

Module 5 Edentulous Patient Ch. 53

- Edentulous patients are becoming more rare because people are taking care of their teeth more or we have different options - implants, crowns.
- Even with no teeth, a patient needs to come to the dentist at least once a year
- Dentures restore only about 15% chewing ability of the natural dentition
 - They have to chew their foods more times before they swallow
 - Range of foods is restricted (more soft, mashed foods)

Removable complete dentures:

- Tissue- supported complete denture
- Implant denture
- Overdenture
- Provisional or interim (Temporary) prosthesis
- Immediate denture
- Denture for Primary Teeth -kids grow fast so they have to have new ones each month

***** Mandibular Bone loss can be 4x greater than maxillary bone loss! *****

- Bony changes (bone resorption) occur most in the **first year**
- Resorption is most severe in patients who have longest time without natural teeth
- More resorption in patients with **osteoporosis**

Tori and Exostosis

Usually isn't a problem until dentures need placed in mouth. The benign bony outgrowths often must be removed.

Torus Palatinus



Exostosis



Torus Mandibularis



Oral Mucous Membranes:

1. Epithelium
2. Lamina Propria -thin layer of loose connective tissue
3. Submucosa
4. Bone

****Epithelium + lamina propria = Mucosa (mucous membrane)**

Submucosa - attached to underlying bone. Connective tissue: vessels, nerves, adipose tissue, and glands. Supports or cushions the denture.

- Dentures can cause angular chelosis/cheilitis - candidiasis - loss of vertical dimension
- Denture sores are common at the Frenal attachments
- Because of changes, dentures need to be relined or rebased about every 6 months.

Are there MGJ (Marginal gingival junction) in an edentulous mouth? Yes

- 3.
1. Maxillary facial
2. Mandibular facial
3. Mandibular lingual

Tension test shows where the MGJ is.

Changes from removal of teeth:

- Loss of denture support
- Loss of facial height (vertical dimension)
- Loss of lip support
- Increased prominence of chin
- TMD (temporomandibular disorder)
- Oclussal disharmony

Under the denture changes:

- **Thinning** of the mucosa
- **Absence** of keratinization (denture sore)
- or may have **Hyperkeratinization** (from continual rubbing)

Xerostomia:

- Saliva helps with the vacuum seal
- Saliva provides lubrication to the oral tissues
- Lack of saliva results in:
 - **Increase** in denture frictional irritation
 - **Decrease** in the resistance of the oral mucosa to trauma and infection

Principle causes of Lesions:

1. Poor fit - most common along denture border and frenal attachments
2. Poor Oral Hygiene
3. Continuous wearing

- **Decrease in Tactile Sensitivity** - they don't clear food out of their mouths because they don't know it's there (material alba in vestibule)
- **Decrease in Taste Perception** - taste buds on the palate are covered up

Contributory causes of Lesions:

- Parafunctional habits - biting, clenching
- Cleansing solution not rinsed off thoroughly
- Over the counter reline
- Allergy to base material
- Lowered resistance to infection
 - Nutritional deficiency
 - Chemotherapy
- Candida albicans infection (Candidiasis)

Localized Inflammation: Denture Sore

- Localized ulcerated lesion from overextended denture border
- Isolated red inflamed, sometimes ulcerated
- Looks and feels like a "canker sore"