

## **Loose Lower Dentures: Causes & Solutions – part 1**

### **Tips for dentist-clients who are experiencing loose lower dentures**

The dentist can check the retention of a lower denture as early as when the baseplate is inserted into the mouth. It is better to troubleshoot the retention problem early in the process rather than wait until the teeth try-in or the completion of the denture. If a dentist-client is experiencing poor retention of the lower denture, following is one of the potential causes.

### **There are three main reasons for poor tissue adaptation:**

- 1) Conventional alginate impression materials used for the master cast can contribute to the lack of surface detail, sloppy impressions, and inaccurate muscle molding. Alginate is not appropriate for relining dentures or final impressions.
- 2) Baseplates are made loosely in the laboratory. Shellac or wax baseplates are not acceptable. Vacuum-formed pink baseplates and self-curing resin are widely used. Resin basedplates give good tissue adaptation but cannot adapt to the undercut areas unless a lining material is used. Vacuum-formed baseplates are lacking in detail but easily adapt to undercut areas. The disadvantage is that they are flexible and easily warped if conventional fabrication techniques are used. The baseplate border must be trimmed after the occlusion rim mounting is completed and cooled off to room temperature. The wax embodied over the baseplate keeps it firm and warp-free.

Because of the resiliency of the soft tissues, inaccurate baseplates may appear to fit well in the mouth, but such appearances are deceiving. Even on the cast, it is difficult to tell whether the baseplate fits accurately. Unfortunately, the accuracy depends heavily on the technique used by the particular laboratory.

- 3) Errors introduced during impression procedures, including: Use of an ill-fitting stock tray, movement of the tray (the loaded tray should be seated ever so gently and held motionless without pressure), flexible plastic trays, overseating, dislodgment while seating especially when the patient gags, insufficient amount of impression materials, delayed insertion of the tray, premature removal, unhealed bones, untreated tissues, and the doctor's negligence of impression defects.

All deficiencies mentioned above can be corrected by taking a wash impression on the baseplate with a proper border extension. The wash materials should be of a light consistency. Regular medium- viscosity crown and bridge impression materials are not thin enough to allow easy flow through the narrow channel between the baseplate and the soft tissues.