



CD - CASE HISTORY

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INTRODUCTION



PATIENT DEMOGRAPHICS



NAME OF THE PATIENT :-

- Records
- Communication
- Patient confidence



AGE :-



CHARACTERISTICS	YOUNG	ADULT
HEALTH	Good	Poor
TOLERANCE LEVEL	Good	Poor
ADAPTABILITY	Good	Poor
COORDINATION	Good	Poor
COMMUNICATION	Good	Poor
DURATION OF EDENTULISM (Periodontal Status)	Poor	Good
ESTHETIC DEMAND	More	Less

SEX :-



FEATURES	MALE	FEMALE
DEMANDING	LESS	MORE
ESTHETICS	LESS	MORE
COMFORT & FUNCTION	MORE	LESS
DETERMINATION OF SIZE & SHAPE OF TOOTH	YES	YES

OCCUPATION AND SOCIAL POSITION :-



- Public appearances :
{ Artists, Singers, Actors, Speakers, Salesman, etc }
 - Appearance & Phonetics
- Tradesman, Mechanic, Labourers, etc
 - Functional efficiency

CHIEF COMPLAINT

COMMON COMPLAINTS

- Replacement of Missing teeth
(for Esthetics, Phonetics, Function)
- Loose dentures
- Broken dentures
- Worn off dentures

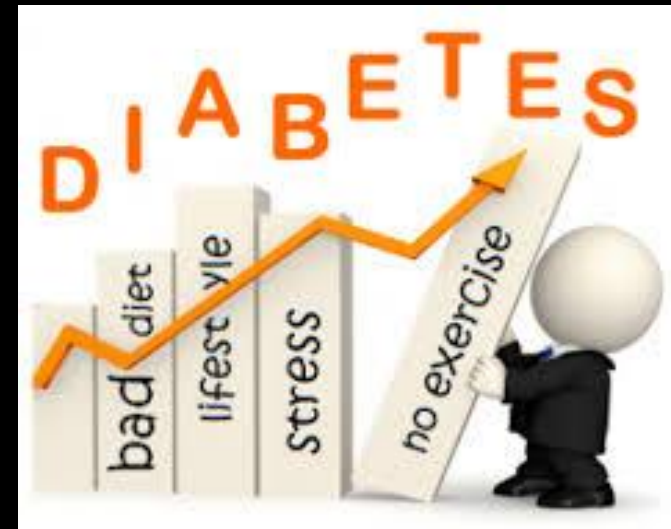


MEDICAL HISTORY



- Effect :-

- Bony response to prosthesis stress is poor
- Delayed Healing of tissues after trauma



- Considerations :-

- Alginate : Primary Impression
- Silicone based impressions : Secondary Impressions

- **Effect :-**

- Surgical procedure
(Implant Supported CD)
 - : Excessive bleeding
- Anti hypertensive drugs
 - : Xerostomia (Dry Mouth)

- **Considerations :-**

- 1) Controlled BP prior to surgery
- 2) Xerostomia
 - Drink more water
 - Sialagogues



- Sucking on a lemon
- Liquid filled dentures

- Effect :-

- Anxiety / allergy induced asthamatic effect

- Considerations :-

- Lessen the time of dental treatment
- Gentle handling
- Medication should be carried with patient
- Dental materials prone to irritate should be kept away
{Dust free alginate, Acrylic should not be trimmed nearby}



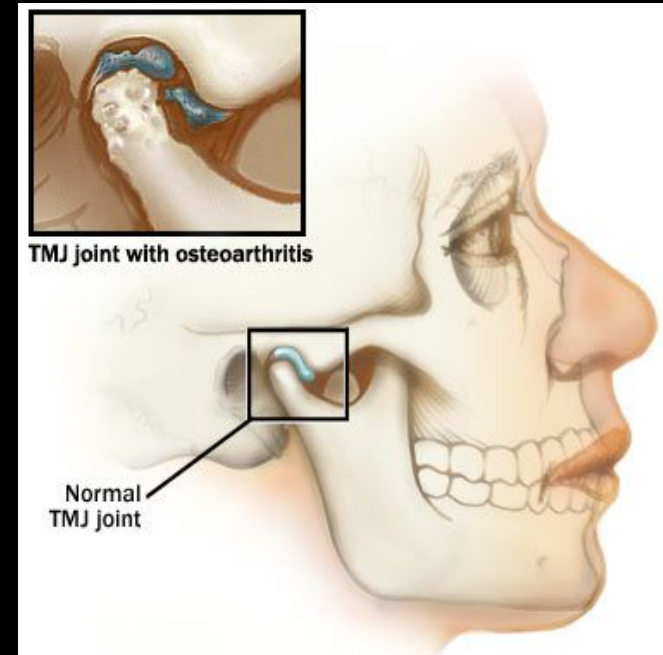
- Effect :-

- : Osteoarthritis of TMJ :

- Limited mouth opening
 - Limited lateral movements

- Considerations :

- Sectional impression trays
 - Sectional dentures

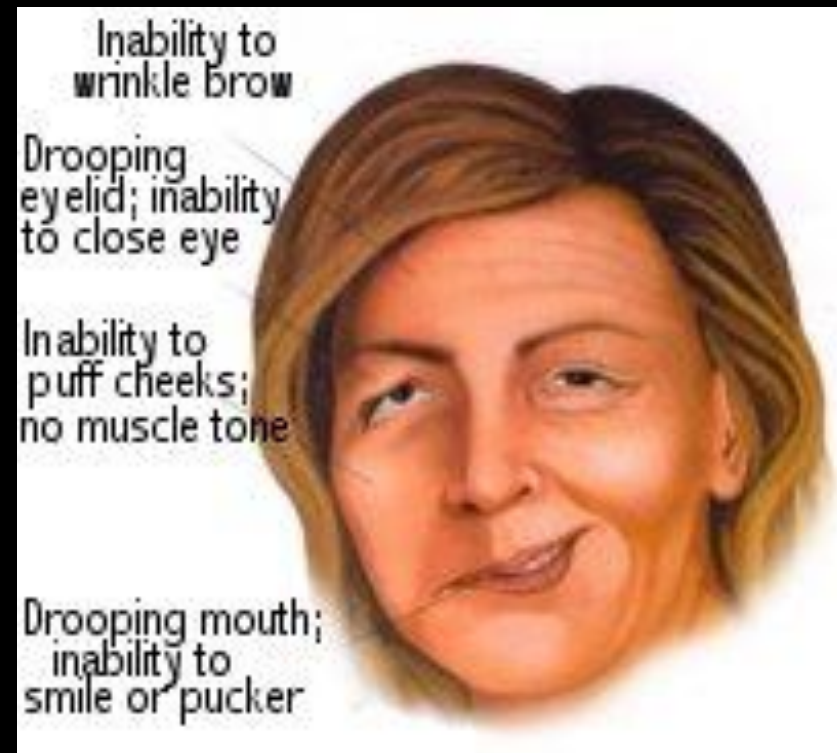


Bell's Palsy

- Temporary / permanent paralysis of the facial nerve

- Effect :-

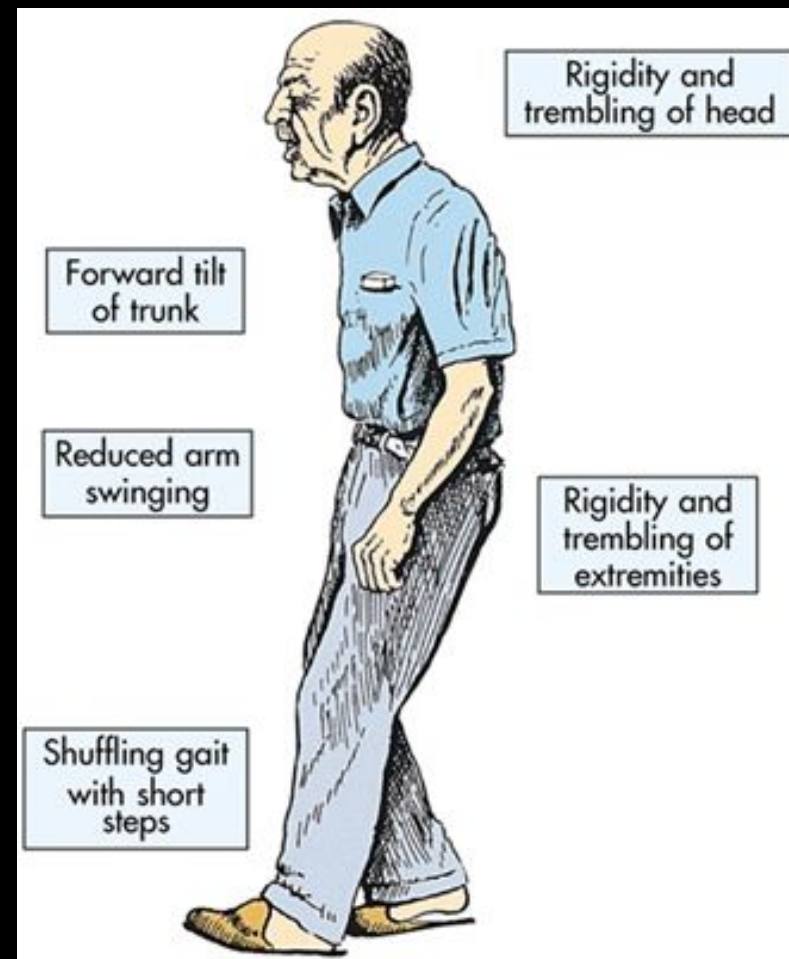
- : Drooping of the face and lip
- : Inability to move the eye brow or eye-lid or to wrinkle the forehead



Parkinsonism

- Effect :-

- Profuse salivation
- Rhythmic tremor of muscles mastication
- Altered speech



5

NEUROLOGICAL DISORDER

- Considerations :-
 - Short duration, morning appointments.



Monoplane teeth



Mouth props

High impact strength resin



Denture adhesives

PERSONAL HISTORY



1) TYPE OF DIET :

- Vegetarian / Non - vegetarian :
: Nutritional status

2) HABITS :

- Smoking : Smoker's palate, Dry mouth
- Tobacco chewing : OSMF, Lichen Planus, Leukoplakia
- Alcohol : Dehydration, Dry mouth
- Parafunction : Wearing away of acrylic teeth
Increased bone resorption



MENTAL ATTITUDE



De Van stated :-

"meet the mind of the patient before meeting the mouth of patient"

The House Classification :

1. PHILOSOPHIC



2. EXACTING



3. HYSTERICAL



4. INDIFFERENT



DENTAL HISTORY



1) REASON FOR LOSS OF TEETH :

- Caries - Oral hygiene
- Periodontal - Oral hygiene and Bone loss
- Trauma



2) SEQUENCE AND DURATION OF LOSS OF TEETH :



Pattern of
Bone Resorption



Amount of
Bone Resorption



3) PREVIOUS DENTURES :

- Number - Psychological status

- Reason for replacement :
(denture wearer)

- Which area needs to be taken care off ...

: **Esthetics, Phonetics, Mastication, Comfort, Retention**



4) CURRENT DENTURE EVALUATION :

- Retention , stability and support
- Esthetics : Midline, Size, Shape, Colour, Alignment
- Phonetics
- Wearing pattern of acrylic teeth
- Denture extensions
- Vertical dimension
- Occlusal plane orientation
- Occlusion
- Characterization :
 - Acrylic color as per patient,
 - Rughae area
 - Alignment of teeth



EXTRA – ORAL EXAMINATION



Extra - oral Examination ...

1

FACIAL FORM

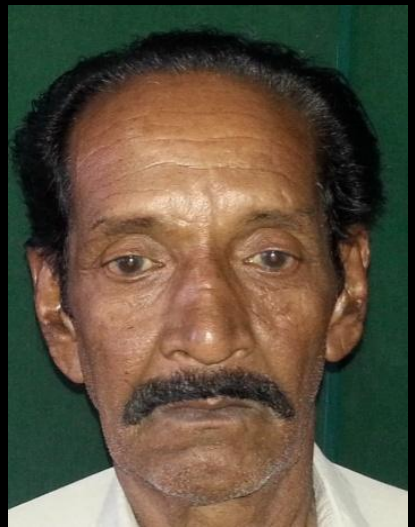
(Helps to determine the tooth form)



Square



Ovoid



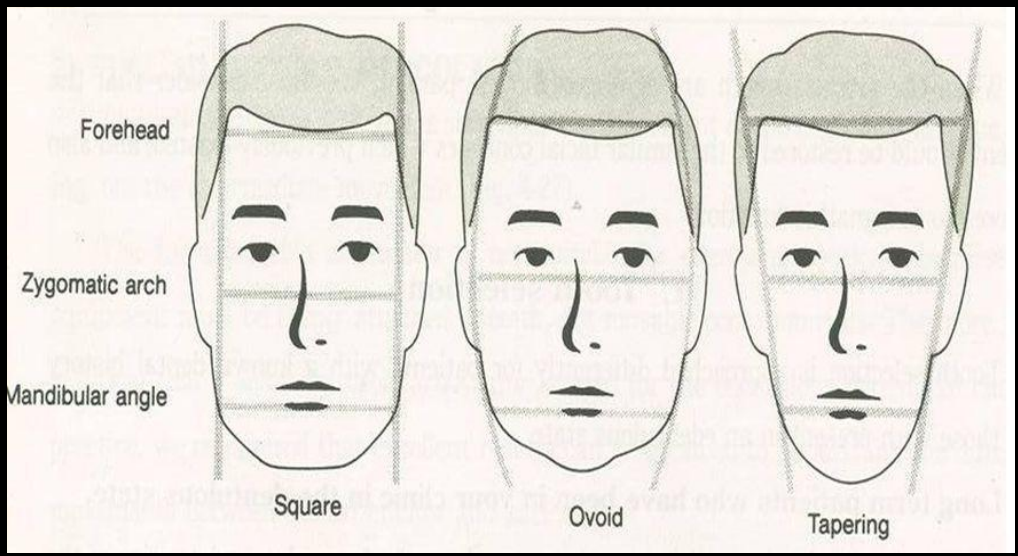
Tapering



Square tapering

1

2



3

4

FACIAL PROFILE

The labial form of the anterior teeth should be similar to facial profile of the patient

Angle's classification :

II



Class II :
Retrognathic

Class I :
Straight /
orthognathic

I



III

Class III :
Prognathic



MUSCLE TONE

Muscle tone can affect the stability of the denture

House Classification

I
Class I :

- Normal muscle tone and function

II

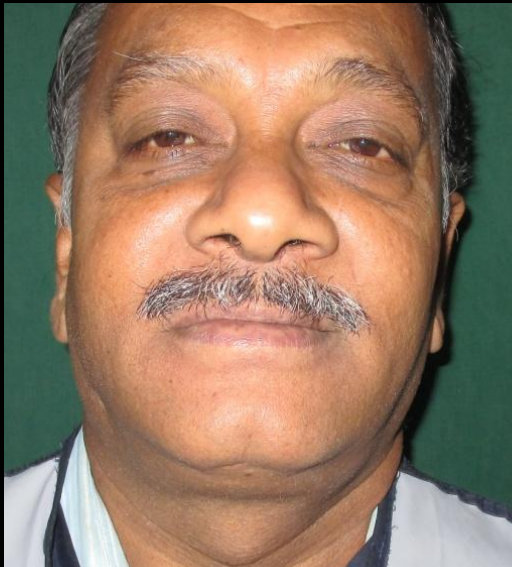
Class II :

- Normal muscle function but slightly decreased muscle tone

III

Class III :

- Decreased muscle tone and function



A) Facial height (lower 1/3rd) :

- Normal
- Increased
- Decreased

B) Nasio - labial fold :

- Normal
- Obliterated
(determines the loss of vertical height)
- Prominent

C) Mento - labial fold :

- Prominent
- Not prominent
(Determines lower lip support)



D) Inter - commisural width :

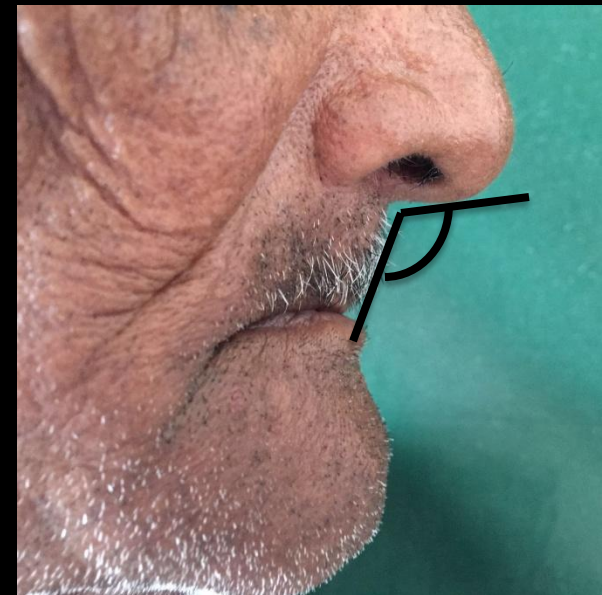
- Passive
- Active (while smiling)

E) Corners of the mouth :

- Straight
- Drooping (indicates loss of VD)

F) Columella Philtral Angle : (U lip support)

- Acute < 90 degree
- Straight = 90 degree
- Obtuse > 90 degree

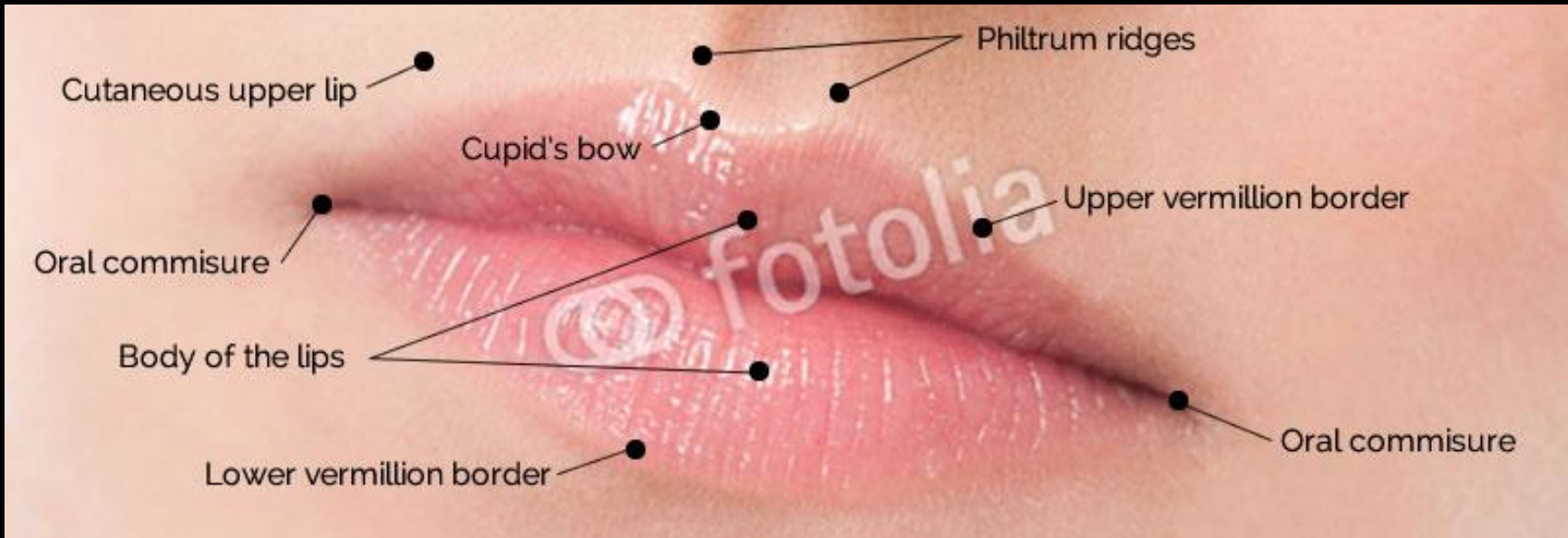


G) Wrinkles :

- Generalised (indicates ageing)
- Only around the mouth (loss of vertical support)



H) Lip Examination :



Examined for :

- Health
- Length
- Thickness
- Support
- Mobility

H) Lip Examination :

i) Health of the Lips :

- Examined for :
 - : cracking
 - fissuring at the corners
 - ulceration
- Cause :
 - : Vitamin deficiency
 - Infection (Candida)



H) Lip Examination :

ii) Lip Length :

Long	-	26 – 36 mm
Medium	-	16 – 25 mm
Short	-	10 – 15 mm



A long lip reveals little of the anterior teeth.

A very short lip allows the display of the denture base.

H) Lip Examination :

iii) Lip Thickness :



Thin & Short upper lip



Thick & Long upper lip

Significance :

- Anterior - posterior positioning of the anterior teeth

H) Lip Examination :

iv) Lip support :



Unsupported



Adequately supported

- Lack of proper lip support
: Collapsed appearance & wrinkling
- The labio lingual position of anterior teeth help improve lip support

H) Lip Examination :

v) Lib Mobility :

Class I : Normal

Class II : Reduced mobility

Class III : Paralysed



Class II

PALPATION

Lateral poles of Condyle palpated with
FINGERTIPS
& patient asked to open & close

AUSCULTATION

USING : **STETHOSCOPE**

TMJ SOUND :

- CLICK : A single sound
- POP : Relatively loud
- CREPITATION : Multiple gravel like sound



NEUROMUSCULAR EVALUATION

- Speech
- Muscle coordination

INTRA - ORAL EXAMINATION



1) MAXILLA :

□ Maxillary arch **SIZE**

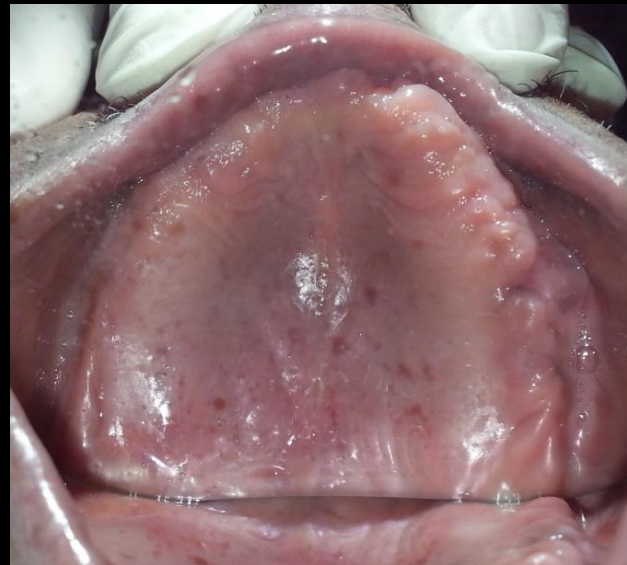
I

II

III



Small



Medium



Large

1) MAXILLA :

□ Maxillary arch **FORM**

I

II

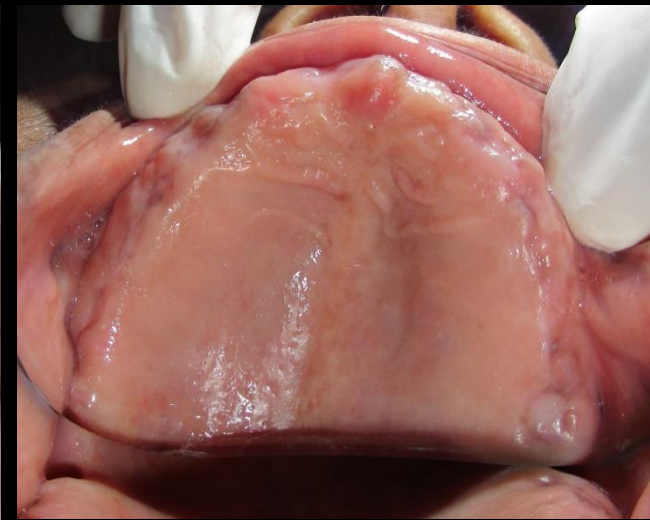
III



Square



Taper



Ovoid

1) MAXILLA :

- Residual alveolar ridge **CONTOUR (cross section)**

I

II

III



Gently rounded

Tapering V - shaped

Flat

Intra - Oral Examination ...

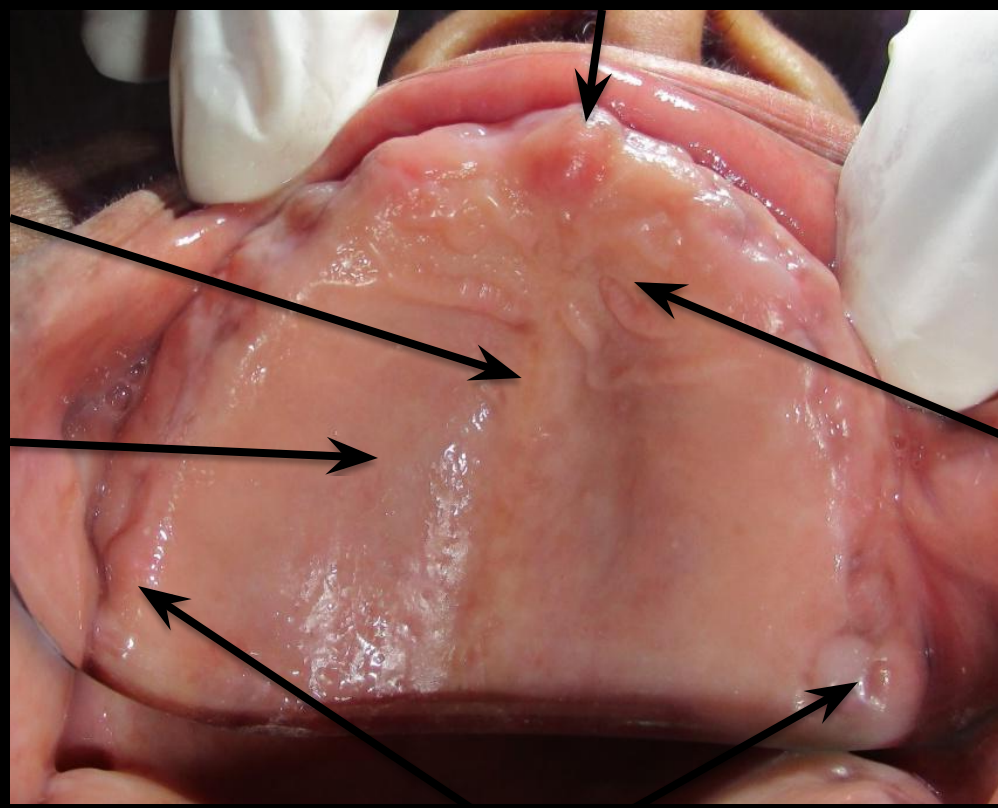
1) MAXILLA :

Palatal landmarks

Incisive Papilla
(position & Prominence)

Mid – palatine
raphe

Palatal vault
: U / V / Flat

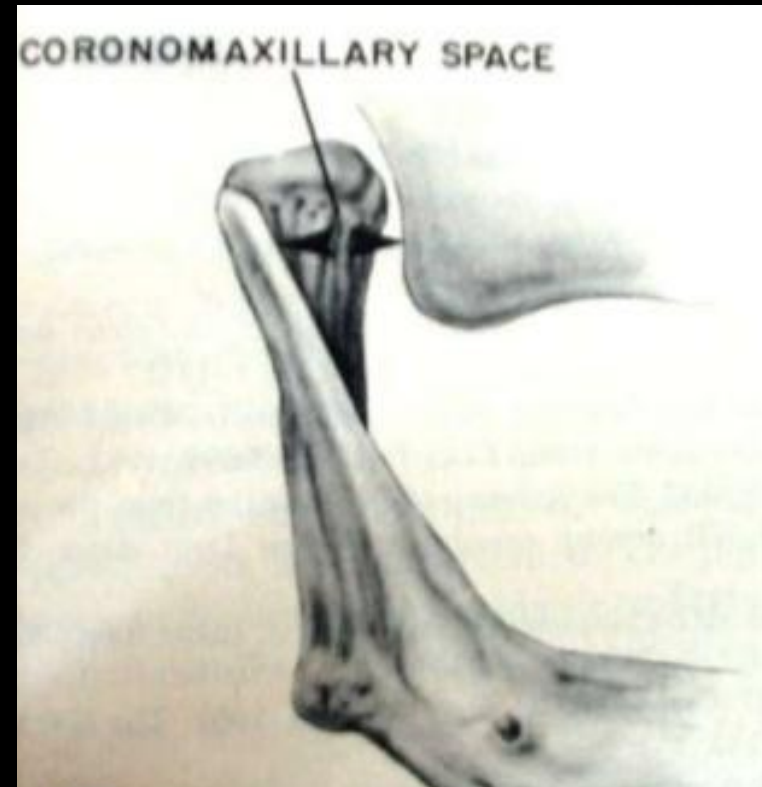
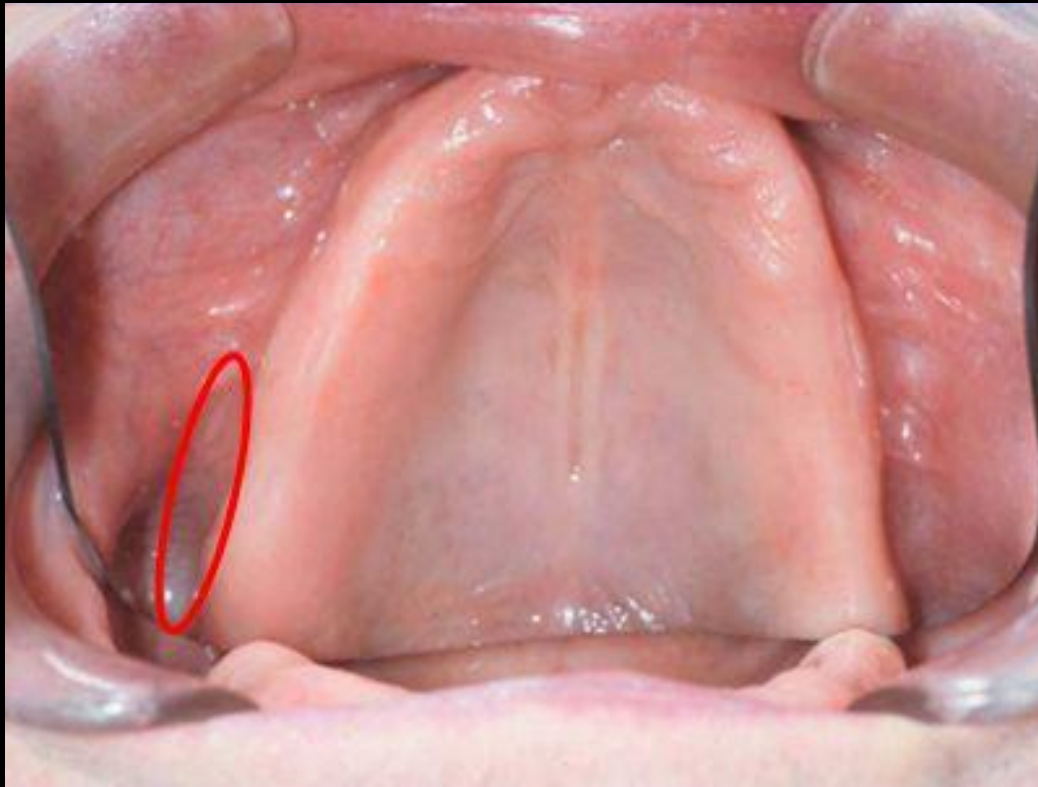


Rugae Area
Prominence

Maxillary
Tuberosity

1) MAXILLA :

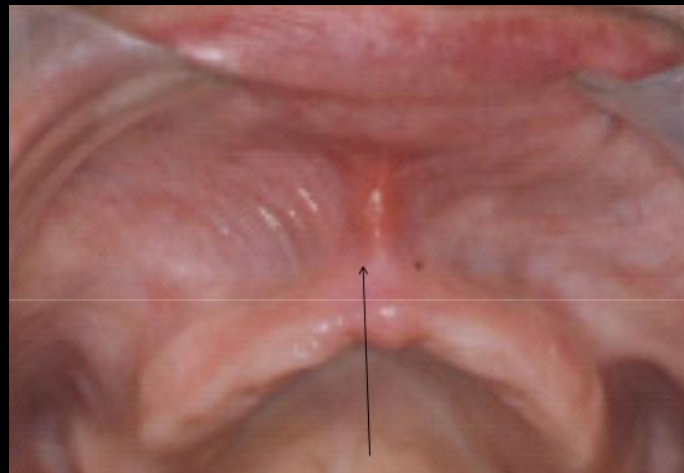
Corono maxillary Space



1) MAXILLA :

□ Frenal attachment (House)

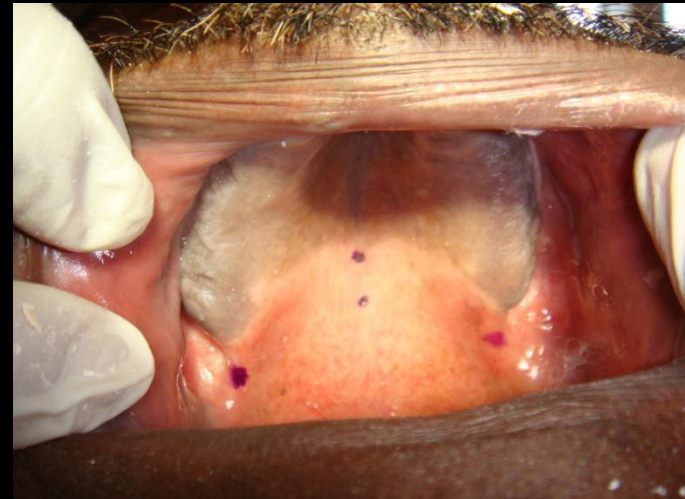
- Class I (Low) : Located away from the crest of ridge
- Class II (Medium) : Located near to the crest of ridge
- Class III (High) : Encroaching the crest of ridge



(High frenum destabilizes the denture)

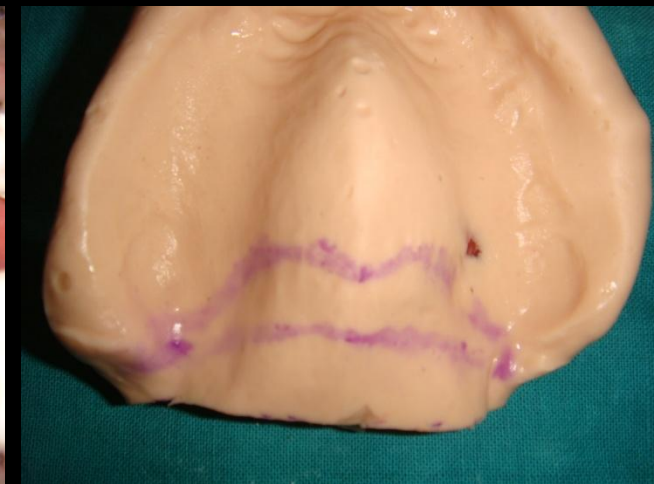
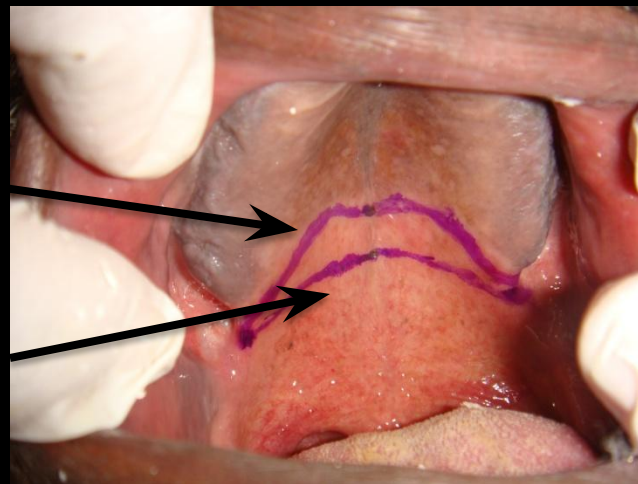
1) MAXILLA :

- Posterior Palatal Seal Area :
 - Extends from One Hamular notch to another



Anterior Vibrating Line

Posterior Vibrating Line



Intra - Oral Examination ...

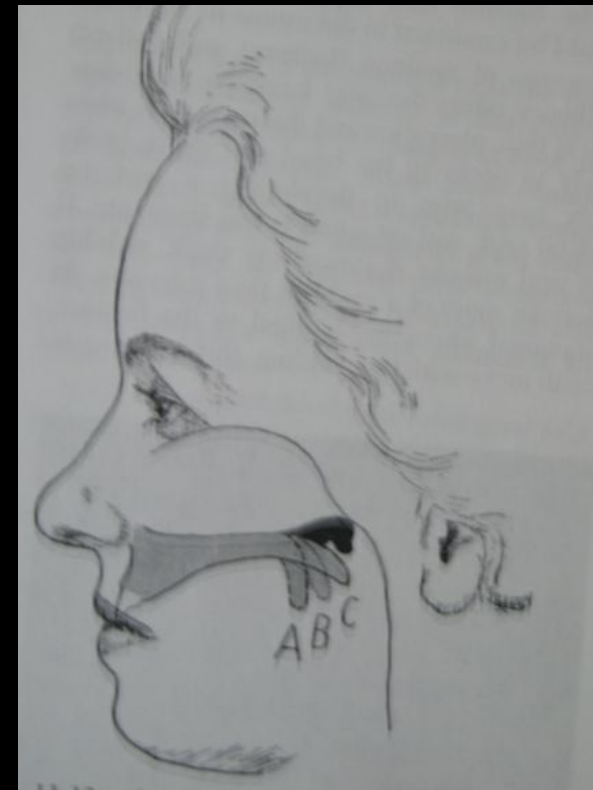
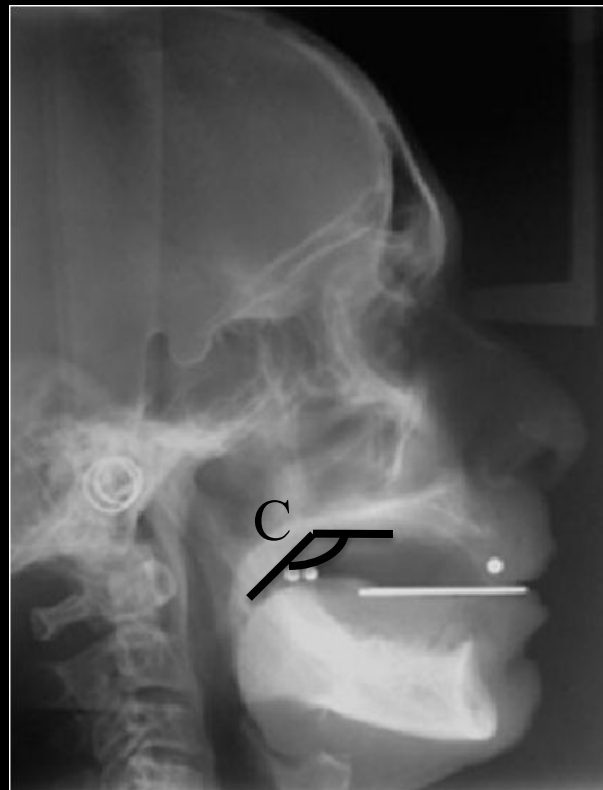
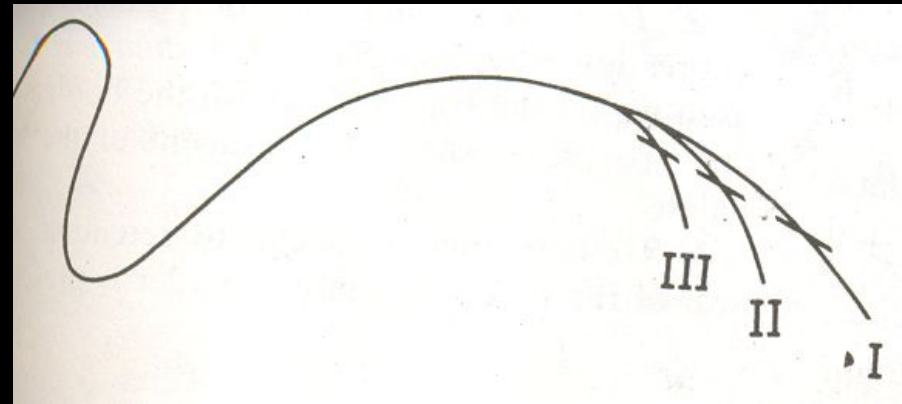
1) MAXILLA :

□ Palatal Throat Form :

Class I : 10°

Class II : 45°

Class III : 70°



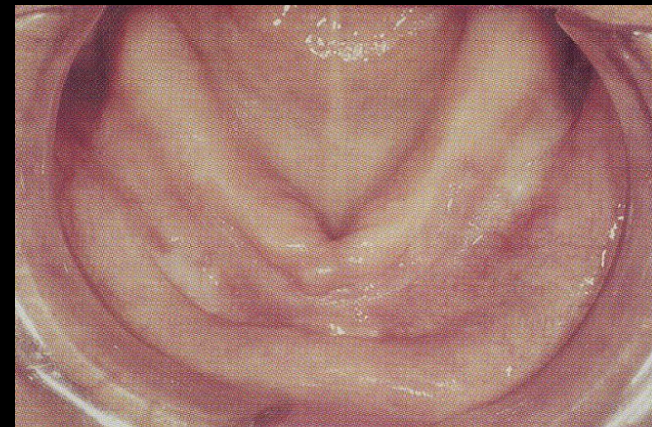
2) MANDIBLE :

□ Mandibular arch **SIZE**

I

II

III



Small

Medium

Large

2) MANDIBLE :

□ Mandibular arch **FORM**

I

II

III



V - Shaped

U - Shaped

Ovoid

2) MANDIBLE :

□ Alveolar ridge **CONTOUR**

I

II

III



High Well Rounded

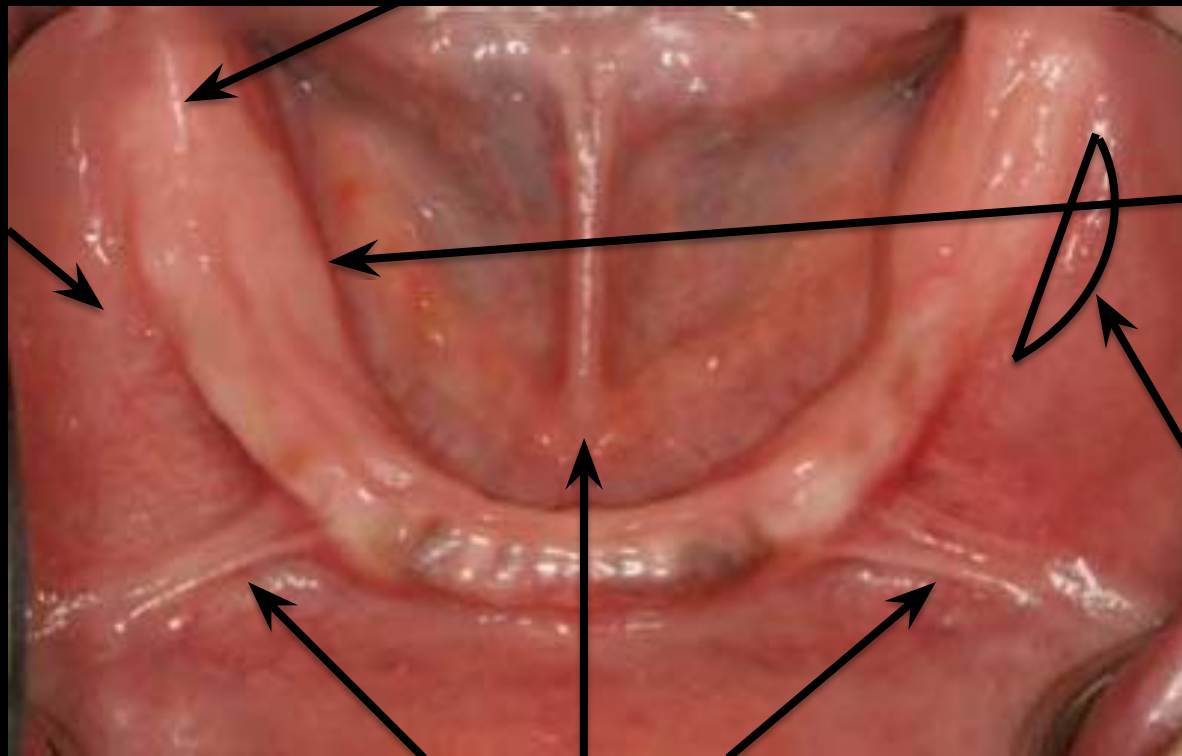
Knife Edge

Resorbed

2) MANDIBLE :

Retromolar Pad

External
Oblique
ridge



Mylohyoid
Ridge
Prominence

Buccal Shelf
Area

Frenal Attachment

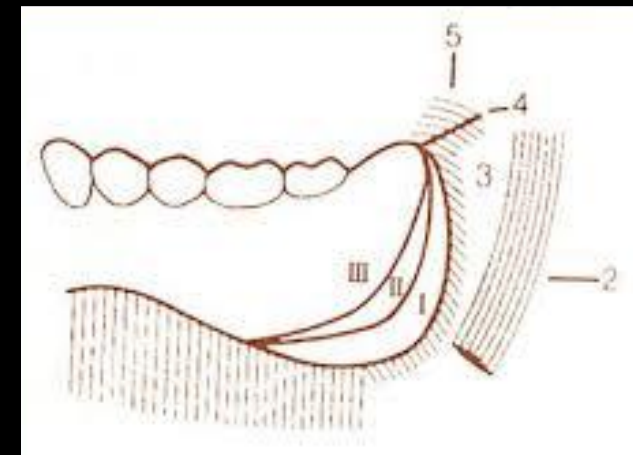
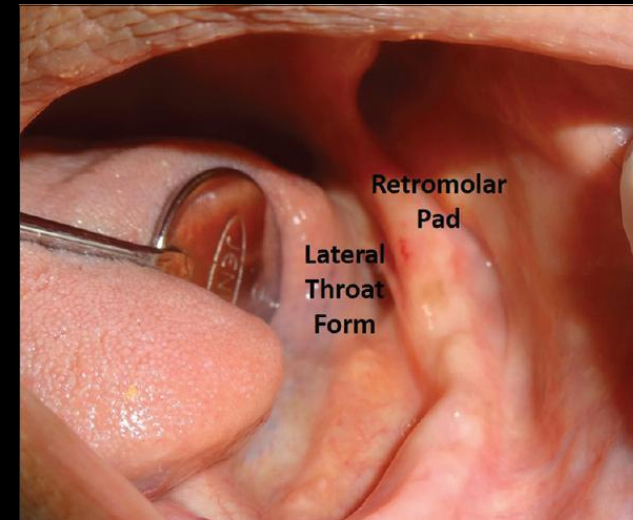
2) MANDIBLE :

□ Lateral throat form :

Class I : Half inch / more
(from mylohyoid ridge to
bottom of retro – mylohyoid fold)

Class II : Less than half inch

Class III : Retromylohyoid fold at the level of Mylohyoid ridge



3) MUCOSA :

- Healthy / Pathologic



4) SALIVA :

- Quantity
- Quality (Serous / Mucous / Mixed)
 - : Determines the retention of denture

5) TONGUE :

□ Size : (House)

I

II

III



Normal



Microglossia



Macroglossia

5) TONGUE :

□ Position : (Wright)

Class I - Tipped forward

Class II - Tongue flattened & broadened

Class III - Tongue retracted & depressed
Tip curled upwards

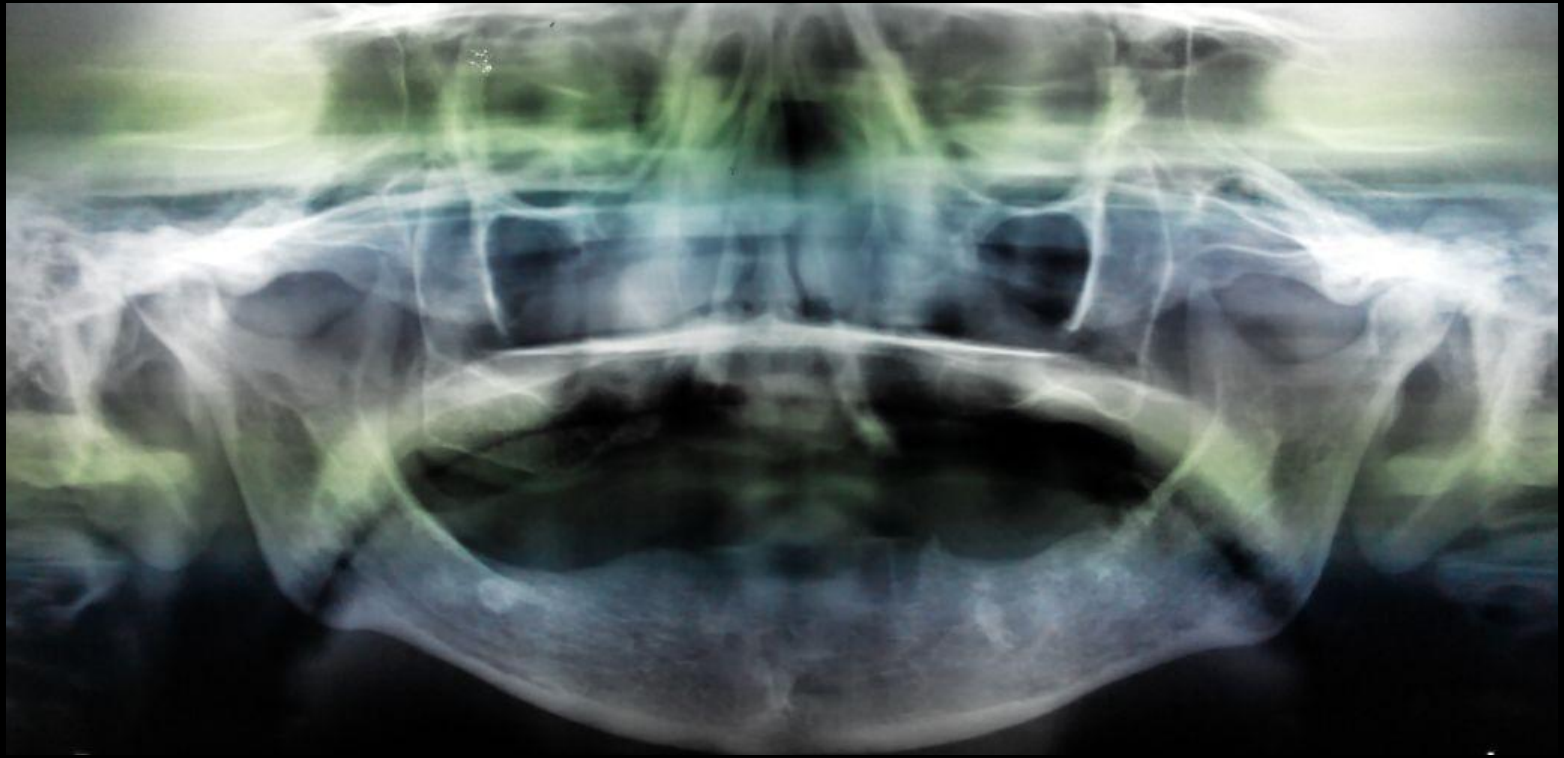
I

II

III

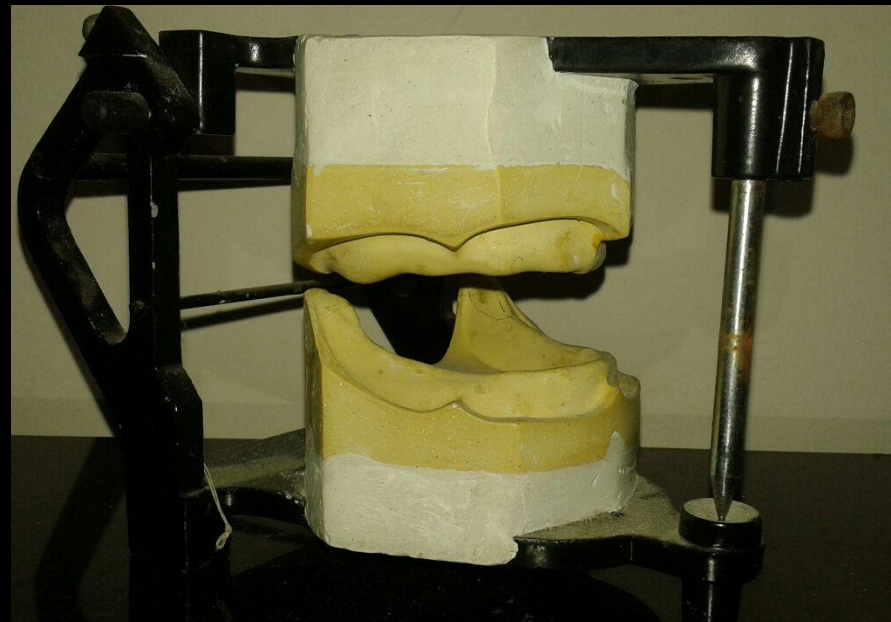


INVESTIGATION



1. DIAGNOSTIC MOUNTING

- : Ridge relation ... Class I, II, III
- : Ridge parallelism
- : Inter arch distance
- : Palatal vault configuration, Incisive papilla position



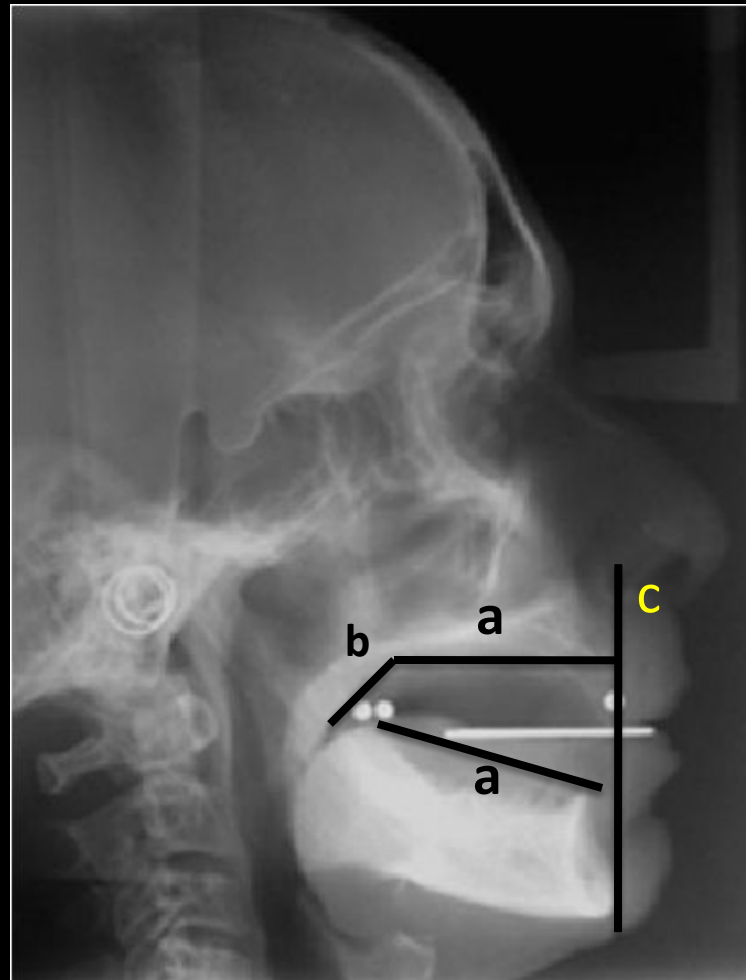
2.

RADIOGRAPHIC INVESTIGATION

□ Lateral cephalograph

Ridge parallelism
(a)

Soft palate
angulation
(b)

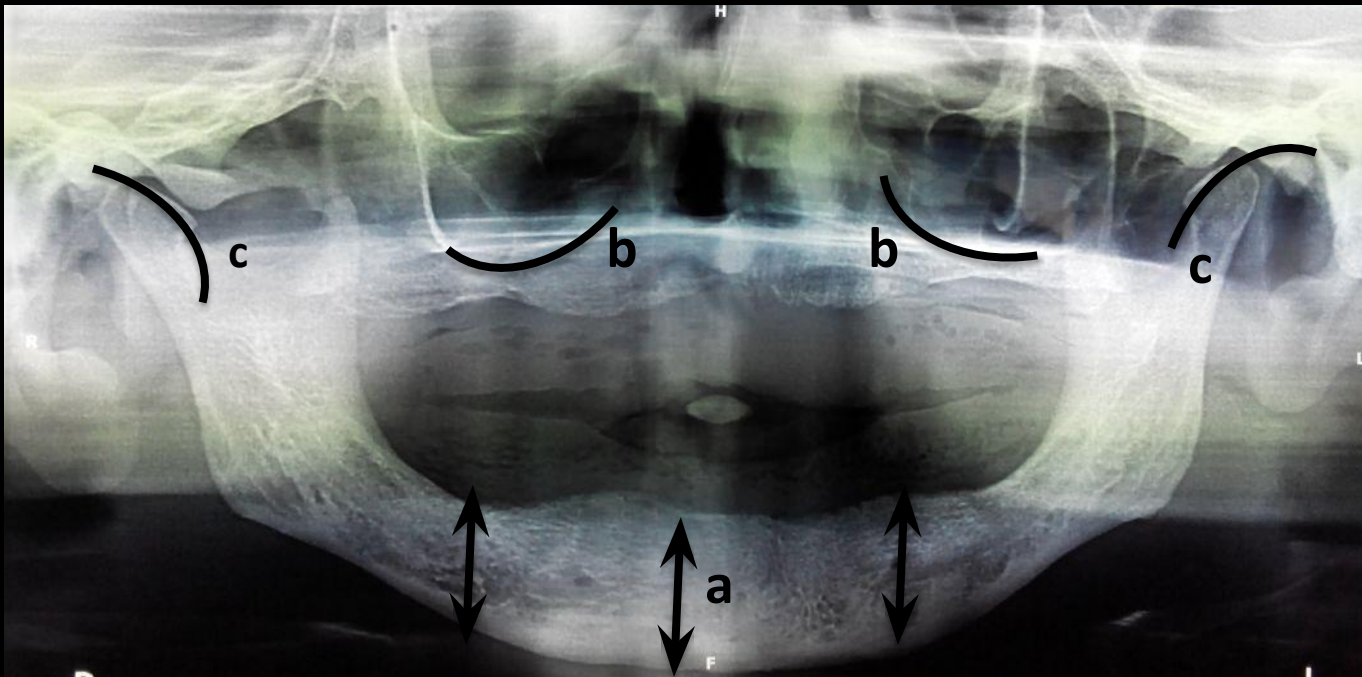


Maxillo – mandibular
relationship
(c)

2.

RADIOGRAPHIC INVESTIGATION

- **OPG**
 - Evaluate the mandibular bone height (a)
 - bone quality and any other abnormalities
 - Maxillary sinus (b)
 - TMJ (c)



DIAGNOSIS ... ACP classification

Criteria for classification :

Prosthodontic Diagnostic Index (PDI Index)

- 1) Mandibular bone height : From OPG
- 2) Maxillo-mandibular relationship : From lateral cephalograph / diagnostic mounting
- 3) Maxillary residual ridge morphology : Intra oral examination
- 4) Muscle attachments : Intra oral examination

Prosthodontic Diagnostic Index (PDI Index)

Class I

- **Mandibular bone height** : 21mm / greater
- **Ridge morphology** : Maxilla
 - Type A : Resists vertical & horizontal
Good hamular notch, No tori
- **Muscle Attachment** : Mandibular
 - Type A : Adequate attached mucosa
 - Type B : No buccal attached mucosa
- **Maxillomandibular Relationship** : Class I



Prosthetic Diagnostic Index (PDI Index)

Class II

- **Mandibular bone height** : 16 – 20 mm
- **Ridge morphology** : Maxilla
 - Type B : No buccal vestibule
 - Poor hamular notch, No tori
- **Muscle Attachment** : Mandibular
 - Type A : Adequate attached mucosa
 - Type B : No buccal attached mucosa
- **Maxillomandibular Relationship** : Class I



Prosthodontic Diagnostic Index (PDI Index)

Class III

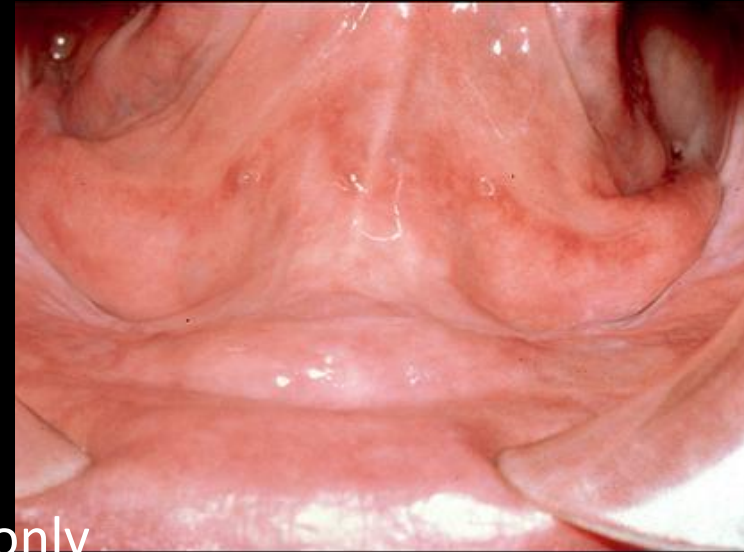
- Mandibular bone height : 11 – 15 mm
- Ridge morphology : Maxilla
 - Type C : No anterior vestibule
Mobile anterior ridge
- Muscle Attachment : Mandibular
 - Type C : No anterior & buccal vestibule
- Maxillomandibular Relationship : Class II / III



Prosthetic Diagnostic Index (PDI Index)

Class IV

- **Mandibular bone height** : 10mm / less
- **Ridge morphology** : Maxilla
 - Type D : No ant / post vestibule
Tori, Reductant tissue
- **Muscle Attachment** : Mandibular
 - Type D : Attached mucosa in Posterior only
 - Type E : No attached mucosa, Cheek / lip moves tongue
- **Maxillomandibular Relationship** : Class II / III



Prosthodontic Diagnostic Index (PDI Index)

Prosthodontic Diagnostic Index(PDI) Classification System

Prosthodontic Diagnostic Index Complete Edentulism Checklist		Class I	Class II	Class III	Class IV
Bone Height-Mandibular					
	21 mm or greater				
	16-20 mm				
	11-15 mm				
	10 mm or less				
Ridge Morphology-Maxilla					
	Type A-resists vertical & horizontal, hamular notch, no tori				
	Type B-no buc vest, poor hamular notch no tori				
	Type C-no ant vest, min support, mobile ant ridge				
	Type D-no ant/post vest, tori, redundant tissue				
Muscle Attachments-Mandibular					
	Type A-adequate attached mucosa				
	Type B-no b attach mucosa (22-27), +mentalis m				
	Type C-no ant b&l vest (22-27), +genio & mentalis m				
	Type D-att mucosa in post only				
	Type E-no att mucosa, cheek/lip moves tongue				
Maxillomandibular Relationships					
	Class I				
	Class II				
	Class III				
Conditions Requiring Preprosthetic Surgery					
	Minor soft tissue procedures				
	Minor hard tissue procedures				
	Implants - simple				
	Implants with bone graft - complex				
	Correction of dentofacial deformities				
	Hard tissue augmentation				
	Major soft tissue revisions				

Prosthodontic Diagnostic Index (PDI Index)

Major Diagnostic Criteria		1	2	3	4
Limited Interarch Space					
	18-20 mm				
	Surgical correction needed				
Tongue Anatomy					
	Large (occludes interdental space)				
	Hyperactive- with retracted position				
Modifiers					
	Oral manifestation of systemic disease				
	Mild				
	Moderate				
	Severe				
	Psychosocial				
	Moderate				
	Severe				
	TMD Symptoms				
	Hx of paresthesia or dysesthesia				
Maxillofacial defects					
Ataxia					
Refractory Patient					
ICD-9-CM Diagnostic Codes		525.41	525.42	525.43	525.44
<u>Guidelines for use of the worksheet</u>					
1. Any single criterion of a more complex class places the patient into the more complex class.					
2. Initial preprosthetic treatment and/or adjunctive therapy can change the initial classification level.					
3. In the situation where the patient presents with an edentulous maxilla opposing a partially edentulous mandible, each arch is diagnosed with the appropriate classification system.					

SOAP SUMMARY

Subjective :

- What patient tells : complaint, history, expectations

Objective :

- What we see : extra - oral and intra - oral examination

Assessment :

- List of problems or diagnosis

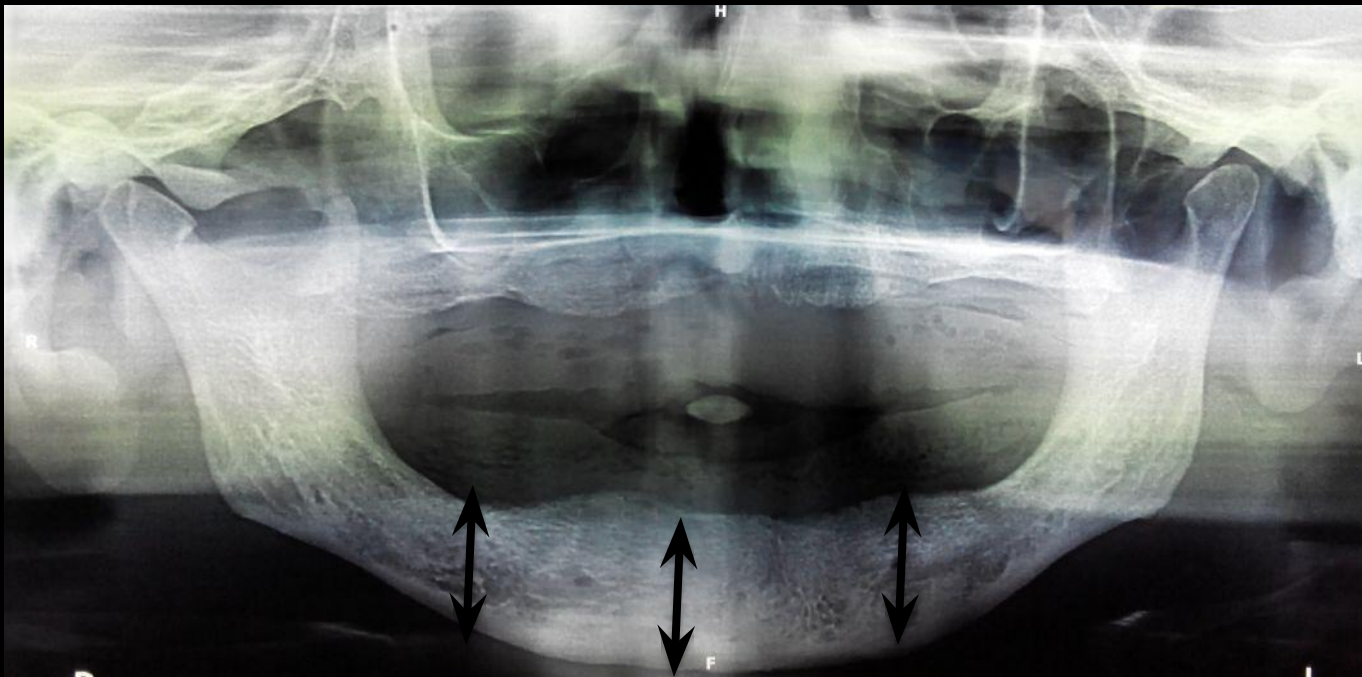
Plan :

- Treatment options and the sequence of treatment

SOAP SUMMARY

TREATMENT OPTIONS :- (Bone height, quality, limiting structures)

- Implant retained fixed CD
- Implant overdenture (Implant & Tissue supported)
- Conventional CD



SOAP SUMMARY

TREATMENT OPTIONS :-

- Implant retained fixed CD



SOAP SUMMARY

TREATMENT OPTIONS :-

- Implant overdenture (Implant & Tissue supported)



SOAP SUMMARY

TREATMENT OPTIONS :-

- Conventional CD



INTERACTIVE SESSION

INTERACTIVE SESSION



INTERACTIVE SESSION



INTERACTIVE SESSION



INTERACTIVE SESSION

A



FRONTAL VIEW OF FACE

FORM - OVOID

SYMMETRY - ASYMMETRICAL

MUSCLE TONE - CLASS I

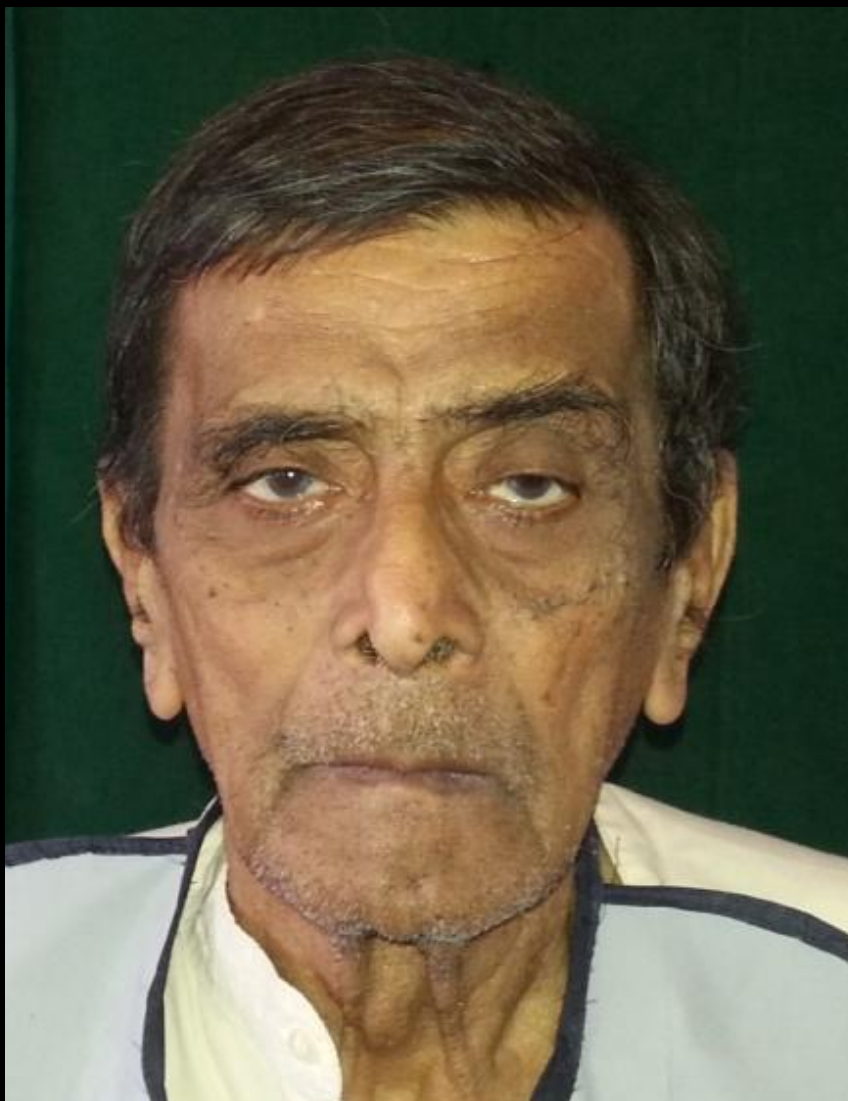
EYE COLOUR - BROWNISH
BLACK

HAIR COLOUR - BLACK

WRINKLES - NOT PROMINENT

INTERACTIVE SESSION

B



FRONTAL VIEW OF FACE

FORM - SQUARE TAPERING

SYMMETRY - NOT ASYMMETRICAL

MUSCLE TONE - CLASS III

EYE COLOUR - BROWNISH BLACK

HAIR COLOUR - BLACK

WRINKLES - PROMINENT

INTERACTIVE SESSION

C



FRONTAL VIEW OF FACE

FORM - OVOID

SYMMETRY - SYMMETRICAL

MUSCLE TONE - CLASS I

EYE COLOUR - BLACK

HAIR COLOUR - BLACK

WRINKLES - NOT PROMINENT

INTERACTIVE SESSION

D



FRONTAL VIEW OF FACE

FORM - TAPERING

SYMMETRY - SYMMETRICAL

MUSCLE TONE - CLASS II

EYE COLOUR - BLACK

HAIR COLOUR - BLACK

WRINKLES - NOT PROMINENT

INTERACTIVE SESSION

E



FRONTAL VIEW OF FACE

FORM - OVOID

SYMMETRY - SYMMETRICAL

MUSCLE TONE - CLASS II

EYE COLOUR - BLACK

HAIR COLOUR - GREY

WRINKLES - NOT PROMINENT

INTERACTIVE SESSION

F



LOWER 1/3RD OF FACE

NASOLABIAL FOLDS - PROMINENT

CORNERS OF MOUTH - SLIGHTLY
DROOPING

WRINKLES AROUND MOUTH
- LESS PROMINENT

LIP LENGTH - LONG

LIP COMPETENCE - COMPETENT

LIP THICKNESS - MEDIUM

INTERACTIVE SESSION

G



LOWER 1/3RD OF FACE

NASOLABIAL FOLDS

- LESS PROMINENT

CORNERS OF MOUTH

- DROOPING

WRINKLES AROUND MOUTH

- NOT PROMINENT

LIP LENGTH - MEDIUM

LIP COMPETENCE - COMPETENT

LIP THICKNESS - THIN

INTERACTIVE SESSION

H



LATERAL VIEW

MAXILLO-MANDIBULAR
RELATION - CLASS I

CHIN PROMINENCE
- NOT PROMINENT

INTERACTIVE SESSION

I



LATERAL VIEW LOWER 1/3rd

COLUMELLA PHILTRUM
ANGLE - OBTUSE

LIP SUPPORT - SLIGHTLY
SUPPORTED

MENTOLABIAL SULCUS -
NOT PROMINENT

CORNERS OF MOUTH -
DROOPING

INTERACTIVE SESSION

MAXILLARY ARCH

SIZE - MEDIUM

FORM - SQUARE

CONTOUR - HIGH WELL ROUNDED

INCISIVE PAPILLA - NORMAL

MID PALATINE RAPHAE - NOT PROMINENT

RUGHAE - NORMAL

MAXILLARY TUBEROSITY - SLIGHTLY
RESORBED

MUCOSAL HEALTH - HEALTHY

J



INTERACTIVE SESSION

MAXILLARY ARCH

K

SIZE - LARGE

FORM - SQUARE

CONTOUR - WELL ROUNDED

INCISIVE PAPILLA - NORMAL

MID PALATINE RAPHAE - PROMINENT

RUGHAE - NORMAL

MAXILLARY TUBEROSITY - WELL FORMED

MUCOSAL HEALTH - HEALTHY



INTERACTIVE SESSION

MANDIBULAR ARCH

L



SIZE - MEDIUM

FORM - U SHAPED

CONTOUR - HIGH WELL
ROUNDED

RETROMOLAR PAD - NORMAL

TONGUE SIZE - SMALL

TONGUE POSITION - CLASS II

MUCOSAL HEALTH - HEALTHY

INTERACTIVE SESSION

MANDIBULAR ARCH

M

SIZE - MEDIUM

FORM - U SHAPED

CONTOUR - HIGH WELL ROUNDED

RETROMOLAR PAD - SLIGHTLY
RESORBED

TONGUE SIZE - NORMAL

TONGUE POSITION - CLASS I

MUCOSAL HEALTH - HEALTHY



INTERACTIVE SESSION

N

MANDIBULAR ARCH



Size - Medium

Form - U Shaped

Contour - Anteriorly High Well
Rounded;
Posteriorly Resorbed

Retromolar Pad - Resorbed

Tongue Size - Macroglossia

Tongue Position - Class I

Mucosal Health - Healthy

CONCLUSION

- Diagnosis in complete dentures is a continuing process and is not accomplished in a short time.
- It is a difficult task to master the skills necessary to construct a complete denture; it is equally as challenging to acquire the skills necessary to treat the patient as a whole.

CONCLUSION

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CONCLUSION

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THANK YOU ...