ARKLIGN LABORATORIES

Denture Trouble Shooting Guide

Comfort

Discomfort	*Causes*	*Solutions*
Sore spot in vestibule-upper or lower denture	1. Overextended borders 2. Rough spot in base	1. Shorten borders and polish. 2. Refinish borders.
Sore spot in upper post dam. (posterior limit of upper)	1. Post dam too deep 2. Sharp edges on the posterior seal 3. Overextension	1. Reduce base carefully and gradually to avoid loss of the border seal. 2. Same as above, make sure post dam is on soft tissue. 3. Same as above.
Single sore spots on the crest of the ridge	1. Premature occlusion 2. Inaccurate denture base 3. Voids or porosity in acrylic 4. Nodules under base	1. New centric registration or accurate bite. Remount dentures on articulator and adjust. 2. Take wash impression and rebase after tissue treatment. 3. Same as above. 4. Remove nodules.
General overall soreness on ridge	1. Vertical open too much 2. Totally inaccurate denture base 3. Malocclusion or improper interdigitation	1. Remake 1 of the dentures to correct vertical, if plane of occlusion is correct. 2. Try a wash impression and rebase, or remake denture after tissue treatment. 3. See solutions 1a, 1b, 1c from solutions “when occluding in centric”.
Sore under lower lingual flange	1. Centric off, mastication drives lower forward 2. Lingual flange overextended 3. Posteriors too far distal	1. Recheck vertical and centric. Rearticulate and remove the interfering cusps or change to non-interfering teeth. 2. Shorten and polish flange. 3. Remove second molars.
Sore under lower labial flange	1. Too much overbite 2. Over extended labial flange 3. When masticating patient throws lower forward	1. Rearticulate and change tooth position. 2. Shorten flange and repolish. 3. Recheck vertical and centric. Check lingual flanges, shorten.

Burning Sensation*

Discomfort	*Causes*	*Solutions*
Burning feeling on hard palate area or on lower anterior ridge	High pressure area in the acrylic base*	Locate the high area, remove and polish.
Burning feeling in bicuspid area to tuberosities	High pressure area in the acrylic base*	Same as above, grind first bicuspid out of occlusion.
Burning feeling on upper anterior ridge	Pressure on papilla and rugae area*	Relieve.

**Burning sensations are usually caused by pressure on a nerve as it leaves nasopalatine or by undercured bases. Diabetics experience burning occasionally.*

Biting Cheeks and Tongue

Discomfort	*Causes*	*Solutions*
Keeps biting cheeks and/or tongue	1. Posterior teeth set end to end 2. Overclosed 3. Posterior teeth set too far to the lingual or buccal	1. Rearticulate and reset posteriors (wax try-in highly recommended). 2. Rearticulate and reset all teeth opening bite. 3. Rearticulate and reset posterior teeth.

Redness of Tissue

Discomfort	*Causes*	*Solutions*
Tissue getting red in denture-bearing area	1. Ill fitting denture base 2. Improper cure of denture base 3. Aviaminosis	1. Take a wash impression and rebase denture. Check for prematurities in the occlusion. 2. Rebase (heat cure acrylic). 3. Prescribe vitamins.
All tissues becoming fiery red including cheeks and tongue	Denture base allergy (extremely rare)	Change base material by having lab "jump" a vinyl base material. Remove all acrylic teeth and replace. A patch test should be taken.

Pain in Mandibular Joint

Discomfort	*Causes*	*Solutions*
Pain in Mandibular joint	1. Vertical overclosed 2. Centric relation off 3. Arthritis 4. Trauma	1. Rearticulate and reset all teeth to open bite. 2. Take intra-oral tracing and reset. Retrial advised. 3. Consult patient's doctor 4. Difficult to correct.

Instability

Instability	*Causes*	*Solutions*
When not occluding	1. Overextension of borders and posterior limits 2. Under extended borders 3. Loss of post dam seal a. Post dam on hard palate b. Post dam not over hamular notches c. Insufficient post dam 4. Dehydration of tissue due to alcoholism or medication. 5. Flabby tissues displaced when taking impression due to improper tray.	In all cases a new impression is necessary. Best to grind out the tissue side and take a wash impression, using compound where necessary to extend impression to include post dam area. Rebase entire denture.
When chewing food	1. Loss of post dam seal 2. Anterior teeth too far labially 3. Flabby anterior tissue 4. Improper incising habits 5. Lower posteriors set off ridge	1. Same as above. 2. Remount and reset bringing anteriors back lingually. 3. Surgery to remove poor denture foundation and rebase. 4. Patient education is the answer. 5. Reset and correct posterior alignment.
When occluding in centric	1. Malocclusion a. Premature individual teeth hitting b. High occlusion on one side of arch c. Bicuspid area premature contact 2. Upper denture “riding” on hard palate surface 3. Flabby tissues over ridge 4. Teeth set too far bucally 5. Centric occlusion not in harmony with centric relationship	1. a. Remount grind, and mill-in selective teeth. b. Remount and reset. c. Try chairside mill-in or remount and set. 2. Relieve pressure area 3. Remove flabby tissue with surgery and rebase. 4. Remount and reset lingual. 5. Remake one denture.

Interference

Interference	*Causes*	*Solutions*
When swallowing	1. Upper a. Over extension in the posterior buccal flanges b. Too thick in lingual posterior flanges 2. Lower a. Overextension in the lingual b. Too thick in posterior 3. Over closed vertical 4. Too much vertical 5. Posteriors too far lingual, crowding tongue	1. Upper a. Carefully reduce distal buccal flange. b. Adjust by thinning dentures from the outside, not the tissue side. 2. Lower a. Carefully reduce flange b. Reduce from outside- do not grind tissue side. 3. Remount and reset, correcting vertical. 4. Same as above. 5. Remount and reset opening arch to allow more tongue room.

Gagging

Gagging	*Causes*	*Solutions*
Immediate on insertion	1. Upper: Over extension too thick posterior border 2. Lower: distal-lingual flange too thick	1. Denture must be double post dammed and cut back to anterior post dam. 2. Carefully reduce from the outside. Do not grind tissue side.
Delayed gagging: 2 weeks to 2 months after delivery	1. Faulty post dam allowing saliva under denture 2. Malocclusion allowing denture to loosen causes saliva seepage	1. Grind out post dam area and take wash impression for lab rebase. 2. Remount and mill-in, sometimes necessary to reset the teeth.

Esthetics

Esthetic	*Causes*	*Solutions*
Too bulky under nose	1. Labial flange of upper to long or too thick 2. Upper anterior teeth set too far out	1. Reduce bulk and/or length and repolish. 2. Reset anteriors lingually.
Sinking in under nose	1. Upper labial flange needs more bulk 2. Upper labial flange needs more length	1. Add wax to build up to proper contour and have lab build out base. 2. Grind out tissue side of labial flange, add compound border and take wash impression. 3. Reset anteriors for lip support.
Upper lip sinks in too far	Upper anterior teeth set too far lingual	Add wax on teeth to proper contour and have lab set teeth more labial for lip support.
Shows too much teeth	1. Vertical too great. 2. Occlusal plane too low 3. Cuspids and laterals set too prominent 4. Upper anterior teeth set out too far	1. Have lab reset all teeth closing vertical. Maintain esthetics by determining to raise or lower upper or lower teeth. 2. Have lab reset all teeth raising occlusal plane. 3. Replace cuspids and laterals with smaller teeth and rotate them in. 4. Reset teeth back to ridge.
Just looks too false	1. Set too regular; technique type set-up 2. All teeth appear to be the same shade 3. No gingival contouring or staggering of gingival depth.	1. Try sculpturing anterior incisals to give abraded appearance. Rotate and stagger teeth in set-up. 2. Change to characterized anterior teeth. 3. Have lab process new base with anatomical finish and characterized base.

Phonetics*

Phonetic Sound	*Causes*	*Solutions*
Whistle on “S” sound	1. Not enough room for tongue between upper bicuspids 2. Space between central	1. Remove and move bicuspids to the buccal or if room grind out more area for the tongue. 2. Close space.
Lisping on “S” sound	Too much space for tongue between upper bicuspids	Narrow palate space between upper bicuspids by adding ledge of acrylic.
“Th” and “T” sounds indistinct	1. Not enough room in dentures for tongue 2. If “Th” and “T” sound alike the anteriors are too far lingual	1. Thin out dentures from lingual sides – don’t grind tissue side. 2. Remount and move anteriors out to the buccal.
“F” and “V” sound indistinct	Improper position of upper anterior – either vertically or horizontally.	Difficult adjustment – must decode and try to correct.

**Phonetic sounds do not react to a regular trial baseplate the same as the final denture. A uni-base on your try-in will duplicate final denture phonetics.*