An alternative technique for transferring denture-related soft tissue irritation to the denture

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The most critical time in the success or failure of a denture is the adjustment period, and the most common complaint is pain caused by soft tissue irritation. The clinician is responsible for the care of the patient throughout this period; however, detecting and transferring the irritated area to the denture is difficult because the irritated soft tissue is frequently located in the posterior area. As Loney and Knechtel emphasized, pressure-indicating paste is useful for improving the diagnosis and correction of denture-related problems. An indelible pencil is also used for transferring the irritated area to the denture. However, approaching and marking the posterior irritated area with a straight pencil is difficult, especially in the maxillary tuberosity, mylohyoid ridge, or retromylohyoid area, while restraining tongue movement and maintaining dry conditions around the irritated soft tissue.

This article describes an alternative technique for marking the irritated area with calcium hydroxide paste. A disposable, thin, and angled syringe tip of the root canal medicament can be used to approach and mark the irritated area easily and to decrease the risk of cross infection. Even though calcium hydroxide paste is more expensive than pressure-indicating paste, it allows the accurate transference of a yellow mark from the irritated area to the denture base and prevents unnecessary grinding of the denture base. However, the topical application of polyvinyl siloxane material or pressure-indicating paste on the corresponding area of the denture base is also recommended for evaluating the intensity of the pressure spot because, like the indelible pencil, calcium hydroxide paste provides only the location.

PROCEDURE

1. After the occlusion has been evaluated and corrected, find the irritated soft tissue.
2. Dry the intaglio surface of the denture.
3. Dry the irritated area with air. Apply a calcium hydroxide endodontic medicament (Vitapex; Neo Dental Intl) around the soft tissue irritation (Fig. 1).

Figure 1. Marked soft tissue irritation in retromylohyoid area with calcium hydroxide paste.

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4. Insert the denture along the path of placement and press on the occlusal surfaces of the artificial teeth in a vertical direction.5,7,8

5. Remove the denture along the path of placement and interpret the yellow area on the intaglio surface of the denture (Fig. 2).

6. Carefully relieve this area with a laboratory bur (Volcano; Edenta).

REFERENCES


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