

TIPS FROM OUR READERS

A technique for making maxillomandibular records for a distal extension removable partial denture by using a fast-setting polyvinyl siloxane material



Andreina Sananez, DDS, MS^a and Brent Haerberle, DMD^b

Making maxillomandibular records is an important step in the fabrication of a removable prosthesis. Typically, this is accomplished by using a record base and occlusion rim to support the recording material with the patient in centric relation. The fabrication of a record base and occlusion rim takes laboratory time or requires a second chairside appointment.

The following technique describes a single appointment method of evaluating a removable partial denture (RPD) framework and making maxillomandibular records of a distal extension framework by using fast-setting heavy-body polyvinyl siloxane (PVS) material to create the record base, occlusion rim, and the actual record.

1. Evaluate the RPD framework and verify the seating of the rest seats and tissue stops on both the definitive cast and intraorally.
2. Seat the framework on the definitive cast and reverify complete seating. Apply fast-setting PVS material (PerfectIM Systems, 30 Second Blue Velvet; J. Morita Corp) on the distal extension portion, making sure the material goes into the lattice to provide retention and stability of the record in the framework. Apply sufficient PVS material to reach the height of the occlusal plane.
3. Trim the set material by using a scalpel blade (Bard Parker #25; Keystone) to establish the shape and height of the occlusion rim. Make sure the occlusal portion remains 2 mm below the occlusal plane (Fig. 1).

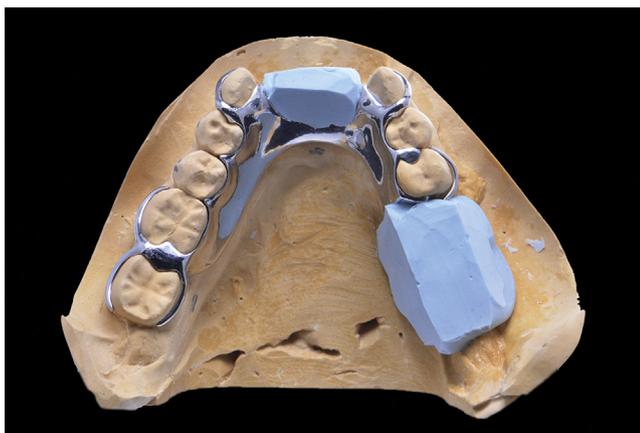


Figure 1. Occlusal view of polyvinyl siloxane occlusion rim created to make record on distal extension removable partial denture.

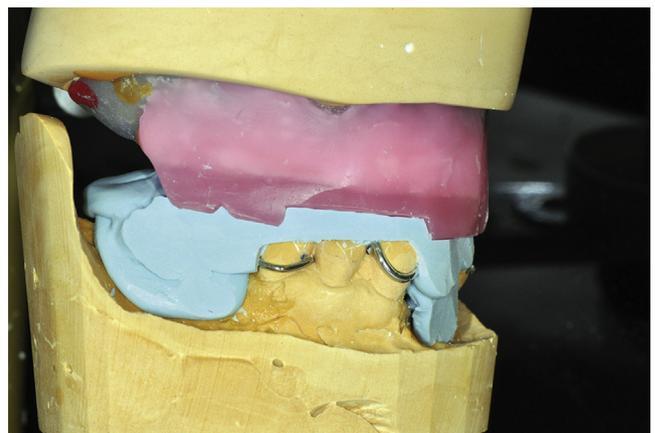


Figure 2. Mounted definitive casts with trimmed maxillo-mandibular record made with fast setting polyvinyl siloxane material.

^aAssistant Professor, Department of Restorative Sciences, The Dental College of Georgia at Augusta University, Augusta, Ga.

^bAssistant Professor, Department of Restorative Sciences, The Dental College of Georgia at Augusta University, Augusta, Ga.

4. Reinsert the framework in the patient's mouth and verify the seating and occlusal clearance of the PVS material. Make the record in centric relation by adding additional PVS material.
5. Remove the record, rim, and metal framework in 1 piece from the mouth, trim accordingly, and verify the record (Fig. 2).

Corresponding author:

Dr Andreina Sananez
Department of Restorative Sciences
The Dental College of Georgia at Augusta University
1120 15th Street, GC-4222
Augusta, GA 30912
Email: asananez@augusta.edu

Copyright © 2020 by the Editorial Council for *The Journal of Prosthetic Dentistry*.
<https://doi.org/10.1016/j.prosdent.2020.07.010>

Noteworthy Abstracts of the Current Literature

Influence of conventional complete dentures and different attachment types in implant-supported overdentures on quality of life and nutritional status in edentulous geriatric patients

Kerem Kilic, Bahar Sayin, Firuzan Firat Ozer, Sibel Akin

Int J Prosthodont Jan/Feb 2021;34:7-12

Purpose. To determine whether the use of implant-supported overdentures (IODs) with different attachments influences the Mini Nutritional Assessment (MNA) and Geriatric Oral Health Assessment Index (GOHAI) scores in edentulous patients >65 years of age.

Material and methods. The MNA and GOHAI were administered to 54 edentulous patients >65 years of age (mean age = 68.35 ± 4.1 years) before treatment (A) and 6 months after treatment (B): 10 with maxillary + mandibular conventional complete dentures (CDs); 10 with a maxillary conventional CD + mandibular magnetic-retained IOD; 12 with a maxillary conventional CD + mandibular ball-retained IOD; 12 with a maxillary conventional CD + mandibular Locator-retained IOD; and 10 with a maxillary conventional CD + mandibular bar-retained IOD. Statistical differences between treatment types were evaluated using one-way analysis of variance and paired-sample t tests. The correlation between MNA and GOHAI scores was determined using Pearson correlation analysis ($\alpha = .05$).

Results. The difference between mean GOHAI-A and GOHAI-B scores was statistically significant for each type of denture ($P < .005$). The difference between the mean MNA-A and MNA-B scores was statistically significant for all types of denture except for conventional CDs ($P < .05$). There was a statistically significant positive correlation between MNA and GOHAI scores ($P < .01$).

Conclusions. Regardless of the type of denture used, treatment of edentulous geriatric patients is important for improving nutritional status and self-rated oral health.

Reprinted with permission of Quintessence Publishing.