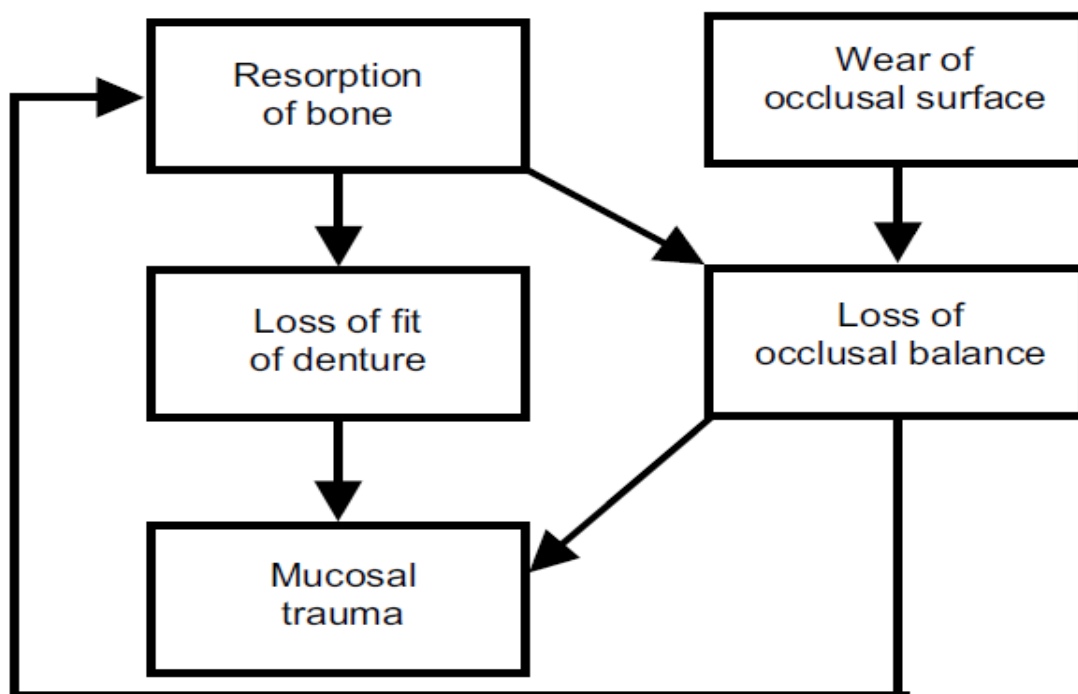


Complications in complete denture wearers

To reduce the risk of mucosal damage & bone resorption in CD wearers, a check should be made every year. It is important that the patient is not under the mistaken belief that once the artificial substitute for natural teeth has been provided there will be no further problems, & no need for further maintenance.

Long term recall appointments done because the following changes occurred:

- Mucosal changes.
- Bone resorption.
- Occlusal changes.
- Adaptation of patient.



Cycle of tissue damage resulting from lack of denture maintenance

Some Clinical Problems and Solutions

- Pain and instability
- Lack of saliva
- Hard and soft materials for modifying the impression surface of dentures
- The flabby ridge
- Midline fracture
- Debonding of teeth
- Gagging reflex
- The burning mouth syndrome
- Disturbance of speech.

Discomfort can arise from overloading of the mucosa as a result of clenching or grinding the teeth. These occlusal habits are caused by increased activity of the masticatory muscles produced during stressful situations. In treating parafunction, the patient must be made aware of the problem and should be told that teeth should be out of contact for most of the time.

Lack of saliva

Functions of saliva

Saliva possesses the following functions in the edentulous patient:

- It is responsible for the physical retention of complete dentures
- It prepares food for swallowing and facilitates the sense of taste
- It lubricates and protects the oral mucosa
- It helps to preserve a normal balance of the oral flora
- It promotes clear speech.

Problems of reduced salivary flow:

A reduction, or absence of saliva (xerostomia), is likely to cause problems with all the functions listed above so that a general, and significant, reduction in the quality of life

results. Reduced retention of dentures is a particular problem for edentulous patients. There may also be an increased susceptibility to denture trauma resulting in complaints of pain and in some case the burning mouth syndrome.

Aetiology of reduced salivary flow:

Medical history:

A full history is taken including a 'I'm taking an antidepressant' & question on current medication a diuretic 'for how long have you been 'one year'.

Social history:

The history has revealed a number of possible causes of the persistent pain. The diagnosis can be established only after a careful examination of the patient, the mouth & the various sets of dentures in order to confirm or deny the various possibilities. The point should be made that unless a full history is obtained some of the possible causes might never be revealed.

THE COMMONEST CAUSES OF DRY MOUTH ARE:

- Drugs, e.g. tricyclic antidepressants, beta-blockers
- Depression and chronic anxiety
- Dehydration
- Mouth breathing
- Sjögren's syndrome
- Head and neck radiotherapy
- Poorly controlled diabetes
- Smoking.

Management of dry mouth

Close collaboration with the patient's general medical practitioner or with a specialist in oral medicine is often necessary. It might be possible, for example, to change an existing xerostomic drug to one less liable to reduce salivary flow. As there is a definite relationship

between fluid intake and secretory performance it is essential that the patient is kept well hydrated.

These deposits may be responsible for a variety of problems including:

- Denture stomatitis
- Angular stomatitis
- Unpleasant tastes
- Odours
- Unsightly appearance
- Accelerated deterioration of some denture materials such as short-term soft lining materials.

In cases where an intractable dry mouth gives rise to a persistent problem of loose dentures a denture adhesive will usually provide some improvement in denture function.

Gagging reflex (retching):

Retching is a protective reflex which guards the airway and posterior oropharynx. It may occur during prosthetic procedures such as impression taking, or when dentures are worn or, in extreme cases, when a mouth mirror is placed on the lips or tip of the tongue.

Aetiology

There are a number of causes that may be conveniently grouped together as follows.

- (1) **Somatic:** The term 'somatic' covers those situations where the reflex is triggered by tactile stimulation of the soft palate, posterior third of the tongue and fauces.
- (2) **Iatrogenic:** Iatrogenic causes, which are related to the dentures, are numerous.
- (3) **Psychogenic:** Psychogenic causes may arise from sight, sound or thought. They include the sight of impression material being mixed or the sound of another patient retching.
- (4) **Systemic:** Less frequently, the causative factor may be systemic disease, particularly

conditions affecting other regions of the gastrointestinal tract; for example, the link between retching and alcoholism may be related to the persistent gastritis found in such patients.

Patient management

Impressions

All but the most phlegmatic of individuals find impression taking unpleasant. However, retching during impression taking can usually be prevented by the following:

(1) Reassurance and relaxation:

It is very important that the dentist has a confident and relaxed chair side manner.

(2) Position of the patient:

The dental chair should be adjusted so that the patient is sitting comfortably in the upright position.

(3) Breathing through the nose:

Instructing the patient to breathe through the nose while the tray is being tried in the mouth or the impression is being taken is one of the most helpful methods of preventing retching.