



International Journal of Current Research Vol. 11, Issue, 05, pp. 4085-4087, May, 2019

DOI: https://doi.org/10.24941/ijcr.35489.05.2019

RESEARCH ARTICLE

POST INSERTION DENTURE PROBLEMS ASSOCIATED WITH COMPLETE DENTURE PATIENTS IN KASHMIRI POPULATION: A SURVEY-BASED ORIGINAL RESEARCH

Dr. Shazia Mir, Dr. Sandeep Kaur Bali, *Dr. Ankush Jamwal. and Dr. Muzamil Gulzar

Department of Prosthodontics, Govt. Dental College and hospital, Shireen bagh, Kashmir J&K, India

ARTICLEINFO

Article History:

Received 20th February, 2019 Received in revised form 19th March, 2019 Accepted 22nd April, 2019 Published online 30th May, 2019

Key Words:

Dental fluorosis, Treatment modalities, Whitening, Aesthetics, Vital bleaching, Composite veneers, All ceramic crowns.

*Corresponding author: Dr. Ankush Jamwa, L.

ABSTRACT

Introduction: For successful denture therapy an understanding of the common denture follow up problems and their rectification is important. Studies have shown regional differences in the frequency of occurrence of different denture related problems. The aim of the present study was to find out the frequency of chief denture follow up complaints in the Kashmiri population and their comparison among both sexes. Material and Methods: A survey was conducted in the form of a questionnaire including 136 denture follow up patients. The response was collected, accumulated and analyzed statistically. Results: Based on the survey conducted on 136 denture wearing patients included in the study, pain/discomfort related complaints were highest in occurrence 37.5% closely followed by complaints of retention 27.9%. The esthetics and phonetics related complaints were comparatively less with 17.6% and 16.9% respectively. Female population group had a higher occurrence of esthetic complaints as compared to males. Conclusion: Within the limitations of this study it was found that the most common complaints of denture follow up patients were related to pain/discomfort. This study should help the local practitioners to understand the needs and desires of the local population, thereby minimizing failure rates.

Copyright©2019, Sandeep Kaur Bali et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Dr. Sandeep Kaur Bali, Dr. Shazia Mir, Dr. Ankush Jamwal. and Dr. Muzamil Gulzar, 2019. "Post insertion denture problems associated with complete denture patients in Kashmiri population: A survey-based original research", International Journal of Current Research, 11, (05), 4085-4087.

INTRODUCTION

Inspite of the advances in the field of implant dentistry, Conventional dentures still remain an essential part of oral rehabilitation of the completely edentulous patients (Diehl and Foerster, 1996). For successful complete denture therapy, a practitioner must be capable of troubleshooting the complaints of post denture usage. Patients visiting for post denture insertion follow up often present with several complaints and a practicing dentist must be well versed to understand, classify and rectify these problems to gain patient confidence (Lechner et al., 1995). The problems associated may be varied and difficult to understand and a lot of confusion may arise if one is not able to diagnose the underlying cause. Most frequent complaints being pain/discomfort, loosedenture (retention issues), inadequate denture esthetics or phonetics (Brunello and Mandikos, 1998; Jeganathan, 1993; Laurina and Soboleva, 2006; Kimmelman et al., 1967; Smith and Hughes, 1988). A lot of literature is available for troubleshooting these denture problems (Zarb et al., 1997; Winkler, 2009; Rahn et al., 2009; Grant et al., 1994). Earlier studies conducted to define these denture problems have shown varied results (Lechner et al., 1995; Jeganathan, 1993; Laurina and Soboleva, 2006; Ogunrinde, 2012). The different findings of these studies suggest that regional differences may be there due to varied patient's level of education, expectations, social mores, dietary habits and dental awareness (Carlsson et al., 1967; Ainamo

and Osterberg, 1992; Devlin et al., 2001). Determining the chief complaint can enable to solve the patient's problem in particular and figure out the most common errors regarding denture fabrication in general. This study on Kashmiri population will provide a local perspective of the other researches done in other parts of the world. Also, this study can help the local practitioners to understand the needs and desires of the local population thereby minimizing failure rates.

MATERIALS AND METHODS

A survey was conducted for a period of 1 year (April 2018-March 2019) on 150 patients reporting to the Deptt. Of Prosthodontics, GDC Srinagar with various denture follow up complaints. The patients were recruited for the study after fulfilling the inclusion criteria and upon signing the informed consent form.

Inclusion criteria comprised:

- 1. Edentulous patients (both maxillary and mandibular).
- 2. Regular denture wearers.
- 3. First time denture wearers.
- 4. Period of edentulousness<5 yrs.

Exclusion criteria:

1. Medically compromised patients

- 2. Pt. having psychiatric or neurological disorder.
- 3. Patients having TMJ disorder history
- 4. Patients not willing to participate in the study.

After excluding the patient's not fulfilling the criteria, 136 patients were included in the study consisting of 80 male and 56 female patients. A questionnaire was filled by the same operator on the basis of the patient's response to the questions to eliminate any bias.

Questionnaire

Name:

Age:_

Sex:_

Residence:

Chief complaint:

Any relevant medical History:

Any medications:

Duration of Denture usage:

Dentures fabricated at:

Problem list:-

Pain/Discomfort :-

- a) Localised / Generalised
- b)Involving Maxilla/ mandible
- c) any other associated factors.

Retention issues :-

a) Whether at rest /while talking/ while chewing. /lose dentures b) involving maxilla/ mandible

c) any other associated factors.

Esthetics issues:-

- a) Tooth size/shape/color
- b) Lip support/fullness
- c) Cheek support.

Phonetics :-

RESULTS

Based on the response of 136 study subjects to the questions included in the questionnaire designed for the study, the chief complaints of the patients were quantified. The study included 80 male patients and 56 female patients. The highest number was that of patients with chief complaint of pain/discomfort (37.5%), (Table 1), the second most common complaint associated with denture usage was that of retention (27.9%), which were followed by esthetics and phonetics related complaints which were 17.6% and 16.9% respectively. Based on the comparisons of frequency of different complaints among male and female population, significant differences were found in the complaints regarding esthetics with females being 28.5% as compared to males which was only 10 % (Table 2) whereas males complained more about retention problems, the rest of the problems were comparable in frequency of occurrence.

Table 1.

| Gender of patient examined | Pain/ Discomfort | Retention | Esthetics | Phonetics |
|----------------------------|---------------------|-----------|-----------|-----------|
| Males (80) | 31 | 26 | 08 | 15 |
| Females(56) | 20 | 12 | 16 | 08 |
| Total (136) | 51(37.5%) | 38(27.9%) | 24(17.6%) | 23(16.9%) |

Table 2.

| Denture problems | Male | Female |
|------------------|--------|--------|
| Pain/Discomfort | 38.75% | 35.7% |
| Retention | 32.5% | 21.4% |
| Esthetics | 10% | 28.5% |
| Phonetics | 18.75% | 14.28% |

DISCUSSION

Fabrication of artificial removable prosthesis is frequently associated with several complaints especially during the initial period of adjustment. Developing a positive rapport with the patient and positive patient-dentist relationship plays an important part in the ultimate denture success (Velvoon et al., 1998; Seitfert et al., 1962; Langer et al., 1961). It is important to have an understanding of the common denture problems and skill to diagnose and treat them aptly. In the present study, pain/discomfort was the most common complaint of the patients (37.5%) followed by lack of retention (27.9%), esthetic complaints (17.6%) and lack of proper phonetics (16.9%). Pain/discomfort due to new dentures may be associated with defects in the impression surface (acrylic pearls, sharp spicules) (Grant et al., 1994), overextended flanges impinging on the limiting structures (e.g. Mylohyoid ridge), pain due to occlusal imbalance (Gunnar et al., 1998) or pain due to systemic factors (xerostomia, burning mouth syndrome, atrophic mucosa) (Oral mucosal lesions associated with the wearing of removable dentures, 1981; Tourne et al., 1992) being the most common reasons. Lose dentures was second most common complaint reported, an imbalance between retentive and dislodging forces (Sheppard et al., 1971) is the reason for lose dentures and inability to diagnose the underlying cause can be quite frustrating on part of the dentist. Esthetics related complaints have been found to be quite common with females as compared to males (28.5% as compared to 10%) suggesting that the female denture patients are quite particular about their appearance and the way their denture/artificial teeth should look like. Ample time should be given to the teeth form selection based on patient's personality and preferences. Time spent at the try-in appointment can avoid any esthetic issues later on (Brisman et al., 1980). Phonetics was the complaint of approx. 17% of the patients the reason being mostly lack of patient education or improper teeth arrangement in the anterior region and palatal contours (Carr et al., 1985). The denture follow up problems should be dealt with scientific knowledge of underlying causes and not arbitrary measures undertaken based on guess work. It is essential to have a sympathetic attitude towards the patient and willingness to listen to the patient's complaints. Denture success largely depends on troubleshooting post insertion follow up complaints.

Conclusion

Conventional complete denture service remains an important procedure of oral rehabilitation. A thorough understanding of the common denture follow up problems and their underlying etiologies is essential for successful denture therapy. Within the limitations of this study, it has been found that the most frequent complaint of denture wearing patients was related to pain/discomfort followed by the complaint of lose dentures due to lack of retention. The complaints regarding denture esthetics were more common in female patients due to their enhanced esthetic concerns. Some of the common causes for these frequent complaints have also been discussed.

REFERENCES

- Ainamo A. and Osterberg T. 1992. Changing demographics and oral disease patterns and treatment needs in the Scandinavian populations of old people. *Int Dent J.*, 42:311-22.
- Brisman, A.S. 1980. Aesthetics: a comparision of dentist's and patients concepts. *Journal of American dental association*, 100; 345.
- Brunello DL. and Mandikos M.N. 1998. Construction faults, age, gender, and relative medical health: Factors associated with complaints incomplete denture patients. *J Prosthet Dent.*, 79:545-54.
- Carlsson GE, Otterland A, Wennstrom A, Odont D. 1967.
 Patient factors in appreciation of complete dentures. J.
 Prosthet Dent., 17:322-8.
- Carr, L, Wolfaardt, J.F. and Haitas, G.P. 1985. Speech defects in prosthetic dentistry. *Journal of the Dental Association of South Africa*, 40:387-390.
- Devlin H. and Hoad-Reddick, G. 2001. Biological guides to the positioning of the artificial teeth incomplete dentures. Dent Update, 28:492-5.
- Diehl RL. and Foerster U. 1996. Factors associated with successful denture therapy. *J of Prosthodontics*, 5:84-90.
- Grant A.A. and J.R. Heath, J.F. McCord-complete prosthodontics problems, diagnosis & management (1994).
- Grant AA, Heath JR, McCord JF. 1994. Complete Prosthodontics: Problems Diagnosis and Management. London:Wolfe;1994.p.25.
- Gunnar E. Carlsson, Odont and Odont H.C. 1998. Clinical morbidity and sequelae of treatment with complete dentures. *J Prosthet Dent.*, 79 (1): 17-23.
- Jeganathan S, Payne JA. 1993. Common faults incomplete dentures: A review. Quintessence Int., 24:483-7.
- Langer A, Michman J, Seiifert I. 1961. Factors influencing satisfaction with complete dentures in geriatric patients. *J Prosthct Dent.*, 11:1019-1031

- Kimmelman, BB., King RJ, Grossman I. 1967. The terminal problem in the aged. *Geriatrics*, 22:131-5.
- Laurina L. and Soboleva, U. 2006. Construction faults associated with complete denture wearers' complaints. Stomatologija, 8:61-4.
- Lechner SK., Champion H. and Tong TK. 1995. Complete denture problem solving: Asurvey. *Aust Dent J.*, 40:377-80.
- Ogunrinde TJ, Dosumu OO. 2012. The influence of demographic factors and medical conditions on patients complaints with complete dentures. *Ann Ib Postgrad Med.*, 10:16-21.
- Oral mucosal lesions associated with the wearing of removable dentures. *Budtz-Jørgensen E.J Oral Pathol.*, 1981; 10(2):65-80.
- Rahn, A.O., Ivanhoe, J.R. 2009. Post insertion. In: RahnAO, Ivanhoe JR, Plummer KD, editors. Textbook of Complete Dentures. 6thed. Shelton(CT): People's Medical Publishing House; p.251-63.
- Seitfert I, Langer A, Michman J. 1962. Evaluation of psychologic factors in geriatric dental patients. *J Prosthet Dent.*, 12:516-523
- Sheppard IM, Schwartz LR. and Sheppard SM. 1971. Oral status of edentulous and complete denture-wearing patients. *J Am Dent Assoc.*, 83:614-20.
- Smith JP. and Hughes D. 1988. A survey of referred patients experiencing problems with complete dentures. *J Prosthet Dent.*, 60:583-6.
- Tourne, L.P, Luc, P.M. and Friction, J.R. 1992. Burning mouth syndrome. *Oral Surgery, Oral Medicine, Oral Pathology*, 74:158-1674.
- Velvoon JM, Duinkerke AS, Luteijn F. et al. 1988. Assessment of denture satisfaction. Community Dent Oral Epidemiol., 16364-367
- Winkler S. 2009. Essentials of Complete Denture Prosthodontics. 2nded. Delhi: AITBS publishers; p. 443-4.
- Zarb, GA., Bolender, C.L., Carlsson, G.E., 1997. Boucher's Proshodontic Treatment for EdentulousPatients.11thed. St Louis: CVMosby.
