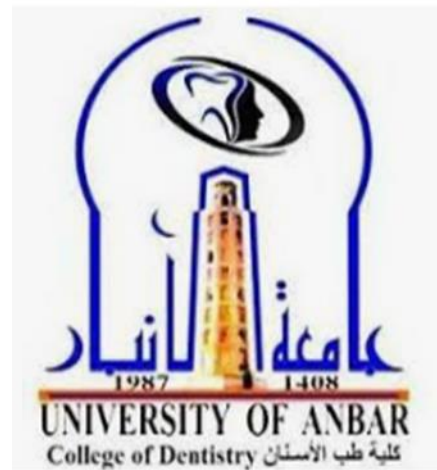


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## **DIAGNOSIS AND SYSTEMIC DISEASES RELATED TO PROSTHODONTIC**

**Diagnosis:-**Determination of nature of the disease.

**Treatment Planning:-**Sequence of procedures planned for the treatment of a patient after diagnosis.

Essential diagnostic data obtained from patient interview, definitive oral examination , consultation with medical and dental specialist, radiographs, mounted & surveyed diagnostic casts should be carefully evaluated during treatment planning.

### **1-patient Evaluation:-**

**1. Name:-** Obtaining the name of the patient not only helps in maintaining records but also helps in creating a more personal and ambient atmosphere for the patient in the dental clinic. Addressing the patient by his/her name gives a rather personal touch to the dentist patient relationship.

**2. Age :-** is an indicator of the patient's ability to wear and use a prosthesis. Through the fourth decade of life, tissues heal rapidly and are resilient. Beyond fifth decade healing is not rapid. Woman facing the physiologic and psychological problems often present as exacting or hysterical patients who are very conscious about esthetics. Men are pre-occupied and present as indifferent patients who are concerned more with comfort or function.

**3. Sex:-** Generally appearance is a higher priority for women than for men. Though 9 younger men are often grow indifferent to their own appearances as they age and are concerned with comfort and function.

**4. Occupation :-** A patient's job & social training often determine the values he or she places on oral health, as well as the esthetics and other qualities desired in a denture.

## **Psychological Evaluation of the Patient:-**

- 1- **Philosophical:-** Well motivated, cooperative, calm, mentally well adjusted well motivated confidence of the dentist. These patients have excellent prognosis.
- 2- **Exacting(critical):-** likes each step in detail , makes alternative treatment for dentist, makes sever demands. Do not have confidence in the dentist, very difficult to satisfy them. But once satisfied they become the dentist, s greatest supporter.
- 3- **Indifferent:-** Not very interested in treatment, blames the dentist for any problem, not follow instructions, been coerced to come by friend, relative, uncooperative. They will not maintain the dentures properly and do not appreciate the efforts and skill of the dentist.
- 4- **Hysterical:-** Those in bad health with long neglected pathologic mouth conditions and who are positive in their minds that they can never wear dentures, easily excited, highly apprehensive, unrealistic expectation. They show poor prognosis.

## **Chief Complaint**

The questioned regarding his or her chief complaint such as

1. Inability to chew. 2. Impaired speech. 3. Poor appearance. 4. Others

## **MEDICAL HISTORY**

A good medical history questionnaire combined with verbal qualification by the patient is essential to any dental treatment plan. Uncontrolled diabetics , patient with cardiovascular disease and subsequent treatment with blood thinners & immune-compromised patients may be excellent denture patient but might not be considered good surgical risks and therefore, preprosthetic surgery may be contraindicated.

**The following medical conditions should be ruled out before beginning the prosthetic treatment:-**

**1- Debilitating Diseases:-**

Complete denture patients, most of whom are geriatric, are bound to be suffering from debilitating diseases like diabetes, blood dyscrasias & tuberculosis. These patients require specific instructions on denture /tissue care. They also require special follow-up appointments to observe the response of the soft tissues to the denture.

**2- Diseases of the Joints:**

The most common disease of the joint in old age is osteoarthritis. Complete denture patients with this disease , it will affect TMJ . With limited mouth opening and painful movements of the jaw, it becomes necessary to use special impression trays. It may also become necessary to repeat jaw relations and make post insertion occlusal adjustments due to changes in the joint.

**3- Cardiovascular Diseases:-**

It is always advisable to consult the patients cardiologist before starting the treatment. Cardiac patients will require shorter appointments.

**4- Neurological Disorders:-**

Diseases such as Bell's palsy and Parkinson's disease can influence denture retention and jaw relation records & USING NON ANATOMIC TEETH. Patients should understand the difficulty in denture fabrication and usage.

**5- Oral Malignancies:-**

After taking radiation , the tissues having bronze color and loss of tonicity and patient suffering from Xerostomia are not suitable for denture support.

**In radiation therapy patient :**

- A- Avoid impression material that dry tissue (impression plaster) or heavily flavored materials (ZOE).**
- B- Consider non anatomic teeth.**
- C- Teeth should set in neutral zone.**

**Dental History**

**We should ask the patient about history of tooth loss**

- A- Cause: poor ridges can be expected if teeth were lost due to periodontal disease.**
- B- Time:- teeth lost at different time intervals would result in different ridge levels.**

**Clinical Examination of The Patient**

**Extra Oral Examination**

- 1-General appearance.**
- 2-Facial symmetry.**
- 3-Skin color.**
- 4-Palpation of the head &neck (lymph nodes &muscles).**
- 5-Muscle tonus.**
- 6-Neuro muscular coordination.**
- 7-TMJ examination.**

**Intra Oral Examination**

**Some complete denture patients refuse to remove or clean their prostheses for prolonged period and as a result might have extremely irritated and traumatized**

tissue. These patients are much more susceptible to fungal overgrowth and colonization of the prostheses and subsequent inflammatory papillary hyperplasia- especially in the palate and called (denture stomatitis). Areas of redundant tissue adjacent to denture borders, called (epulis fissuratum) are usually quite painful and are caused by excessive denture flange length, these areas should also be noted and appointed for surgical excision if the condition does not resolve following the removal of the overextended denture border. The saliva should be evaluated both amount and consistency . A normal amount and thickness of saliva is paramount in the ability of most patient to comfortably wear dentures. The saliva acts as a lubricant and also serves as the interface between the denture base and the tissue allowing for denture retention . A patient with Xerostomia or excessive saliva containing much mucous can have difficulty obtaining an adequate seal. Arch size amount of basal seat available for denture formation. The greater size; greater support, larger the contact surface, greater the retention.

**Tongue:-** Favorable tongue is average sized, move freely covered by healthy mucosa . Normally, it should rest in a relaxed position on lingual flanges, this will retain denture and contributes to denture stability by controlling it during speech , mastication and swallowing.

**Tongue Size:** 1-Normal 2- large

**Frenal Attachment:-** Classification

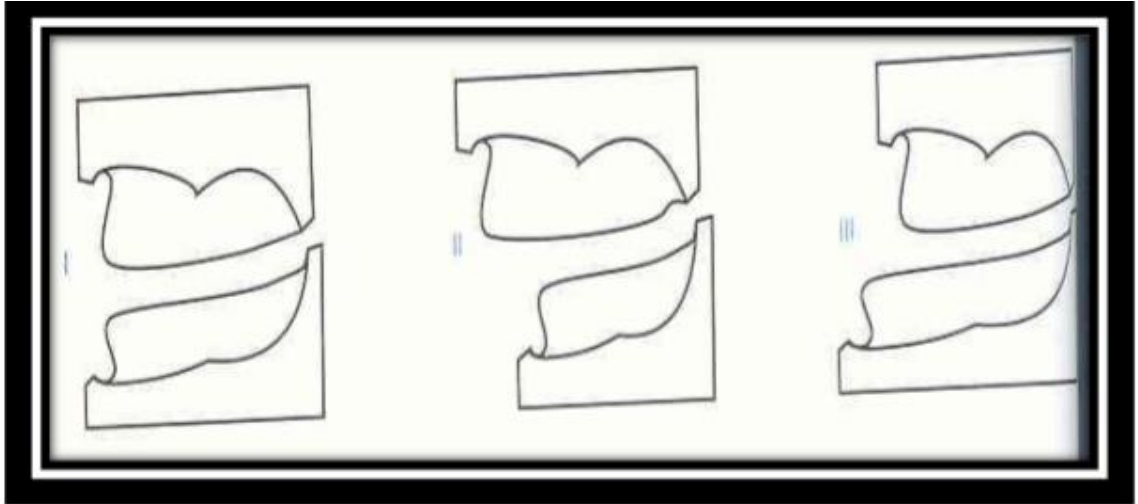
Class I: Sulcal or low attachment.

Class II: Midway between. sulcus & crest of ridge).

Class III: Crestal attachment (Frenectomy).

**Ridge Relation:-** Described as an antero posterior position of the mandibular ridge relative to the maxillary residual ridge when the jaws are in centric relation.

CL I (NORMAL) , CL II (RETROGNATHIC) , CLL III (PROGNATHIC)



### Ridge Contour/Form Residual

1-U SHAPE (good prognosis).

2-V SHAPE (favorable prognosis).

3-FLAT..... Flat residual ridge is the most difficult for restoration by the prosthodontics.



### Inter Maxillary Space:

This is the space between the maxillary and the mandibular arches . Normally it should be obtain to 20mm; if the space is less than 20mm it is difficult stability of the denture base.

### Maxillary Tuberosity:

If enlarged the posterior occlusal plane may be placed too low, no enough space to set all molar. Surgical removal may need.

### Treatment Planning:

- A- The sequence of procedures planned for the treatment of a patient following diagnosis.
- B- Explained to the patient in a simple and straight forward manner including all of the factors that might complicate the treatment .

