MEDICAL CHANNEL

Original Article

POST INSERTION COMPLAINTS OF FIRST TIME DENTURE WEARER

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ABSTRACT

Objective: Removable dentures are one of the acceptable solutions for patients coming for replacement of missing teeth in our country. First time denture wearers come across many oral and psychological problems with their artificial prosthesis. The objective of this study was to review and identify the different post insertion complaints which are immediate and short term associated with denture wearing. The frequency of the order of complaints was not exactly the same for second and third visit of the patient in the clinic. Few complaints like masticatory difficulties and aesthetics were less common on first visit but more frequent on second and third visit.

Materials and methods: 32 denture wearing patients (19 females and 13 males), age varying from 52 to 79 years (mean=67.5years) were included in this study. Patients reported different sets of complaints in first, second and third visit respectively.

Results: The most common complaint of the patients was soreness in first visit (90.6%). The second most common complaint was the gaging (78.1%) and speech problems (78.1%). The ill-fitting dentures was the third on the bases of frequency.(75%). And was more commonly seen in mandibular dentures. The forth common complaint was excessive salivation (62%), during first visit.

Conclusion: Managing patients with post insertion complaints is not only a technical skill related to prosthodontics but also helping patient psychologically, to learn to accept and adjust in this new phase.

Keywords: Post insertion complaints, Soreness, ill-fitting dentures, gagging, speech problems

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INTRODUCTION

The number of edentulous adults has declined in developed world.[1]However in this under developed part of the world we are still dealing with edentulous patients despite of increased awareness and advancements in dental treatments and procedures.There is an increase in life expectancy[2] of general population, the need and demand for complete dentures is becoming more extensive, especially in our country with the high prevalence of edentulous patients with low per

capita income.[2]

Although there is the advancement in the dental technology, dental materials and clinical expertise but still there are many patients experiencing difficulties in wearing removable dentures. The usual post insertion complaints are pain, discomfort, loss of retention, gagging, reduced taste sensation and problems related to speech, aesthetics and function. These problems are usually related todeficient in diagnosis, or in treatment planning or mechanical deficiencies such as inappropriate denture design. The complete denture patients are generally elderly there may be some physical and psychological problems associated with them. These problems may lead to unacceptance towards removable prosthesis. So, it is important for dentists to have basic understanding of the causes, diagnosis and treatment of these problems.[3]

The purpose of this study was to review and identify the different post insertion complaints which are immediate and short term associated with denture wearing.

METHODOLOGY

32 patients of complete denture patients were included in this study. Patients age very from 52years to 79 years. With mean age 67.5 years. In this study, three post insertion follow up were observed.

Inclusion criteria is first time complete denture wearer.

Patients were excluded with single complete dentures, temporomandibular joint problems.

In this study there were 19 females and 13 males. All of them were complete denturewearers for the first time. The time between follow up visits were different in different patients. The time span from first visit to third visit was two days after insertion to 25 days after insertion.After insertion, when patients were asked about their complaints, the most common post insertion complaints on first visit were according to the frequency of complaints.

RESULTS

32 patients were included in study. Out of 32 there were 19 (59.3%) were females and 13 (40.6%) were males.

The most common complaint on very first appointment after insertion was soreness. 29(90.6%) patients out of 32 were complaining soreness on somewhere on denture bearing area or on periphery of the dentures. The second most common complaint on first appointment the speech problem was reported by 25(78.1%) and gaging by 25(78.1%) patients. Improper fit or lack of retention was the third common problem was complained by 24(75%) patients. [6 (18.7%) about maxillary denture and 18 (56.2%) were of mandibular denture]. The problem excessive saliva reported by 20(62.5%) patients.The complaint of Swallowing difficulties was from 18(56.2%) of patients. Only 6 (18.7%) patients talked about tiredness of oral musculature. On the first appointment only 1 (3.1%) patient complained about some aesthetic issues. All the patients were listened carefully and mechanical faults were corrected.

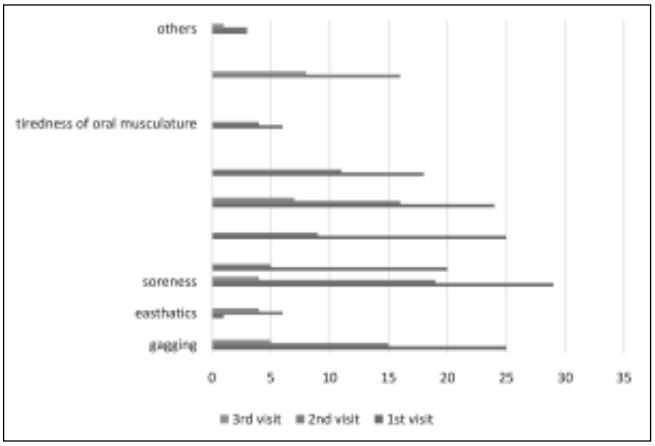
On second visit the number of complaints were much less than first visit. Again the most common complaint was soreness but this time only 19(59.3%) patients talked about it.The masticatory difficulties and improper fit was second common complaint by patients 16(50%).The 15 (46.8%) patients were suffering with the gaging. Swallowing difficultieswere faced by 11(34.3%)patients. The patients who were complaining about speech problems were significantly reduced to 9(28.1%) patients. Complaints about aesthetics were raised up to 6(18.7%) patients.

One the third visit of the patients, complaints were significantly reduced. The complaint of gagging was presented by 5(15.6%) patients. Only 4(12.5%) patients came with complaint of soreness and 4(12.5%) patients talked about aesthetic issues. And 8(25%) patients were complaining about masticatory difficulties and 7(21.8%) patients complained about improper fit or lack of retention in dentures.

TABLE.1
DISTRIBUTION OF FREQUENCIES

	Number of patients visited dental clinic		
Complaints	**First visit**	**Second visit**	**Third visit**
Soreness	29 (90.6%)	19 (59.3%)	4 (12.5%)
Gagging	25 (78.1%)	15 (46.8%)	5 (15.6%)
Difficulty in speech	25 (78.1%)	9 (28.1%)	0
Improper fit	24 (75%)	16 (16%)	7 (21.8%)
Excessive salivation	20 (62.5%)	5 (15.6%)	0
Swallowing difficulties	18 (56.2%)	11 (34.3%)	0
Tiredness of oral musculature	6 (18.7%)	4 (12.5%)	0
Masticatory problems	0	16 (16%)	8 (25%)
aesthetics	1 (3.1%)	6 (18.7%)	4 (12.5%)
Others	3 (9.3%)	3 (9.3%)	2 (6.25%)
Total complaints	151	104	30

FIG-1
POST INSERTION COMPLAINTS DISTRIBUTION OF FREQUENCIES OF THREE VISITS



The otherproblems are different complaints like burning mouth, loss of taste sensation or altered taste sensation, cheek biting and etc. These complaints were reported by 3(9.3%) patients on first visit. And on second visit again 3(9.3%) patients reported with these type of problems. On third visit only 2(6.25%) patients described such problem.

DISCUSSION

These post insertion complaints are due one or multiple causes: there may be incorrect horizontal relationship, premature occlusal contacts, incorrect balanced occlusion, high vertical dimension, overcrowded tongue space, inadequate or over extended denture periphery, under extended denture bases and improper impression procedures/ faulty impressions and etc.[3]Most of the patients came with multiple problems at one time. Most of the problems can be rectified by the operator at chair side. However technical skill of the operator, careful listening, and showing empathy to the patient are the prerequisites to satisfy the patients.

Soreness was the most common compliant by the patients. This can develop in any area under the denture or periphery of the denture.[4] It may be in the form of ulcerated area or in the form of little redness. Usually it isbecause of overextended periphery. Also, if the patient complaints about soreness or ulceration on the residual ridge, it might be due to nodule of acrylic or due to occlusal discrepancies.

Gagging was another common problem[5] associated with new denture wearers. All patients were wearing complete denture for the first time, so the other reasons were due to over extended maxillary or mandibular dentures and unstable maxillary dentures.

Improper fit or lack of retention was another common complaint by the patients. It was more commonly seen in mandibular complete dentures than maxillary complete dentures (ratio 3:1). Apart from over extension in mandibular denture, the ridge anatomy also have a big contribution in retention. It was observed in more elderly patients with marked mandibular ridge resorption. In the maxillary dentures apart from over extension lack of posterior palatal seal was the cause after the few days of insertion when patient starts to use complete dentures for mastication. However, this is difficult time for the patient as well as for the Prosthodontist. If patient develops ability to chew with the new denture, he or she will wear and use the denture. The masticatory difficulties are also associated with food under the dentures. The development of this ability is partly governed by the patient's attitude. No patient came with masticatory difficulties on first visit because after insertion they were getting use to of this new prosthesis, not chewing food with the new dentures.

Speech difficulties as post insertion complaint after complete denture are due to difficulty in adjusting the tongue to the new position during speech[3]. Most of the patients adjust to it soon if palatal contour is not hindering during tongue movement. Another factor apart from tooth position islength of mandibular flange of the denture.

At the first visit, 20 out of 32 patients complained about excessive salivation which was due to first time wearing of dentures. On second visit, thenumber of patients with complaint of excessive salivation was reduced significantly. Pain during swallowing or difficulty in swallowing was due to overextended palatal seal and increased vertical dimensions.

Aesthetics problems[5,6] were reported by the patients on second visit; six patents had different concern about aesthetics including size, colour or shape of the teeth. One of the patients was concerned about the thickness of maxillary labial flange. On the first visit, only one patient complained about colour of the teeth. Number of complaints about aesthetics were reduced on the third visit. Usually concern about aesthetics are addressed during trial stage however carful listening and answering possibilities (which can be done chair side) and difficulties (which can be done chair side and additional cost and time required for job) regarding their concerns about aesthetics are helpful.

The limitations of this study were its small sample size and the short follow-up period. History of previous denture wearing was not taken into account.

CONCLUSIONS

There are several complaints after insertion of removable prosthesis. Some appear just after insertion and some appear later. Managing patients with post insertion complaints is not only a technical skill related to prosthodontics but also helping patient psychologically,to learn to accept and adjust in this new phase.

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