in the mandibular (lower) edentulous jaw is now considered the first choice of treatment.

Immediate dentures

Immediate dentures can be made before extractions and fitted later, if clearance of the dentition is the only practical course of treatment. These dentures aid in restoring masticatory (chewing) function and aesthetics while giving the soft tissues and bone levels time to heal and stabilise before creating the final complete dentures.