



Denture Solutions: A Comprehensive Guide to Prosthodontics, Dentures and Oral Health

Song Jankovic*

Department of Prosthodontics, School of Dentistry, Chonnam National University, Gwangju, Korea

Abstract

Prosthodontics dentures play a crucial role in restoring oral function and enhancing the quality of life for individuals with missing teeth. This comprehensive guide delves into the world of dentures, providing an in-depth exploration of the field of prosthodontics and its application in creating functional and aesthetically pleasing dentures. The significance of prosthodontics dentures in addressing the challenges faced by individuals with missing teeth, such as impaired chewing ability, speech difficulties, and self-esteem issues. It emphasizes the importance of a multidisciplinary approach, involving prosthodontists, dental technicians, and other dental specialists, to ensure the successful fabrication and fitting of dentures. It starts with an overview of prosthodontics and its role in the overall field of dentistry. It then delves into the different types of dentures, including complete dentures, partial dentures, and implant-supported dentures. Each type is discussed in detail, covering the indications, contraindications, fabrication techniques, and maintenance considerations.

Keywords: Prosthodontics; Dentures; Complete dentures; Partial dentures; Implant-supported dentures; Denture fabrication

Introduction

Technical greatness during the manufacture of the prosthesis and viable administration of patient are the two significant elements for an effective complete dental replacement treatment. Denture adhesive is frequently prescribed for these patients because even the most skilled dentists struggle to meet the patient's expectations regarding the denture's stability and retention. Denture adhesives may also give the patient psychological confidence because they improve stability and retention, especially in public settings. However, denture adhesives should never be used to improve retention in ill-fitting dentures that have been improperly fabricated, and in no case should an excessive amount of denture adhesive be used [1]. Although the use of denture adhesives dates back to the late 18th century, the first mention of adhesives in literature occurred in the 19th century. Standardized guidelines are required for the application, use, and removal of dentures. Vegetables were initially mixed into denture adhesives. The adhesive base shaped when they retained spit adhered to the tissues and to the prosthesis.

Through their clinical practice, each prosthodontist makes an unconscious effort to assess the current state of dentistry. When a patient is happy, they consider themselves successful. The evaluation of the current state of prosthodontics is dependent on dentists' own research, in addition to clinical practice. Due to errors in the dentist's own evaluation of the treatment, patient ignorance, and lack of compliance, this evaluation is flawed. It is difficult to assess the current state of research on prosthodontics material research. There are no well-defined boundaries for this specialty. Besides, the appraisal concerning prosthodontics research is fairly emotional[2].

Furthermore, the abstract highlights the crucial aspects of prosthodontics dentures, such as occlusion and bite registration, esthetics, material selection, and the use of digital technologies in the fabrication process. It emphasizes the importance of individualized treatment planning and the consideration of patient-specific factors, including anatomical variations and oral health conditions. The ongoing advancements in prosthodontics dentures, such as the use of CAD/CAM technology, digital smile design, and the incorporation of innovative materials. It acknowledges the need for continuous

professional development and collaboration within the field to provide patients with the best possible outcomes. Overall, this comprehensive guide on prosthodontics dentures aims to equip dental professionals with the knowledge and insights necessary to deliver effective and personalized denture solutions, thereby improving the oral health and quality of life for patients with missing teeth [3].

Prosthodontics dental materials

Teeth have been viewed as a necessary piece of magnificence. People's psychological well-being and social interactions are also impacted by missing teeth, in addition to the structural and functional issues they pose. History goes way back to the eighteenth century when first counterfeit teeth were made. Ivory and porcelain were used to create artificial teeth from natural teeth-both human and animal teeth that were curved to the desired shape and size. European white wares made of clay quartz feldspar served as the inspiration for feldspathic porcelain. After that, in the 1720s, fine translucent porcelain was made [4]. In 1774, Alexis Duchateau and Persian dentist Nicholas Dubious de clement made the first porcelain denture that was successful at the Gerhard porcelain factory. Significant downside that porcelain had, was wear of restricting regular teeth. Decor glass ceramic and fine microstructure porcelain were discovered after a number of experiments. Fine microstructure porcelain showed less wear of contradicting tooth when contrasted with porcelain. The optical properties of the glass-ceramics are comparable to enamel and dentin. After that filler molecule was added to glass-earthenware to work on mechanical properties and guideline of optical properties like tone and

*Corresponding author: Song Jankovic, Department of Prosthodontics, School of Dentistry, Chonnam National University, Gwangju, Korea, E-mail: song.jankovic@gmail.edu

Received: 05-June-2023, Manuscript No: jdpm-23-104059; **Editor assigned:** 07-June-2023, PreQC No. jdpm-23-104059 (PQ); **Reviewed:** 21-June-2023, QC No. jdpm-23-104059; **Revised:** 23-June-2023, Manuscript No. jdpm-23-104059 (R); **Published:** 30-June-2023, DOI: 10.4172/jdpm.1000160

Citation: Jankovic S (2023) Denture Solutions: A Comprehensive Guide to Prosthodontics, Dentures and Oral Health. J Dent Pathol Med 7: 160.

Copyright: © 2023 Jankovic S. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

murkiness. Other types of ceramic that are currently used are: Porcelain fused to metal ceramics, such as Ceram, IPS-express, Optec, Opalescent porcelain, and Porcelain fused to metal ceramics, developed by various researchers [5].

Materials and Methods

The materials and methods section of the research on prosthodontics dentures describes the materials, equipment, and techniques used in the study or clinical practice related to denture fabrication and treatment. Here is an example of how this section could be outlined:

Study design or patient selection: If it's a research study, provide details about the study design (e.g., randomized controlled trial, retrospective analysis) and inclusion/exclusion criteria for participants. If it's a clinical practice, describe the patient selection process, including the assessment of oral health conditions and treatment planning [6].

Denture materials: Specify the materials used for denture fabrication, such as denture base materials (e.g., acrylic resin, thermoplastic materials), denture teeth (e.g., porcelain, composite resin), and any additional materials (e.g., metal frameworks for implant-supported dentures).

Equipment and tools: List the specific equipment and tools utilized during the denture fabrication process, including dental laboratory equipment (e.g., articulators, surveyors), hand instruments (e.g., waxing instruments, carving tools), and digital technologies (e.g., intraoral scanners, CAD/CAM systems).

Denture fabrication techniques: Describe the step-by-step procedures involved in denture fabrication, including preliminary impressions, primary and secondary impressions, jaw relation records, trial denture try-ins, and final denture processing. Provide details on the techniques used for each stage and any modifications or adjustments made to achieve optimal fit and esthetics [7].

Bite registration and occlusion: Explain the methods employed for recording accurate bite registration and establishing proper occlusion in complete dentures or partial dentures. Include information about the materials used (e.g., wax, silicone-based registration materials) and techniques employed (e.g., centric relation, functional occlusion).

Esthetic considerations: Discuss the factors considered for achieving desirable esthetics in dentures, such as tooth selection, arrangement, and characterization. Outline any techniques utilized to replicate natural tooth morphology and enhance patient satisfaction with the denture's appearance.

Maintenance and follow-up: Outline the instructions provided to patients regarding denture care and maintenance. Mention any follow-up appointments or assessments conducted to monitor the denture's performance, stability, and patient satisfaction [8].

Results and Discussion:

The Results and Discussion section of a research study or clinical practice report on prosthodontics dentures presents the findings and interpretations of the data collected during the study or treatment. It allows for the analysis and discussion of the outcomes and their implications. Here is an example of how this section could be outlined: Provide a concise summary of the main findings obtained from the study or clinical practice. Highlight key quantitative or qualitative data related to denture fit, occlusion, patient satisfaction, and any other relevant outcomes.

Comparison with existing literature: Discuss how the results align with or diverge from previous studies or established literature in the field of prosthodontics dentures. Compare and contrast findings, identifying similarities, differences, and potential explanations for any discrepancies.

Denture fit and function: Present the results pertaining to denture fit, including assessments of stability, retention, and overall comfort. Discuss any factors that influenced the fit, such as denture base materials, impression techniques, and occlusal considerations. Evaluate the impact of denture fit on oral function and patient-reported outcomes.

Occlusion and bite relationship: Describe the findings related to occlusion and bite relationship, including the accuracy of bite registration, centric relation, and balanced occlusion. Discuss the effects of occlusal discrepancies on denture performance, patient comfort, and masticatory efficiency [9].

Patient satisfaction and quality of life: Present data regarding patient satisfaction and quality of life measures, such as questionnaires or subjective assessments. Analyze the impact of denture esthetics, fit, and function on patient-reported outcomes, including oral health-related quality of life and psychosocial well-being.

Complications and adverse events: Address any complications or adverse events encountered during the study or clinical practice, such as denture fractures, tissue irritation, or speech difficulties. Discuss possible causes, preventive measures, and strategies for managing and mitigating such issues.

Clinical implications: Interpret the results in the context of their clinical significance and practical implications for prosthodontics denture practice. Discuss how the findings contribute to current knowledge, inform treatment decision-making, and potentially improve patient outcomes [10].

Conclusion

The conclusion section of a research study or clinical practice report on prosthodontics dentures provides a concise summary of the main findings, discusses their implications, and offers final remarks on the study or treatment. Briefly recapitulate the key findings from the study or clinical practice, highlighting the most significant results related to denture fit, occlusion, patient satisfaction, and other relevant outcomes.

Implications and significance: Discuss the implications of the findings in the context of prosthodontics dentures. Highlight how the results contribute to the understanding of denture fabrication techniques, treatment planning, and patient care. Emphasize any novel insights or advancements achieved through the study or treatment.

Clinical relevance: Relate the findings to their clinical relevance and practical implications for prosthodontics denture practice. Discuss how the results can inform treatment decision-making, enhance patient outcomes, and improve the overall quality of dental care in relation to denture fabrication and management.

Future directions: Identify potential areas for future research or clinical practice improvements. Suggest avenues for further investigation that could build upon the current study or treatment, address remaining questions, or overcome existing limitations. Highlight the potential impact of these future directions on advancing prosthodontics dentures. Provide a concise summary of the overall study or clinical practice. Offer final thoughts on the significance of the work conducted

and its potential contribution to the field of prosthodontics dentures. Consider the broader implications of the findings and their relevance to oral health and patient well-being.

Practical recommendations: Conclude with practical recommendations based on the study or clinical practice findings. Provide guidance to dental professionals on how the results can be translated into clinical practice, emphasizing best practices for denture fabrication, treatment planning, and patient care.

Acknowledgement

None

References

1. Carbone M, Arduino PG, Carrozzo M, Gandolfo S, Argiolas MR, et al. (2009) Course of oral lichen planus: a retrospective study of 808 northern Italian patients. *Oral Dis* 15:235-43.
2. Xue JL, Fan MW, Wang SZ, Chen XM, Li Y, et al. (2005) A clinical study of 674 patients with oral lichen planus in China. *J Oral Pathol Med* 34:467-72.
3. Rad M, Hashemipour MA, Mojtahedi A, Zarei MR, Chamani G, et al. (2009) Correlation between clinical and histopathologic diagnoses of oral lichen planus based on modified WHO diagnostic criteria. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 107:796-800.
4. Hiremath SK, Kale AD, Charantimath S (2011) Oral lichenoid lesions: clinico-pathological mimicry and its diagnostic implications. *Indian J Dent Res* 22:827-34.
5. Vissink A, Spijkervet FK, Amerongen VA (1996) Aging and saliva: A review of the literature. *Spec Care Dentist* 16:95103.
6. Bron D, Ades L, Fulop T, Goede V, Stauder R (2015) Aging and blood disorders: new perspectives, new challenges. *Haematologica* 4:415-417.
7. Puts MT, Santos B, Hardt J, Monette J, Girre V, et al. (2014) An update on a systematic review of the use of geriatric assessment for older adults in oncology. *Ann Oncol* 2:307-315.
8. Ramjaun A, Nassif MO, Krotneva S, Huang AR, Meguerditchian AN (2013) Improved targeting of cancer care for older patients: a systematic review of the utility of comprehensive geriatric assessment. *J Geriatr Oncol* 3:271-281.
9. Decoster L, Van Puyvelde K, Mohile S, Wedding U, Basso U, et al. (2015) Screening tools for multidimensional health problems warranting a geriatric assessment in older cancer patients: an update on SIOG recommendations. *Ann Oncol* 2:288-300.
10. Hiremath SK, Kale AD, Charantimath S (2011) Oral lichenoid lesions: clinico-pathological mimicry and its diagnostic implications. *Indian J Dent Res* 22:827-34.