Dear Editor:
We read with great interest the article by Namratha and Shetty1 entitled “A Technique to Evaluate Custom Tray Border Extensions Before Peripheral Molding.” Articles related to evaluation of denture border extensions are numerous, but there is marked paucity of literature regarding evaluation of border extensions of custom trays before border molding. The authors have introduced a commendable technique.1 However, we feel that the material used in their technique, that is, wheat flour dough, has certain inherent disadvantages that make it unsuitable as an ideal trial border molding material. A better, convenient substitute for wheat flour dough for use as trial border molding material is children’s food-grade nontoxic playdough.

The limitations in using wheat flour dough as trial border molding material include the following:

1. It is not an immediate ready to use material and requires manipulation to convert it into usable form.
2. It needs to be freshly prepared for each use and cannot be stored due to microbial contamination and deterioration.
3. It is technique sensitive and time consuming for novice users.
4. Extra armamentarium is needed for manipulating wheat flour dough.
5. Wheat flour-to-water ratio may vary depending on the particle size of wheat flour, which may result in a too thick or too thin consistency of dough using the ratio prescribed by the authors.
6. The unpleasant taste of raw wheat flour may be unacceptable to some patients.
7. The material may not be reusable due to salivary incorporation.
8. There may be difficulty in controlling the flow of material (as seen in Figure 3 of the article Namratha and Shetty,1 wherein wheat dough extends onto tissue surface/wax spacer).
9. The consistency of wheat flour dough changes upon contact with saliva and its tackiness increases in the oral environment because the material is hydrophilic, thereby rendering it difficult and cumbersome to use.

10. It is difficult to remove the material from the custom tray owing to its stickiness.

All the aforementioned disadvantages of wheat flour dough can satisfactorily be overcome by using children’s food-grade nontoxic playdough (Fun doh; Funskool Ltd.) (Figs. 1, 2). The only limitations of using playdough is its increased cost in comparison to wheat flour and the need to lubricate the material with petrolatum before border molding to facilitate easy removal from the mouth without adhering to the tissues.

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REFERENCE

Noteworthy Abstracts of the Current Literature

Different types of antagonists modify the outcome of complete denture renewal

Berteretche MV, Frot A, Woda A, Pereira B, Hennequin M
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Purpose. The effect of renewing removable dentures on masticatory function was evaluated according to the occlusion offered by different types of mandibular arches.

Materials and Methods. Twenty-eight patients with complete maxillary dentures were subdivided into three groups in terms of mandibular dentition type: dentate, partial denture, and complete denture. The participants were observed before and 8 weeks after maxillary denture renewal. The mandibular denture was also renewed in the partial and complete denture groups. The participants masticated carrots, peanuts, and three model foods of different hardnesses. The particle size distribution of the boluses obtained from natural foods was characterized by the median particle size (d50) in relation to the masticatory normative indicator (MNI). Chewing time (CT), number of chewing cycles (CC), and chewing frequency (CF) were video recorded. A self-assessment questionnaire for oral health-related quality of life (Geriatric Oral Health Assessment Index [GOHAI]) was used. Statistical analyses were carried out with a mixed model.

Results. Renewal of the dentures decreased d50 (P < .001). The number of participants with d50 values above the MNI cutoff decreased from 12 to 2 after renewal. Renewal induced an increase in mean CF while chewing model foods (P < .001). With all foods, renewal tended to affect CT, CC, and CF differently among the three groups (statistically significant renewal Â~ group interactions). The GOHAI score increased significantly for all groups.

Conclusions. Denture renewal improves masticatory function. The complete denture group benefited least from renewal; the dentate group benefited most. This study confirmed the usefulness of denture renewal for improving functions and oral health-related quality of life.

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