

1. "Clinical Tips for Successful Treatment of Difficult Edentulous Cases with Unstable Mandibular Position"

Patients dissatisfied with dentures often present with reduced occlusal vertical dimension (OVD) and improper bite of their existing dentures. It is a usual practice to determine proper OVD for each individual patient in fabricating a new denture. Despite such effort, the patient may soon experience mandibular retrusion and change in the bite, forcing the clinician to replace all denture teeth. This phenomenon is due to mandibular rotation that occurs as a result of the activation of muscles stimulated by the newly established OVD. To minimize change in the mandibular position, we must have a technique to visually identify a proper mandibular position with Gothic arch tracing after deprogramming the patient's habitual mandibular position from the existing denture.

Another solution is to fabricate therapeutic dentures with flat tables in the posterior region resulting in stable tapping position and suction effect. After having confirmed clear tapping sound and complete elimination of denture pain, we can proceed to final denture fabrication.

Through this lecture, participants will learn about:

- ▀ Clockwise rotation of the mandible caused by a denture with a drastic increase in OVD, and how to handle this problem in clinical practice.

2. "Jaw position change influenced on the amount of the anterior clearance"

Sustained stable occlusion of the dentures contributes to comfortable suction-effective denture. It is the theory for complete denture to provide 1.5 ~ 2.0mm of anterior clearance to avoid anterior occlusal interference. It is believed to prevent falling of the maxillary denture by eliminating anterior sole contact during excursive movement. Clinically speaking however, provided anterior clearance often diminishes in short period of time resulting in maxillary and mandibular anterior teeth contact. Patients suffer from pain or instability of dentures due to this occlusal discrepancy.

Anterior space is about 0 ~ 0.2mm, which is considered to be almost contacting, in healthy dentate person. This condition is created by the body to determine the anterior stop of the mandible by the contact against maxillary anterior teeth. Rather straight mandibular closing movement, which is determined by mandibular anterior terminal position, allows reasonable function. In fact excessive contact between maxillary and mandibular teeth is prevented by providing slight space in-between. Similarly, many edentulous patients tend to move their jaw forward to close the anterior space between maxillary and mandibular teeth in order to create anterior stop. In other words, it is quite natural for our body to seek for anterior stop regardless it is dentate or edentulous.

On the contrary, cases of F/F denture and upper single denture with maxillary anterior flabby tissue should be stabilized by giving and maintaining the sufficient anterior clearance. This is because the inflammation would continue to deteriorate if the anterior clearance couldn't be left in these cases.

We must avoid the upper denture from dropping when the first priority is given to the upper denture stability although it goes against the body's natural demand.

Through this lecture, participants will learn about:

- how to provide the anterior clearance in-between in order to stabilize dentures with suction action.