

**DIAGNOSIS AND TREATMENT PLANNING IN
COMPLETE DENTURE
For 3rd year**

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DEPT. OF PROSTHO
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Content

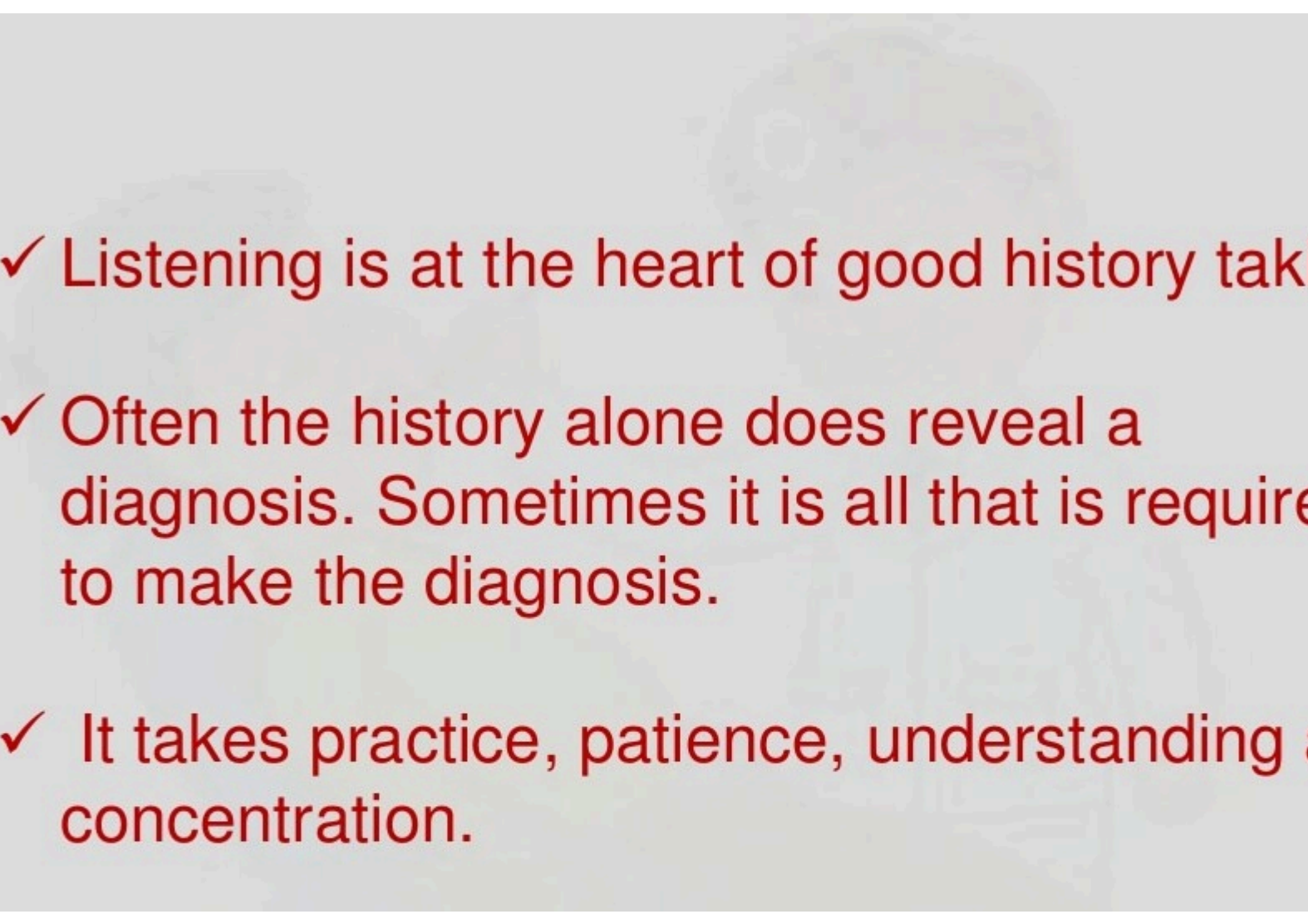
- Introduction
- Terminology
- General information
- Chief complaint
- Medical history
- Examination- Extra-oral
- Intra- oral
- Radiographic examination
- Diagnosis
- Prognosis

Introduction

- Case history- anamnesis (historically) (abbreviated hx or Hx)
- It is information gained by a physician by asking specific questions, either to the patient or the accompanying person.
- SYMPTOMS- complaints reported by the patient or others familiar with the patient.
- SIGNS - ascertained by direct examination on the

The art of history taking

- ✓ 'Listen to your patient; they are telling you the diagnosis' is a much quoted aphorism.
- ✓ Basis- good communication between doctor and patient.
- ✓ It is important for doctors to acquire good consultation skills.

- 
- ✓ Listening is at the heart of good history taking.
 - ✓ Often the history alone does reveal a diagnosis. Sometimes it is all that is required to make the diagnosis.
 - ✓ It takes practice, patience, understanding and concentration.

- It is the examination of the physical state, evaluation of the mental or psychological makeup, and understanding the needs of each patient to ensure a predictable result. (Winkler)
- Determination of the course of the disease (GPT 8)

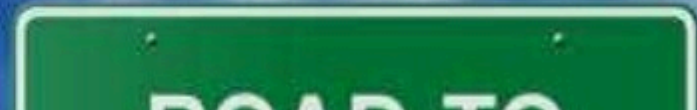
- It is the act or process of deciding the nature of a diseased condition by examination, a careful investigation of the facts to determine the nature of a thing. Or the determination of



THE TREATMENT

- It means developing a course of action that encompasses the

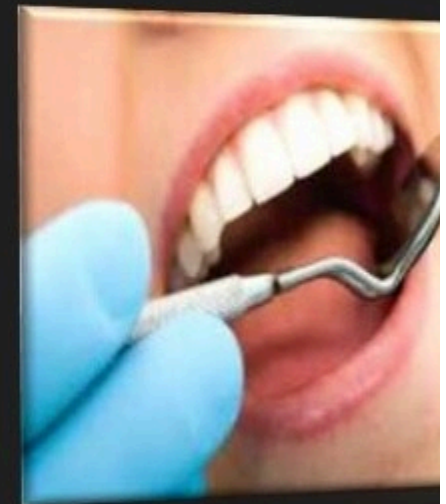
- The sequence of procedures planned for the treatment of a patient after diagnosis (GPT)



PROGNOSIS

- A forecast as to the probable result of a disease or a course of therapy. (GPT 8)

Case History =



Information of the Patient

NAME

- The dentist should always address the patient by his/her name.
- It creates some confidence in patient and psychological security.

Age is an indicator of the patient's ability to wear dentures.



age.

THROUGH 4th DECADE

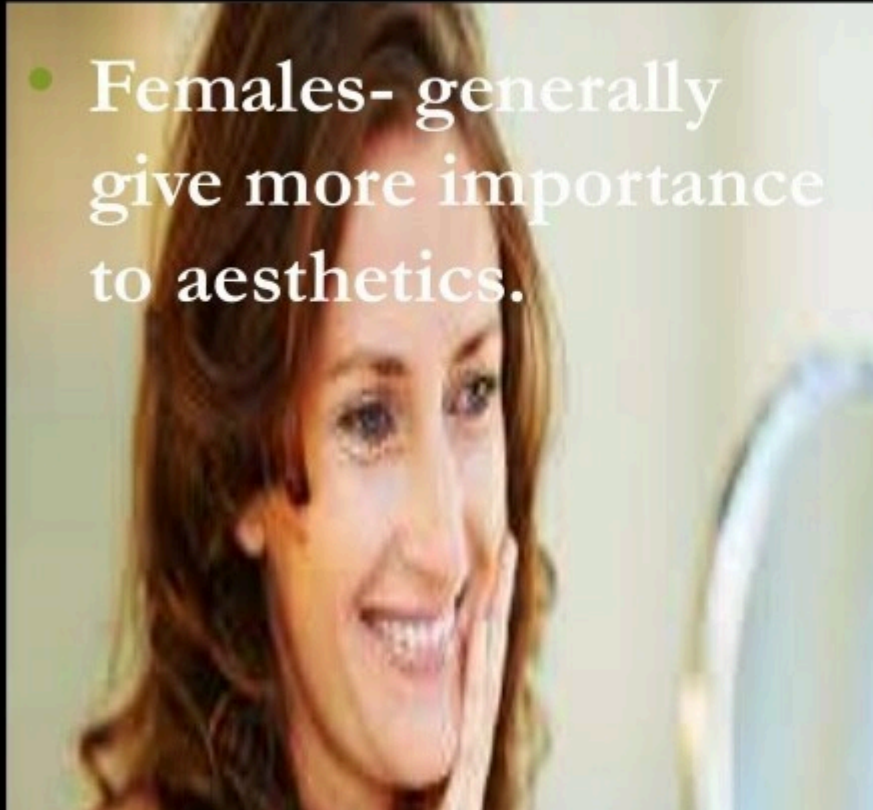
- Tissues heal rapidly.
- Tissues are resilient.
- They give more importance to esthetics
- They adapt to new

THROUGH 5th DECADE

- Muscular coordination decreases
- Learning capacity decreases.
- Tissues are less resilient.
- Loss in tissue tone.

SEX

- Females- generally give more importance to aesthetics.



- Males- give more importance to control and function.



ADDRESS & CONTACT NUMBER

📞 For future
correspondence

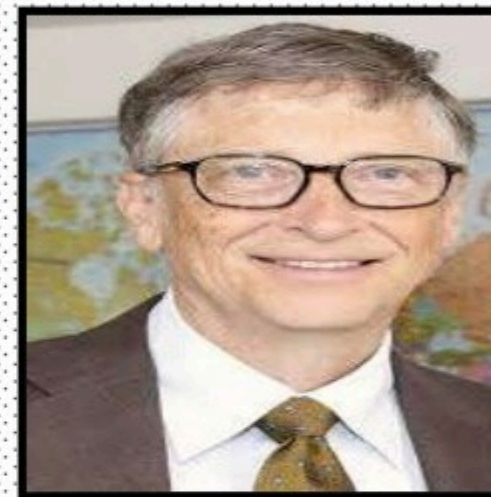
📞 To change the
appointments

📞 To maintain a record



OCCUPATION

A patient's job and social standing often determine the **value** he/she places on oral health, as well as **esthetics** as well as other qualities desired in a denture.



Mental Attitude

- The successful prosthodontic treatment depends on both technical skill & patient management according to mental attitude.

MENTAL ATTITUDE of a patient was classified by

House as: -

- Philosophical
- Exacting

Do 'for me what you think
is best Doc



PHILOSOPHICAL



What is the best?

..and doctor, make sure
the teeth are snow white



EXACTING

- These pts. are methodical , precise and accurate.



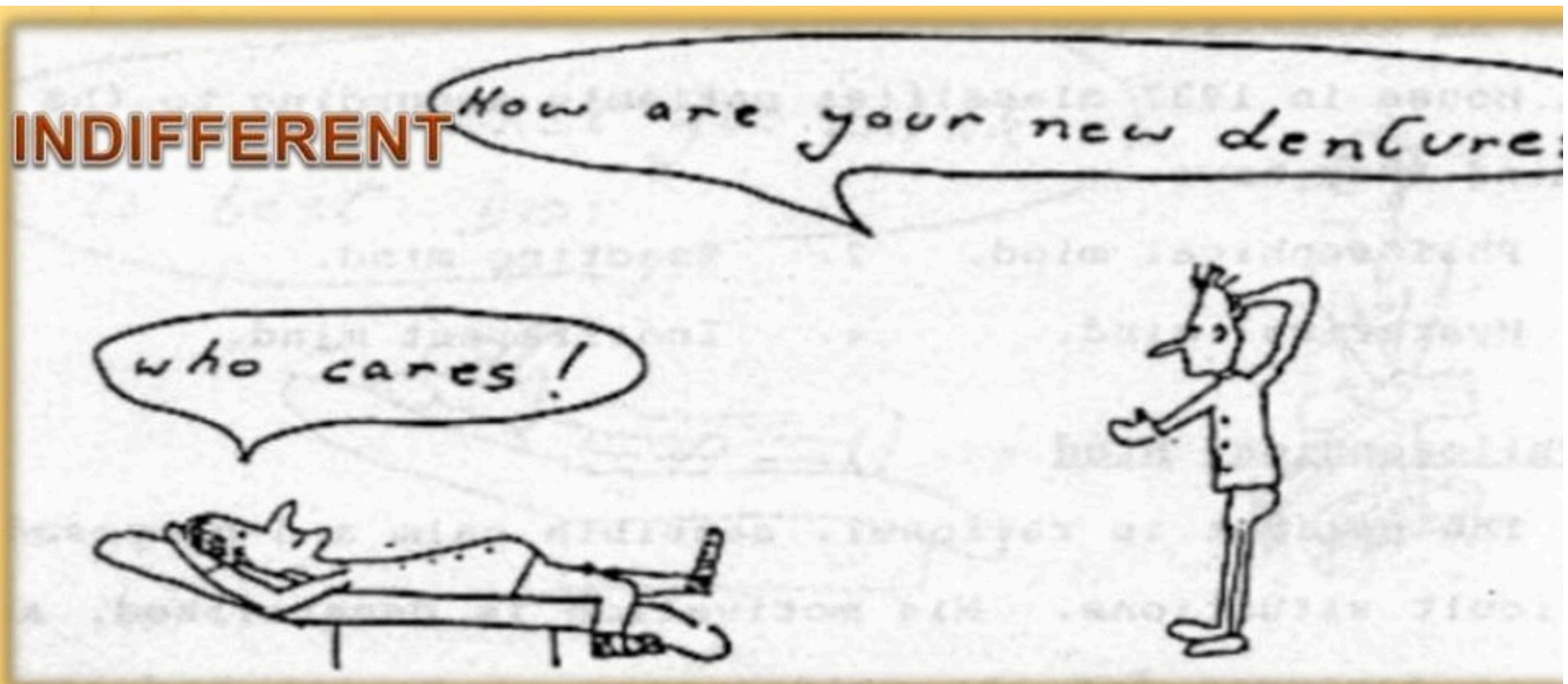


HYSTERICAL

- Emotionally unstable.



INDIFFERENT



- Pts how no concern.
- Lack motivation.

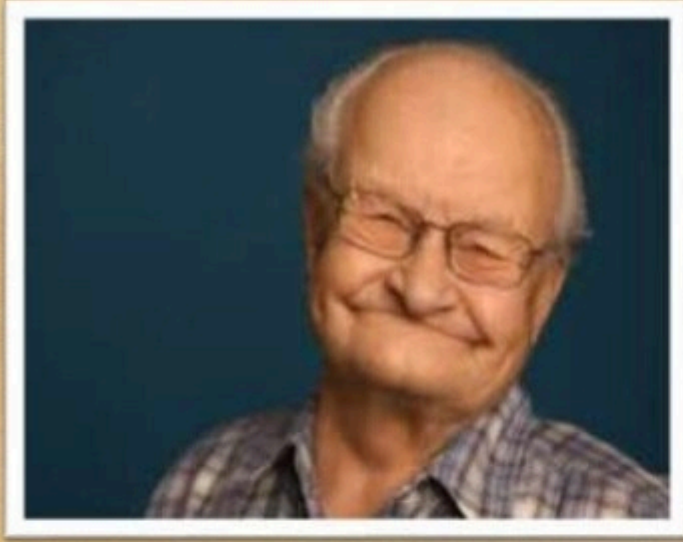




Chief Complaint

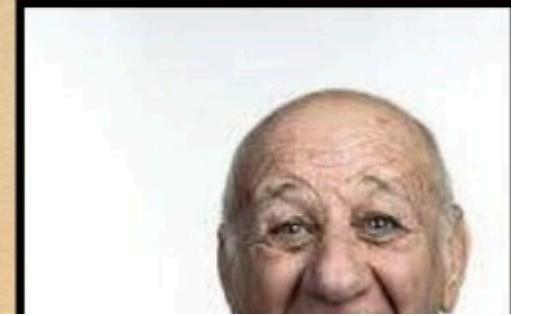
De Van *“The Dentist should meet the mind of the patient before he meets the mouth of the patient”*

- Obtained by asking the patient to describe the problem.
- Should be recorded in patient’s own words



મારા દાંત નથી
ચોકઠું જરૂરી
ખાવા માટે અસમર્થ
મારો દેખાવ સારો નથી

- 1) Uncomfortable
- 2) Inability to chew
- 3) Inability to speech



The background of the slide is a light gray, semi-transparent image. It features a white ECG (heart rate) line that meanders across the frame. A silver stethoscope is also visible, with its chest piece positioned in the lower right quadrant. The overall aesthetic is clean and clinical.

Medical History



Cardiovascular diseases

- Cardiologist –consultation
- Stress – crucial factor
- Short mid morning appointment –pre medications

Neurological disorders

Parkinson's disease

- C/f –expressionless face with staring look
soft rapid speech,
fixed posture,
impaired balance,
Altered gait,
muscle rigidity,
impaired fine movements.



Diabetes



- Impaired carbohydrate metabolism because of insulin deficiency or resistance.

Pt suffering from DM will show– Osteoporosis,

Residual alveolar bone resorption

Delayed wound healing.

Prone infection.

- Patient education regarding maintenance of denture cleanliness oral hygiene. Need for regular check up

Osteoarthritis:

☞ Characterized by deteriorations of articular cartilage remodeling of underlying bone.

☞ **C/f:-** Pain & crepitaion

Restricted movements

Muscles of mastication tender. -

Advanced stage joint disability & atrophy of associated muscles.

Cosmetic Index (CI)

The **aesthetic** expectations of the patients.

Classified as:

Class I- High CI

More concerned,
Exacting personality

Class II- Moderate CI

Nominal expectations



happiest



happier

Personal History

- Dietary habits
- Other habits-
 - Smoking
 - Chewing tobacco, pan, betel nu

DENTAL HISTORY



Period of edentulism

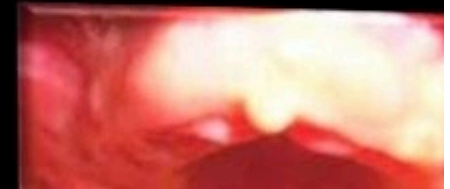
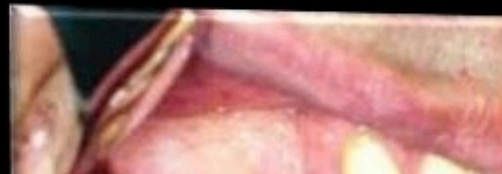
-Gives information about the amount and pattern of bone resorption

Reason for loss of teeth:

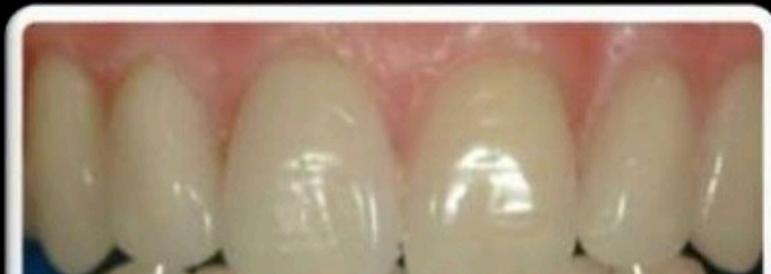
- **Periodontal:** implies the reduced potential ridge structure available for denture support
- **Caries :** one may be spared and optimal bone support may be expected if caries did not cause complications like alveolar abscess
- **Congenital:** congenital absence of teeth, impaired bone supported ectodermal dysplasia
- **Trauma:** it may cause complications in prosthesis because of

SEQUENCE OF LOSS OF TEETH

- Loss of lower posterior teeth → supraeruption of the upper posterior bringing the maxillary alveolar ridge down along with it → overhanging tuberosity of posterior ridge when the upper teeth are lost at a later time.



- Also if all posteriors were extracted some years before the anterior ones and no partial dentures were worn in the meantime, then a habit of eating with the front teeth will have been formed which, if persisted in, will have a pronounced unstabilizing effect on full dentures.



PREVIOUS DENTURE HISTORY



- Duration
- Denture care
- Stability
- Retention
- Esthetics
- Vertical dimension of occlusion
- Phonetics

REASON FOR REPLACEMENT

Problem with-

- **Mastication**



- **Esthetics**





**EXTRA-ORAL
EXAMINATION**

FACIAL FORM

- Classification according to House and Loop:



Square



Ovoid



Tapering

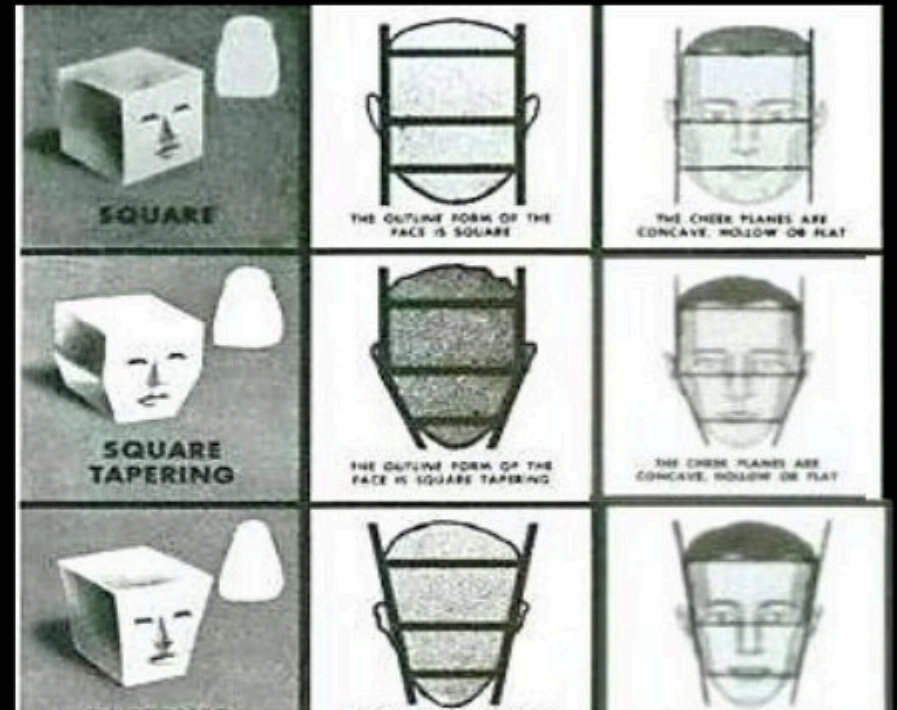


Classification according to Williams:

- Square

- Square tapering

- ▼ Tapering



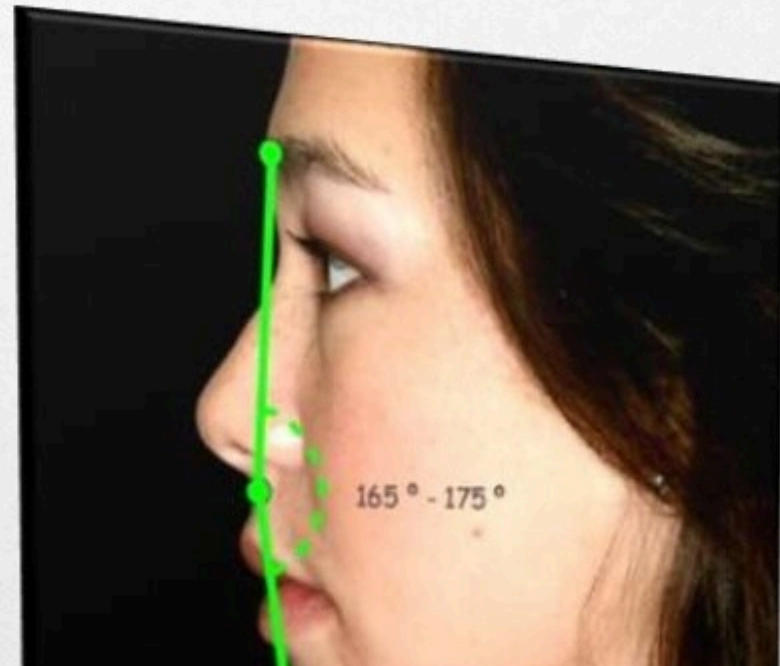
Facial profile



- Classification according to Angle:
 - Class I- Normal
 - Class II- Prognathic
 - Class III- Retrognathic



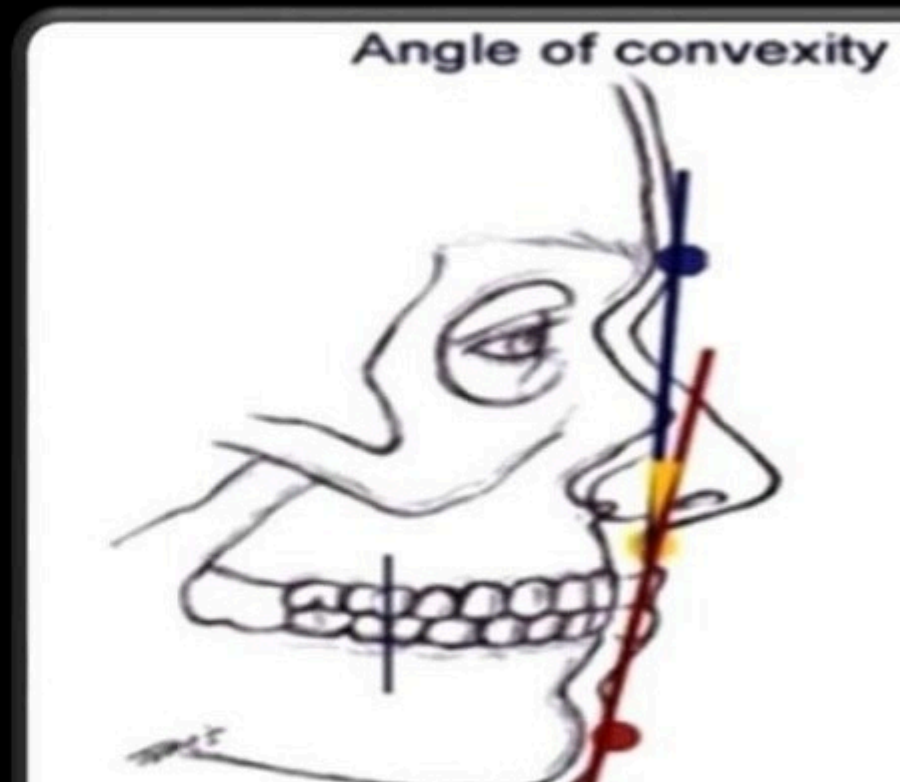
- To determine the facial profile, observe the relative straightness or curvature of the profile.
- 3 points are noted -
 - The forehead
 - The base of the nose



Based on the relationship of these lines:

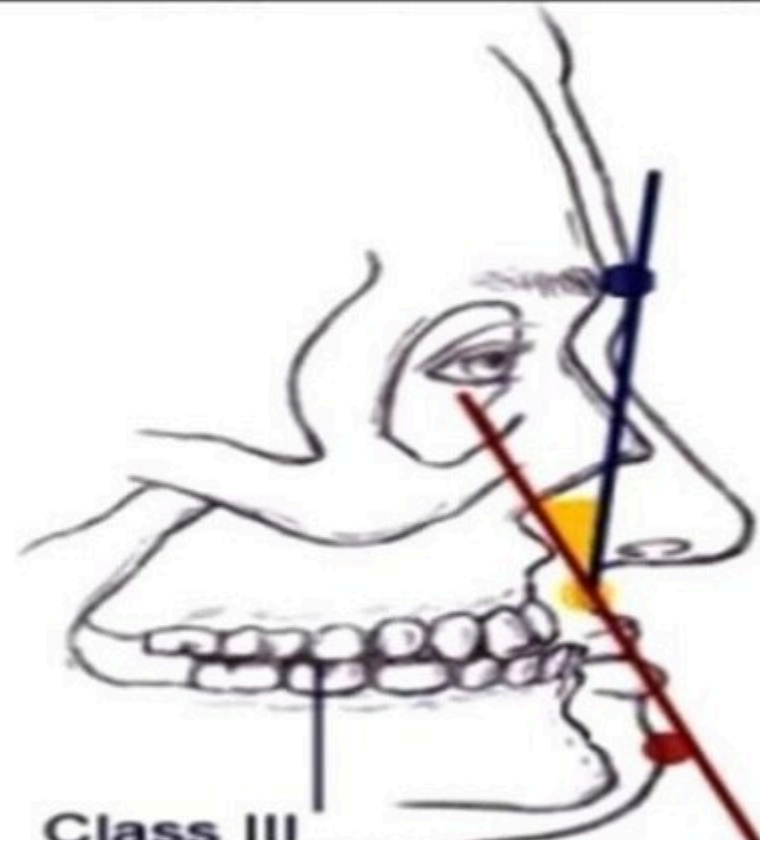
□ Straight/
Orthognathic:

The two lines a nearly
straight line.



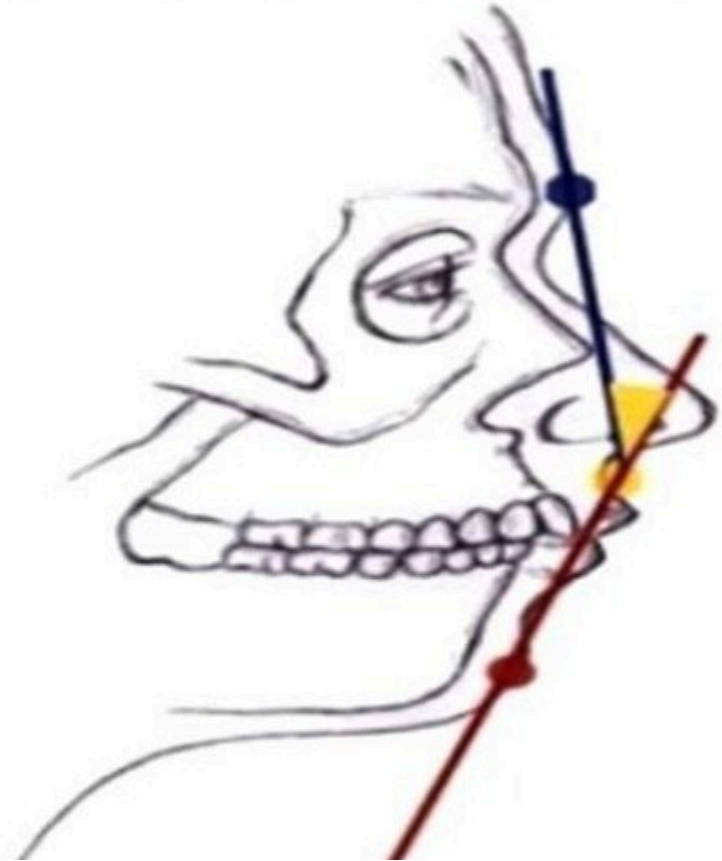
❑ Concave/ Prognathic:

- ❖ The two reference lines form an angle with the convexity towards the tissue.
- ❖ Associated with a prognathic mandible or



□ Convex/ Retrognathic:

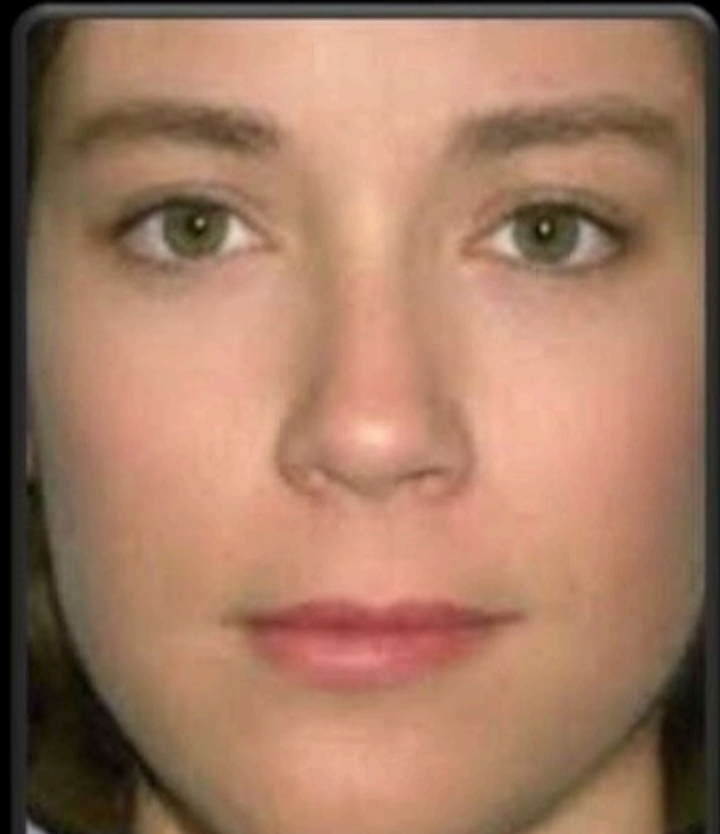
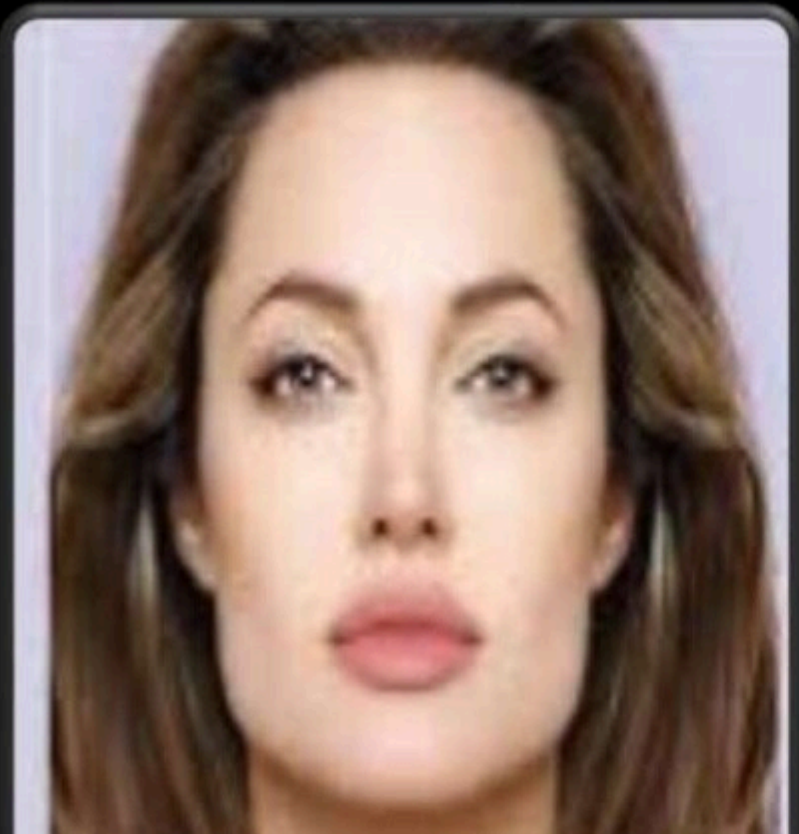
- ❖ The two lines form an angle with the concavity facing the tissue.
- ❖ This profile occurs as a result of a prognathic maxilla or a retrognathic



Facial symmetry



- Determine disproportions in transverse and vertical plane.
- Some degree of asymmetry is accepted as normal
Gross asymmetries can be due to -
Congenital defects



Gross asymmetries can be due to -

Congenital defects

Hemi facial atrophy

Unilateral condylar ankylosis and hyperplasia



Facial complexion

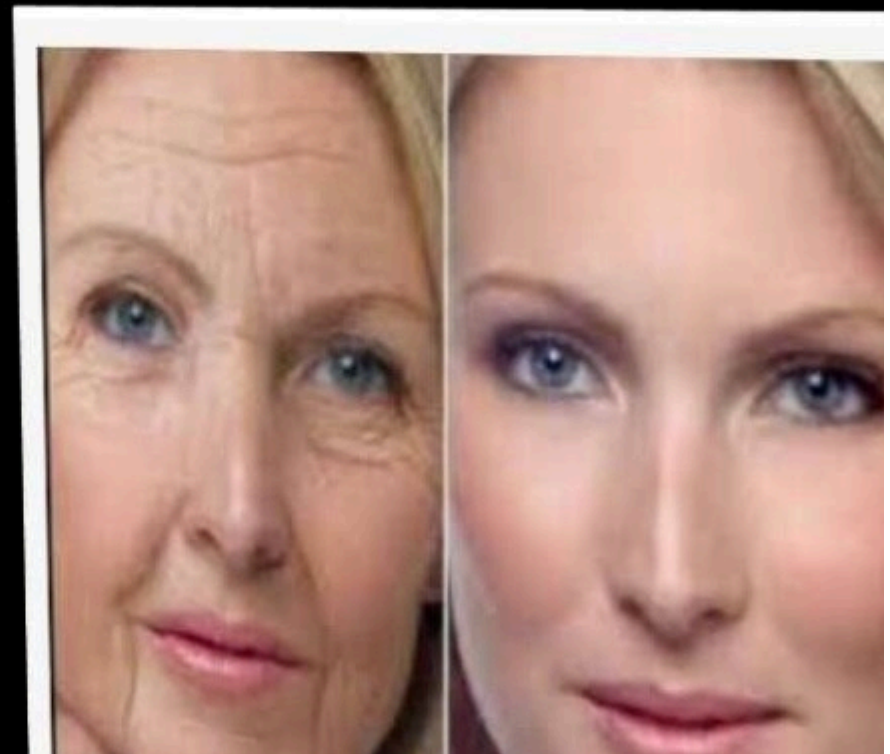
- A guide to tooth selection.
- Fair complexions – Teeth with less color range and color saturation thus, the teeth are darker and in harmony with the colors of the face.
- Dark complexions- lighter teeth
- Skin color can also reveal disease and pathology.

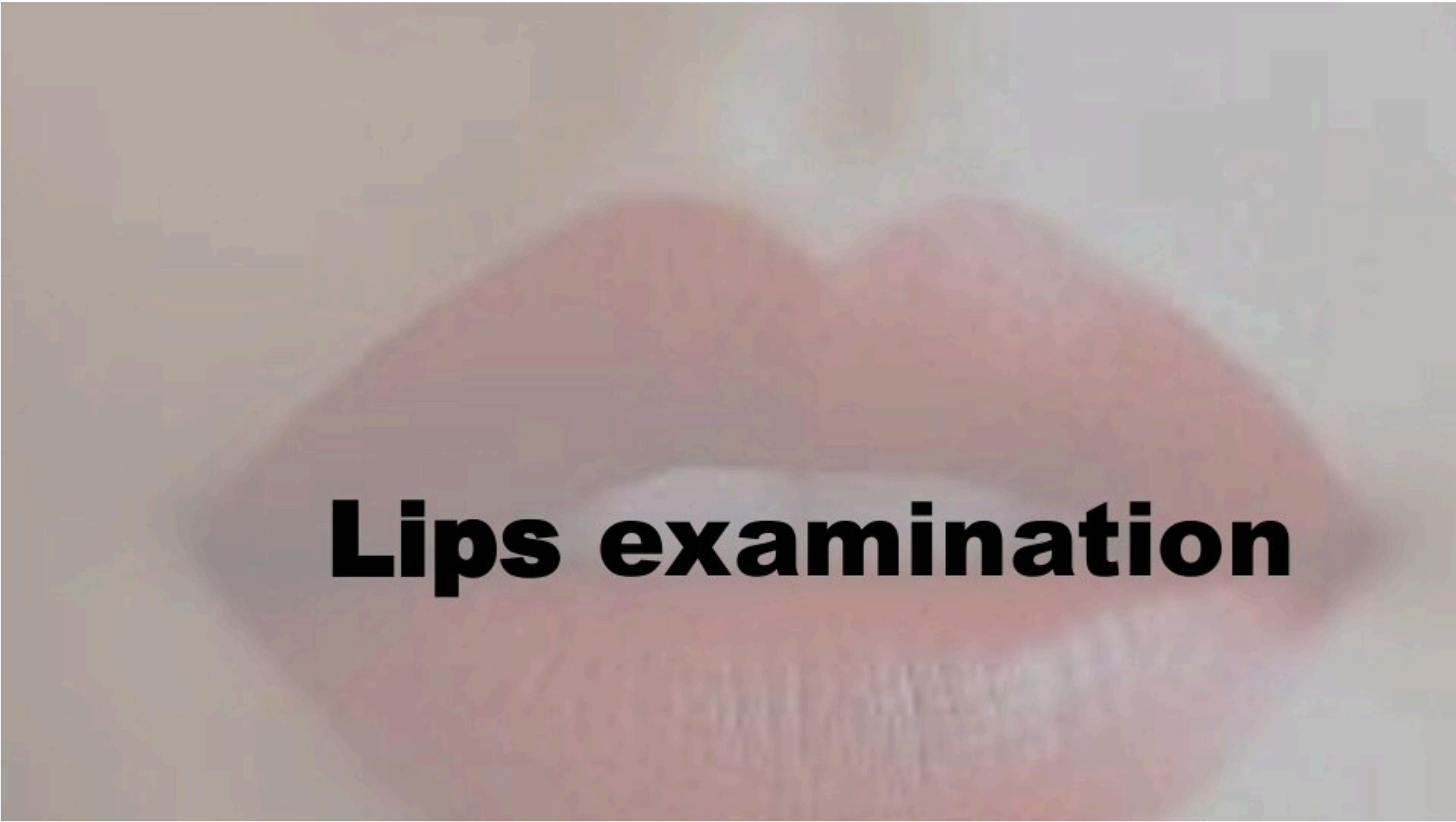
Facial muscle tone

- Depends on the age & health of the patient
- Classified by House as:-

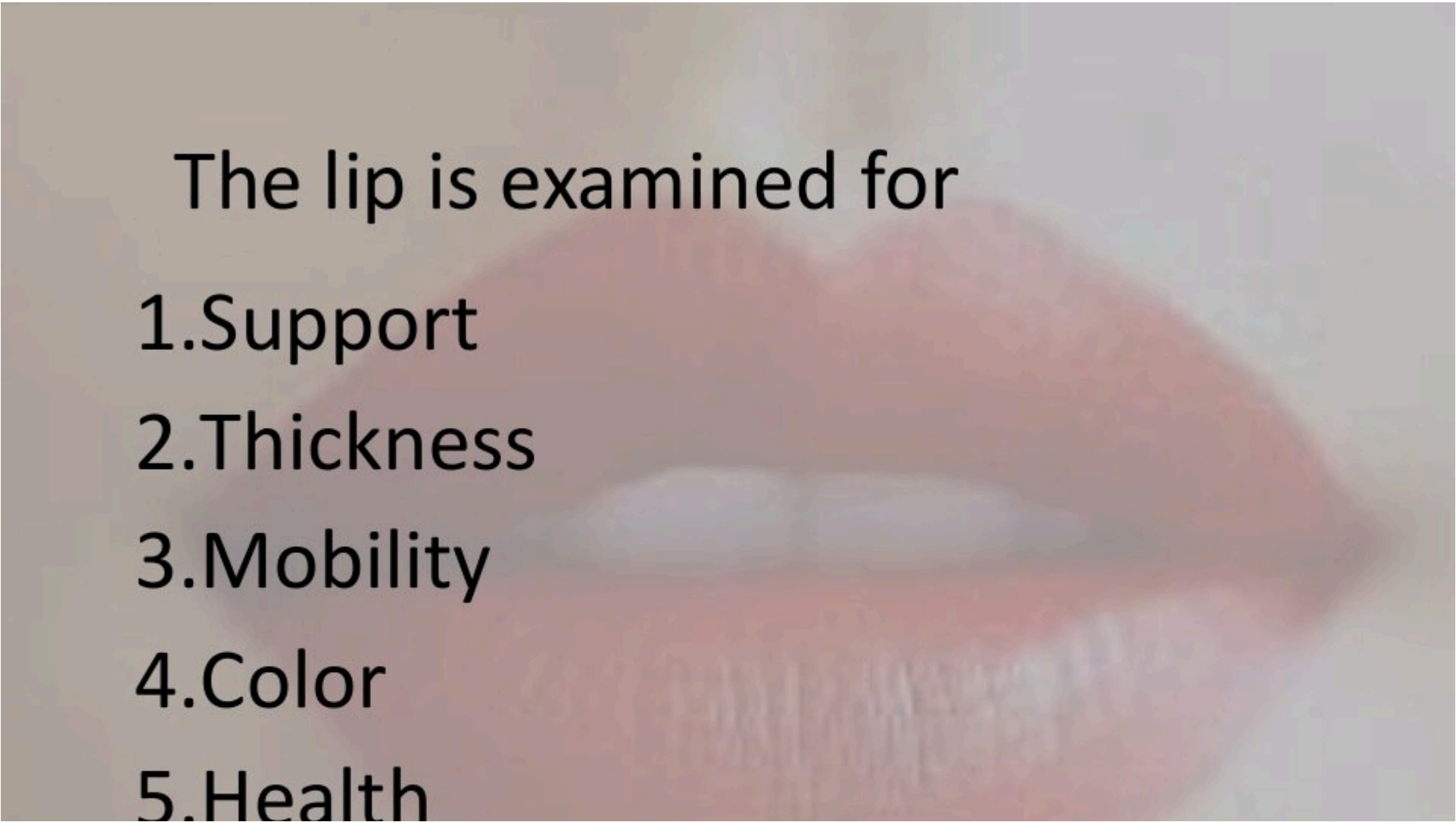
Class I- Normal tone and function.

Class II- Normal function but decreased tone



A close-up photograph of a person's lips, which are slightly parted. The lips have a natural, healthy-looking pinkish-red color. The background is a soft, out-of-focus light gray. Overlaid on the center of the lips is the text "Lips examination" in a bold, black, sans-serif font.

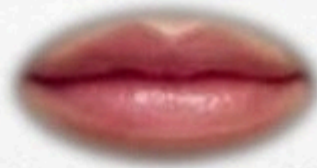
Lips examination



The lip is examined for

- 1.Support
- 2.Thickness
- 3.Mobility
- 4.Color
- 5.Health

Lip support



-Classified as adequately supported or 'unsupported'.

-Unsupported lips results when the patient has been edentulous for a number

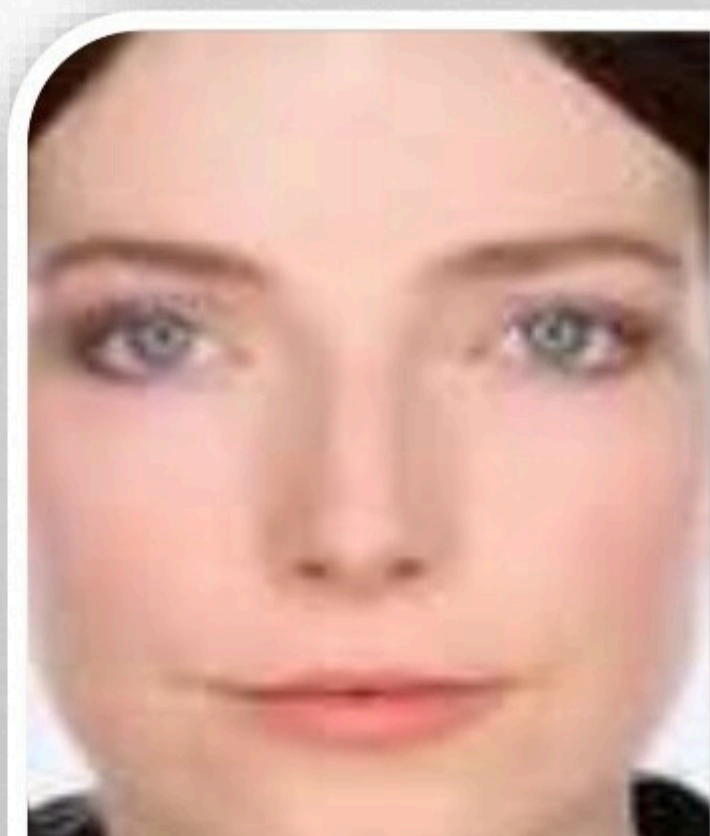
Insufficient support of lips is characterized by-

- A drooping and deepening of the nasolabial grooves.
- A reduction in the visible part of the vermilion border.
- A reduction in the prominence of the philtrum
- Small vertical line or wrinkles above the

LIP THICKNESS

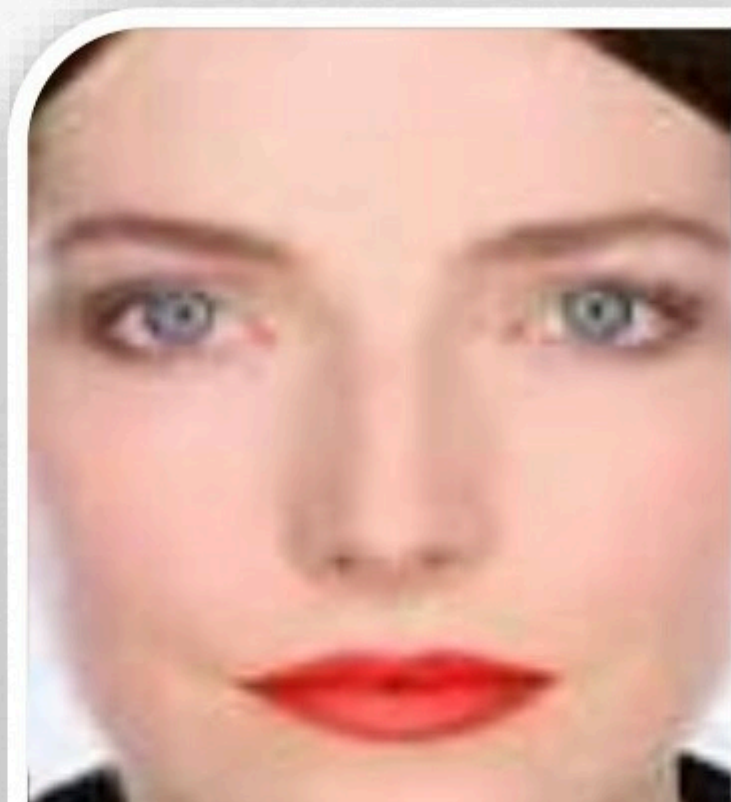


- Thin and tight lips
 - Thin and tight lips make impressions difficult, as the insertion and removal of the impression trays may cause discomfort.
 - Thin lips rely on the appropriate labiolingual



- **Full and relaxed lips**

- The extra fullness of the lower lip may be the result of too broad a dental arch or the elimination or reduction of mentolabial sulcus.
- Thick lips need lesser



LIP MOBILITY:



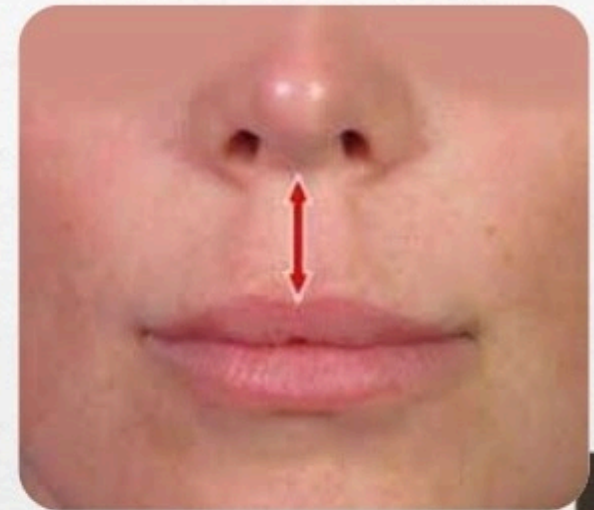
It is classified as:

- o Normal
- o Reduced mobility

Stroke patients may have paralysis of half of the lip leading to unilateral mouth droop and

LIP LENGTH:

The average lip length at rest is measured from subnasale to the most inferior portion of the upper lip at the midline.



- 24mm



- 20mm

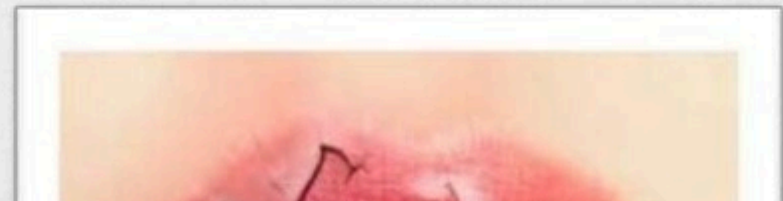
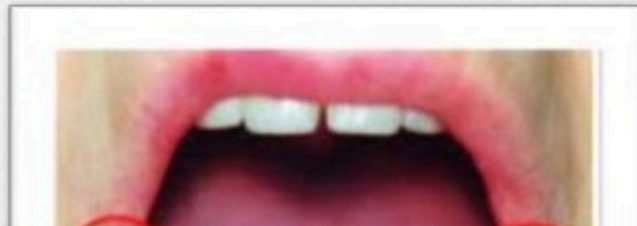
Lip length to be classified as:

- 👄 Long (26mm & above)
- 👄 Normal (24mm- 26 mm)
- 👄 Medium (21-24mm)
- 👄 Short (10-15mm)

Short lip- any expression will express most of the teeth and may be even part of the denture base

HEALTH OF THE LIPS

- The lips should also be examined for cracking fissuring at the corners and ulcerations.
- These changes could be caused by vitamin B complex deficiency, infections from organisms such as candida albicans, an excessive over closure of an existing denture could be neoplastic in nature. The cause of the situation should be determined before denture construction.



T.M.J.

- Pain on opening/ closing movements of mandible.
- Tenderness
- Clicking sound, crepitations
- Deviation of mandible on opening
- Muscle tenderness



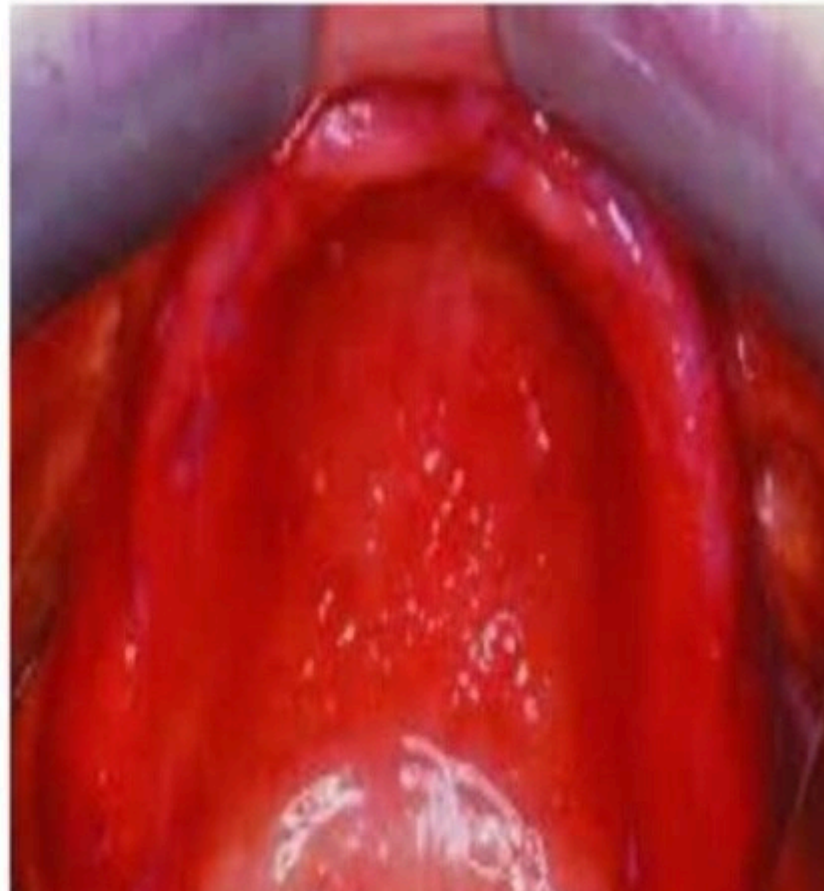
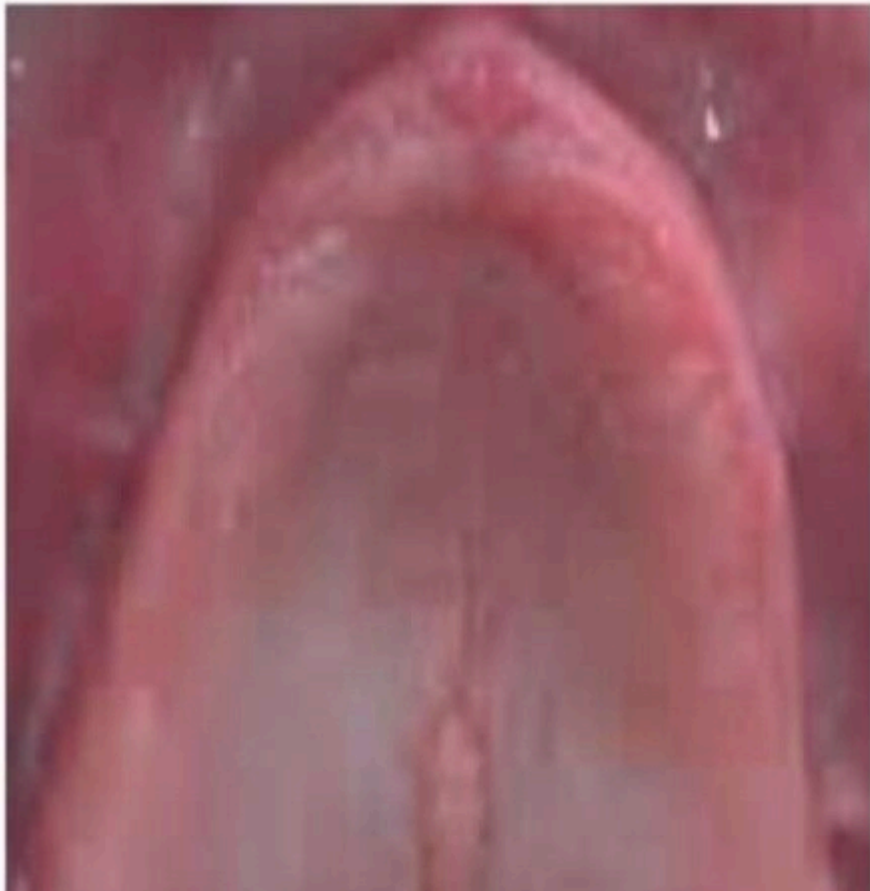
**INTRA-ORAL
EXAMINATION**

Mucosa

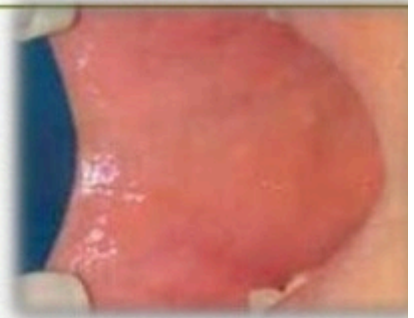
- Colour
- Condition
- Thickness

Colour of mucosa

- Reveals much information about its health.
- Healthy pink mucosa- NORMAL
- Amount of redness- INFLAMMATION



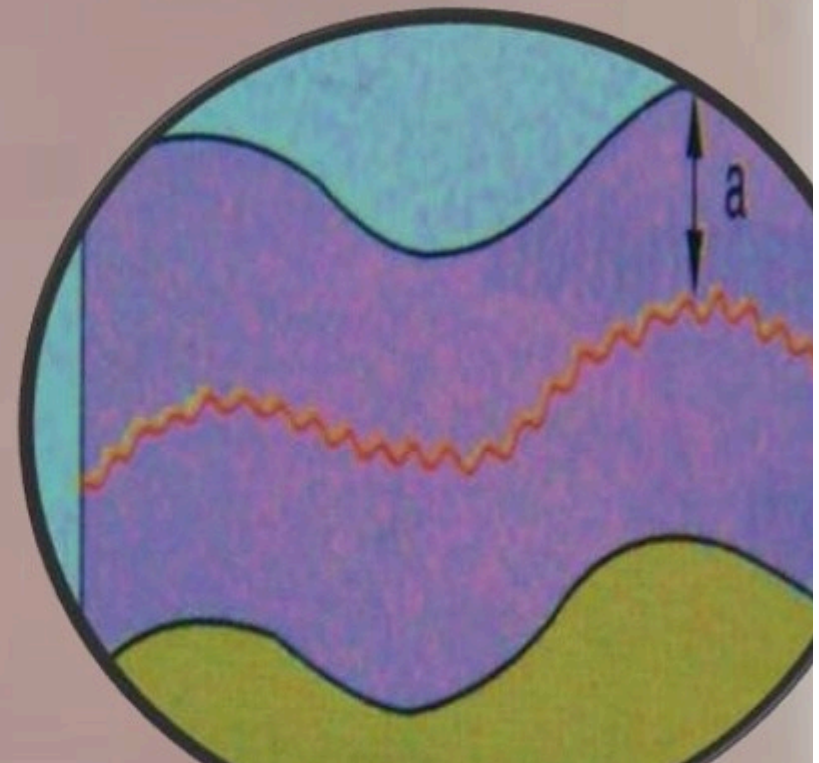
Thickness of mucosa



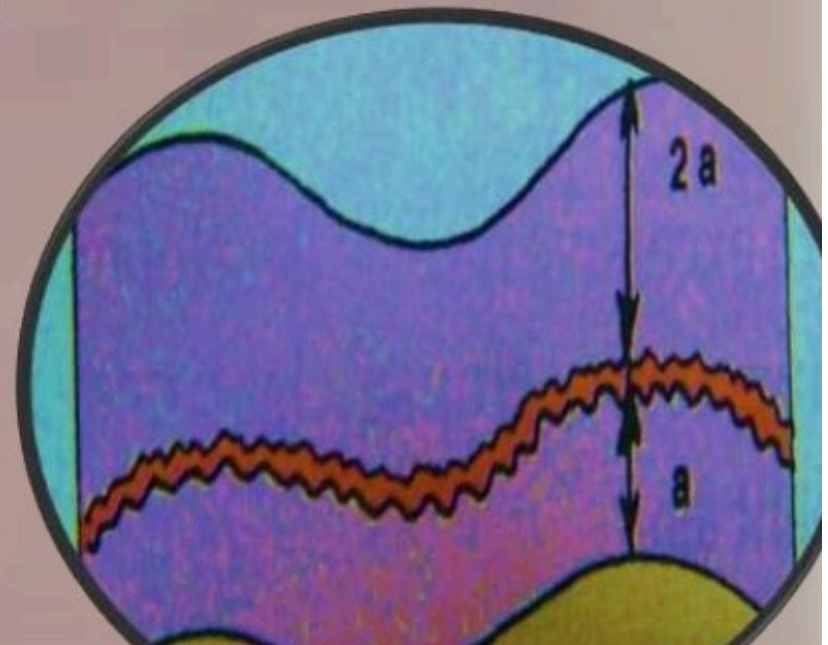
- Quality of mucoperiosteum may vary in different parts the arch.
- Variation in thickness of mucosa make it difficult to equalize the pressure under the denture and to

Classification by House-

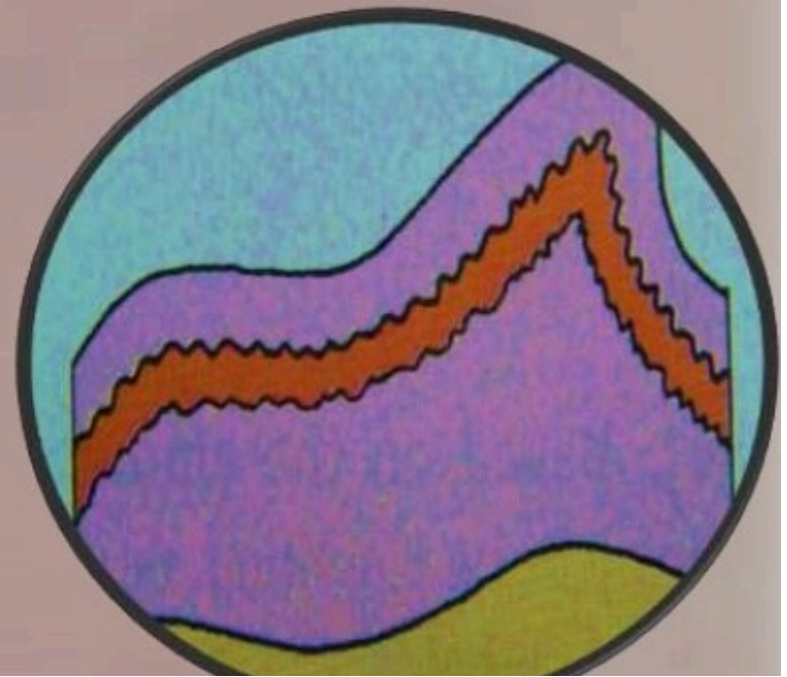
- **Class I:** Normal uniform density (approximately 1 mm thick). Investing membrane is firm but not tense and forms an ideal cushion for the basal seat of the denture.



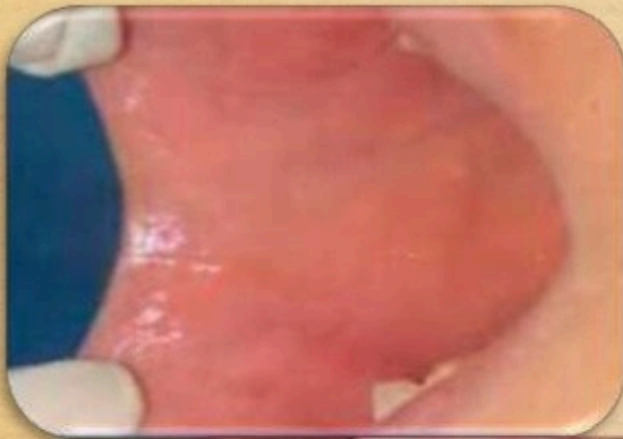
- **Class II**: Soft tissues have been investing membranes and are highly susceptible to irritation under pressure. The mucous membrane is twice the



- **Class III:** Soft tissues have excessively thick investing membranes filled with redundant tissue.
- At the very least, this requires tissue treatment. Such conditions may require surgical



Condition of the Mucosa



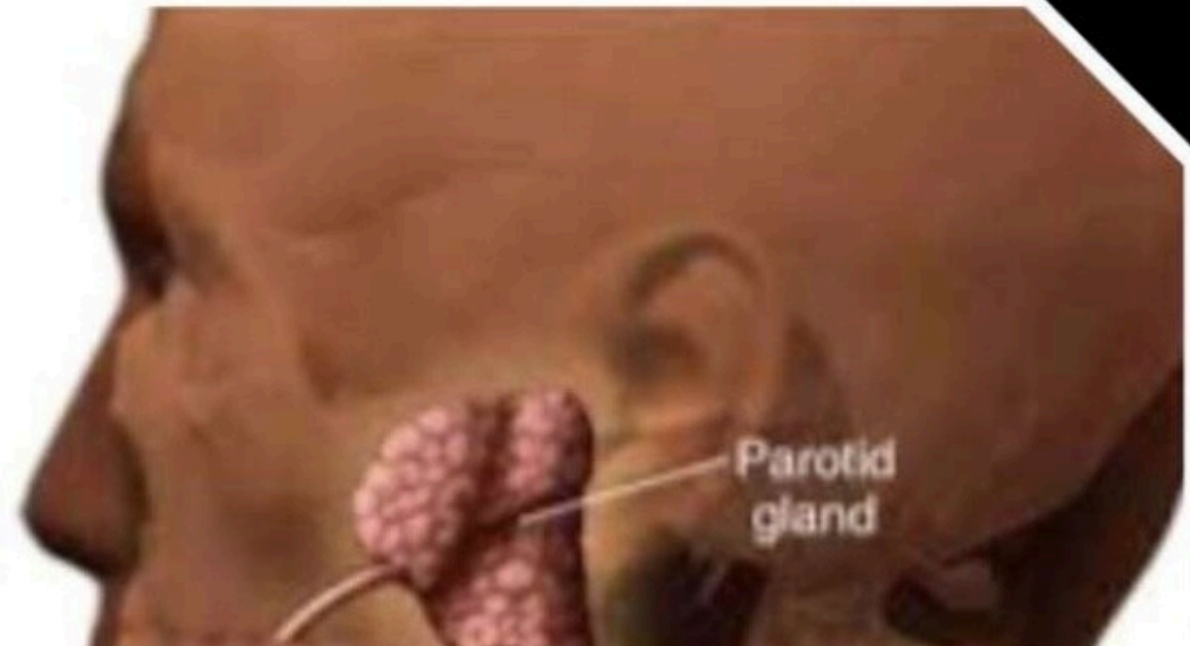
Class I- Healthy mucosa



Class II- Irritated mucosa



All Major salivary gland orifices should be examined.



Viscosity of saliva should be determined.

Saliva can be classified as-

Class I- Normal quality and quantity

Class II- Excessive saliva

Class III- Xerostomia

REVISION OF SOME PREVIOUS SLIDES AND EXTRA ORAL EXAMINATIONS

CLINICAL EXAMINATION

- Includes:
- EXTRA ORAL EXAMINATION



INTRAOURAL



EXTRA ORAL EXAMINATION

1. Facial form
2. Facial profile
3. Facial symmetry
4. Muscle development
5. Complexion
6. Lip examination
 - Support
 - Mobility



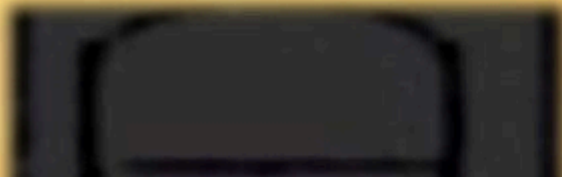
FACIAL FORM

- Classification by house & loop , frush & fisher & williams as;
 1. Square
 2. Tapering
 3. Ovoid
 4. Square tapering

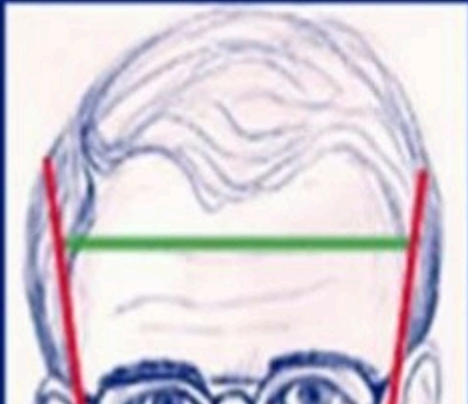




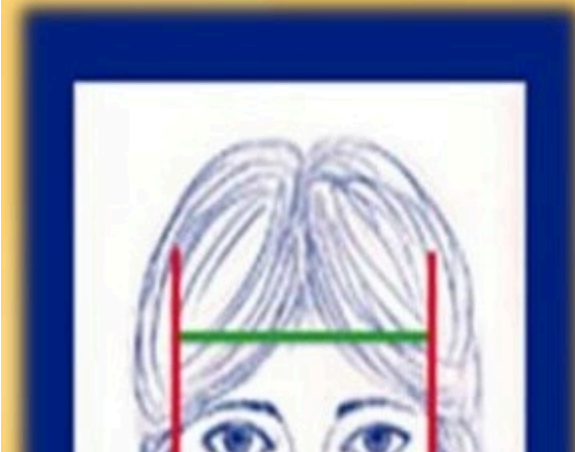
SQUARE FORM



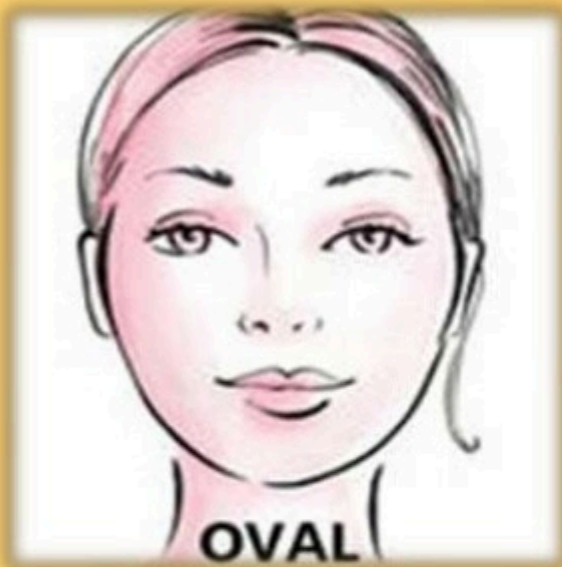
TAPERING



SQUARE TAPERING



OVOID



- FACIAL PROFILE : is examined by viewing pts from side.
- Profile is obtained by joining two reference lines
 - line joining forehead & deepest point in curvature of upper lips(A).
 - line joining point A & on most anterior point on chin B.



FACIAL FORM

- By angle-
 1. Straight form
 - Two lines nearly form straight line.
 2. Retrognathic form
 - Lines form convexity towards tissues, associated with class III



MUSCLE TONE

- Can affect stability of denture.
- House classified muscle tone as:
- Class I: Normal tone , placement of muscle of mastication & facial expression
- Class II: Normal muscle function but



COMPLEXTION

- The color of eyes , hair and the skin help guide the selection of shade of teeth.
- Pale skin is indicative of anaemia and should be treated.



LIP EXAMINATION

1. Support:

- Based on amount of support can be classified as adequately supported and unsupported.

2. Mobility:

- can be classified as class I NORMAL
- class II REDUCED MOBILITY
- class III PARALYSED

- Some pts can have paralysis of half lip





3. Length of lips:

- Is an important determinant in anterior teeth selection.
- Short lips will tend to reveal more tooth structure and also denture base . Based on length classified long , short & medium.



4. Thickness of lips:

- Thick lips need lesser support from artificial teeth and labial flange.

TMJ EXAMINATION

- A good prosthodontic treatment bears a direct relation to temporomandibular articulation since occlusion is the most important part of treatment of C.D
- The TMJ affects denture which further affects health and function of joints.



Examination should include;

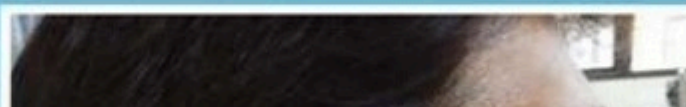
- Auscultation

PALPATION OF TMJ

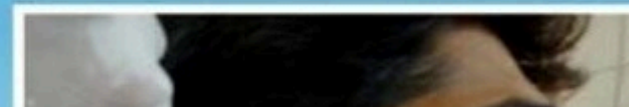
- Done by bimanual or bidigital method.
- Or using intra-auricular or extra-auricular method.
- Place fingers in front of ear and ask pts to open and close his mouth and ask him to move his mandible from side to side to look for any deviation.



Lateral TMJ Palpation



Posterior TMJ Palpation



NEUROMUSCULAR EXAMINATION

- Includes examination of speech and neuromuscular coordination.



NEUROMUSCULAR EXAMINATION

- Includes:
 - Gait
 - Coordination of movements
 - Facial movements
- Abnormal facial movements like tongue tremors uncontrollable chewing movements can influence C.D performance and may lead to prosthesis failure.
- A pts with good neuromuscular coordination can easily learn to manipulate dentures.



THANK YOU

