

Chairside Denture Diagnostic Guide

| Problem | Causes | Solutions |
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| Denture Instability- denture 'moves around' | | |
| When not occluding | <ol style="list-style-type: none"> Overextension of borders and posterior limits Under-extended borders Loss of posterior palatal seal <ol style="list-style-type: none"> Post-dam on hard palate Post-dam not over hamular notches Insufficient post-dam Dehydration of tissues due to alcoholism or medication Flabby tissues displaced when taking impressions due to improper tray or impression material | <p>In all cases, a new impression is necessary. It is best to grind out the intaglio side of the denture and take a wash impression where it is necessary to extend the impression to include the post-dam area.</p> <p>In the case of flabby tissue use a light bodied impression material to avoid displacing the tissue.</p> <p>Rebase or reline the entire denture.</p> |
| When chewing food | <ol style="list-style-type: none"> Loss of posterior palatal seal Anterior teeth too far labially Flabby anterior tissues Improper incising habits Lower posteriors set off ridge | <ol style="list-style-type: none"> Same as above. Remount and reset, bringing anteriors back lingually. Surgery to remove poor denture foundation and rebase. Patient education in the only solution. Reset and correct posterior alignment. |
| When Occluding in Centric | <ol style="list-style-type: none"> Malocclusion: <ol style="list-style-type: none"> Premature individual teeth hitting High occlusion on one side of the arch Bicuspid area premature contact Upper denture 'riding on the hard palate' Flabby tissues over the ridge Teeth set too far buccally Centric occlusion not in harmony with centric relationship | <ol style="list-style-type: none"> Malocclusion: <ol style="list-style-type: none"> Remount, selective grind and mill-in occlusion. Remount and reset. Try chairside mill-in or remount and reset. Relieve pressure area. Remove flabby tissue with surgery and rebase. Remount and reset to lingual. Remake denture. |
| General soreness on ridge | <ol style="list-style-type: none"> Vertical open too much Entirely inaccurate denture base | <ol style="list-style-type: none"> Remake one of the dentures to correct the vertical; as long as plane of occlusion is acceptable. Try a wash impression and rebase, or remake the denture after tissue treatment. |
| Sore under lower lingual flange | <ol style="list-style-type: none"> Centric is off and mastication drives lower denture forward Lingual flange overextended Posterior teeth too far distal | <ol style="list-style-type: none"> Recheck vertical and centric. Rearticulate and remove the interfering cusps or change to non-interfering teeth. Shorten and repolish flange. Remove 2nd molars. |
| Sore under lower labial flange | <ol style="list-style-type: none"> Overbite is too great Overextended labial flange Patient throws lower denture forward during mastication | <ol style="list-style-type: none"> Rearticulate and alter the position of the teeth. Shorten flange and repolish. Recheck vertical and centric. Change to monoplane posteriors. Check lingual flanges and shorten. |
| Burning Sensations | | |
| Burning on hard palate area | High pressure area in the acrylic base* | Locate the high area, remove and polish. |
| Burning on upper anterior ridge | Pressure on papilla and rugae* | Relieve |
| Burning from premolar areas to tuberosities | High pressure area in acrylic base | Relieve intaglio surface and grind 1 st premolar out of occlusion. |
| Burning on lower anterior ridge | High pressure area in the acrylic base* | Same as above. |
| Phonetics | | |
| Whistle on 'S' sounds | <ol style="list-style-type: none"> Not enough room for tongue between upper premolar areas Space between the centrals | <ol style="list-style-type: none"> Remount and move premolars to the buccal or, if room permits; grind out more room for the tongue. Close space between the centrals. |
| Lisping on 'S' sounds | Too much space for tongue between upper premolar areas | |
| 'Th' and 'T' sounds are indistinct | <ol style="list-style-type: none"> Not enough room in dentures for the tongue If 'Th' and 'T' sound alike, the anteriors are too far lingual | <ol style="list-style-type: none"> Thin out the dentures from the lingual. Do not grind intaglio surface. Remount and move anteriors out to the buccal. |
| 'F' and 'V' sounds are indistinct | Upper teeth are out of position either vertically or horizontally | Adjust tooth position. |

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| Uncomfortable Denture | | |
| Sore Spots | | |
| When not occluding Sore spot in vestibule area | <ol style="list-style-type: none"> Overextended borders Rough spot in the base | <ol style="list-style-type: none"> Shorten borders and polish. Smooth and refinish. |
| Sore Spot in upper post-palatal seal area | <ol style="list-style-type: none"> Post-dam too deep Overextension Sharp edges on the post-palatal seal | In all three cases carefully and gradually reduce the denture base while avoiding loss of posterior palatal seal. Round off sharp edges. For reason number 3 it is also important to ensure that the post-palatal seal is on soft tissue. |
| Single sore spot on the crest of the ridge | <ol style="list-style-type: none"> Premature Occlusion Inaccurate denture base Voids or porosity in acrylic Nodules under the base | <ol style="list-style-type: none"> New bite registration. Remount dentures on articulator and adjust bite. Take a wash impression and rebase denture after tissue treatment. Take a wash impression and rebase denture after tissue treatment. Remove nodules. |
| Seems to feel interference | | |
| When swallowing | <ol style="list-style-type: none"> Upper: a. Overextension in the posterior buccal flange b. Too thick in the posterior Lower: a. Overextension in the lingual b. Too thick in the lingual posterior flanges Vertical is too closed Vertical is too open Posteriors crowding the tongue space (set too far lingual). | <ol style="list-style-type: none"> Upper: a. Carefully reduce distal buccal flange b. Adjust by thinning dentures from the outside, not the intaglio Lower: a. Carefully reduce the flange. b. Reduce from the outside; not the intaglio surface Remount and re-set with correct vertical. Remount and re-set with correct vertical. Remount and re-set opening arch to allow more tongue room. |
| Gagging | | |
| Upon Insertion | <ol style="list-style-type: none"> Upper: overextended denture base; posterior border too thick Lower: Distal-lingual flange too thick | <ol style="list-style-type: none"> Upper: Double post-dam denture and cut back to anterior post-dam. Lower: Carefully reduce from the outside. Do not grind intaglio |
| Delayed gagging Several weeks to two months after delivery | <ol style="list-style-type: none"> Post-palatal seal is allowing saliva under the denture Malocclusion allowing denture to loosen resulting in saliva under the denture | <ol style="list-style-type: none"> Grind out post palatal seal area and take a wash impression for a relin. Remount and mill-in. Sometimes necessary to re-set the teeth. |
| Biting cheek and tongue | | |
| Keeps biting cheek and tongue | <ol style="list-style-type: none"> Posteriors are set edge to edge Deficient vertical Posteriors set too far lingual or buccal | <ol style="list-style-type: none"> Rearticulate and re-set the posteriors. Rearticulate and re-set all teeth and open bite. Rearticulate and re-set posterior teeth. |
| Tissue Redness | | |
| In the denture bearing area | <ol style="list-style-type: none"> Poorly fitting denture base Inadequate cure of the denture base Avitaminosis | <ol style="list-style-type: none"> Take a wash impression and rebase the denture. Check for premature contacts in the occlusion. Rebase denture. Prescribe vitamins. |
| On all tissues; including cheek and tongue | Denture base allergy | <ol style="list-style-type: none"> Change base material to vinyl. Replace all acrylic teeth with resin. |
| Pain in mandibular joint | | |
| | <ol style="list-style-type: none"> Vertical overclosed Centric relation off | <ol style="list-style-type: none"> Rearticulate and re-set all teeth to proper vertical. Re-determine centric relation. |
| Appearance | | |
| Too bulky under nose | <ol style="list-style-type: none"> Labial flange of upper too long or too thick Upper anterior teeth set too far back | <ol style="list-style-type: none"> Reduce bulk and/or length and repolish. Re-set anteriors lingually. |
| Sinking in under the nose | <ol style="list-style-type: none"> Upper labial flange needs more bulk Upper labial flange needs more length | <ol style="list-style-type: none"> Add wax to build up proper contour and have lab build out base. Grind out tissue side of labial flange, add compound border and take a wash impression. Re-set anteriors for lip support. |
| Upper lip sinks in too far | Upper anterior teeth set too far to the lingual | Add wax on teeth to proper contour and have lab set teeth more labial for lip support. |
| Shows too much tooth | <ol style="list-style-type: none"> Vertical is too great Occlusal plane too low Cuspids and laterals set too prominently Upper anterior teeth set too far | <ol style="list-style-type: none"> Have lab re-set all teeth and close vertical. . Maintain esthetics by raising or lowering maxillary or mandibular teeth. Have lab re-set all teeth and raise occlusal plane. Replace cuspids and laterals with smaller teeth and rotate them in. Re-set teeth back to the ridge. |