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Yanishen I. V.,

*MD in Medicine, Professor, Head of the Department of Orthopedic Dentistry,
Kharkiv National Medical University, Kharkiv, Ukraine,*

Krychka N. V.*,

*PhD in Medicine, Docent, Associate Professor of the Department of Orthopedic
Dentistry, Kharkiv National Medical University, Kharkiv, Ukraine,*

Pohorila A. V.,

*Assistant of Department orthopedic dentistry,
Kharkiv National Medical University, Kharkiv, Ukraine.*

THE ROLE OF REMOVABLE DENTURES FIXING WITH COMPLETE ABSTENCE OF TEETH

Complete absence of teeth is caused by the same reasons as the partial loss. This is primarily a complication of carious diseases, periodontal diseases, specific inflammatory processes or functional teeth overload [4, c.3].

Important for successful adaptation to complete removable laminar dentures have good fixation of the denture on the jaws, the absence of discomfort and pain in the surrounding tissues and around the temporomandibular joint [6, 8, c. 3].

Clinical observations and laboratory investigation have shown that often occur volumetric and linear changes of the plastic bases in complete removable laminar dentures, which can be cause of injury of the mucous membrane or loosening fixation of prosthesis [1, 3, c. 3]. The pressure into the central zones of the prosthetic area or in the area of its borders that arise in the using process of complete removable dentures may depend on the method of obtaining of impression, on the quality of impression material and other reasons [2, c. 3].

Correction of complete dentures by identifying areas of high pressure can be carried out in a day overlay dentures and again a few days later [5, 7, c. 3].

The zones of high pressure in separate sections of the prosthetic area identify in hand (control) of the bite, which had been carefully checked and made correction previously. Special attention should be paid to those zones of the prosthetic area, where there are bony prominence, zones which covered with a thin mucous membrane, or the blood vessels and nerves. Zones of excessive removing of the dental edges are determined sequentially, using functional tests. Material to identify of high pressure zones can be different impression materials with sufficient fluidity. The choice of material depends on the shape of the jaws and compliance of the mucous membrane.

The application of this method facilitates the adaptation process of the patient to the complete removable dentures, reduces the period of adaptation and reduces the visits for correction.

Grinding of artificial teeth on the denture is required to carry out to ensure its stabilization and to prevent injury to tissue of prosthetic area during the function. This manipulation is necessary to carry out eliminating premature contacts of the teeth to achieve a smooth unobstructed slide during the chewing movements of the mandible. Correction of occlusion surface should begin from the elimination of visible premature contacts, defined in the position of central occlusion, and then at the anterior and posterior movements of the mandible. Further less noticeable premature contacts of the teeth is detected using transfer paper. Some cusp of dental cusps are left intact, that during the selective tooth grinding does not change the height of the bite. The buccal cusp of upper dental cusps are grinding, and lingual—of the lower are left untouched (fixed the height of the bite), palatine cusp of upper cusps and buccal (properly) the lower one. For the final polishing of chewing surfaces can be use a special abrasive paste.

The goal of orthopedic treatment of patients with edentulous jaws is not only their recovery but also maintaining healthy condition of the organs and tissues of the dental jaw system in whole (mucosa, bone and muscle tissue). It is

necessary to minimize the possibility of pathological effects from complete removable dentures on the tissues of prosthetic area for their guaranteeing of these requirements.

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