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The Forum

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THE FORUM

Dr. P. A. F.

Q. An adult patient presents for restoration of the upper incisors with an endutulaus space too small to accommodate four normal ones. Should this space be filled with four smaller incisors or with three normal ones?

A. It is obvious from the existing condition that the patient's original teeth were overlapped. Therefore, the original condition should be duplicated as nearly as possible. Neither four small nor three large incisors should be used. Select four pontics of normal size and carefully grind them so they will overlap one another in the best possible relationship.

Dr. W. E. T.

Q. Will the loss of hair result from x-ray burn?

A. Yes. This condition is known as Alopecia. It may result from exposures for X-rays of the sinuses or any view which requires that the rays pass through the hair. If the burn does not destroy the hair follicles, the hair returns in a few weeks.

Dr. C. J. solicits advice in the following case:

Mrs. B. J. consulted him concerning a hyperemia of the pulp of upper right first molar, after having been to several dentists without securing relief. X-ray examination of all teeth showed absence of caries or periodontal lesions. The pulp chamber of the offending molar is somewhat smaller than that of the corresponding tooth and the surrounding alveolar bone is extremely dense. There is some irregularity in the occlusion.

S. A careful check should be made for evidences of occlusal trauma and the necessary corrections made. In any case the occlusion of the molar in question should be relieved by *judicious* grinding. If the investing tissues are highly resistant to overstress a trauma-producing may be registered in the pulp as hyperemia.

Dr. J. B. submits the following case:

Mr. M. P., aged 45, presented for diagnosis and treatment of a painful condition in the neighborhood of lower left third molar of several days' duration accompanied with trismus and tenderness of cervical glands. Teeth were all present, fully erupted, no caries, no loose gum flaps, oral hygiene good. There was a very small ulcer of the gingiva, to distal of lower left third molar, whitish in color, surrounded by a redened area, having the general appearance of a recent

burn. The symptoms were entirely out of proportion to the extent of the lesion. No history of recent trauma.

Discussion. The case suggests a localized Vincent's infection. Microscopic examination would probably have revealed the organisms. In the absence of laboratory facilities such cases may be given the routine treatment for Vincent's infection tentatively. After twenty-four hours, if there is marked improvement, the tentative diagnosis is confirmed.

Dr. W. C. W.

Q. What, in your opinion, is the best plan for making a full lower denture for a patient who has practically no lower ridge, or whose ridge is worn flat with the level of the floor of the mouth?

- A. 1. Snap impression.
2. Pour up snap impression with plaster
3. Adapt modeling compound to plaster model and trim up
4. Using this as a tray, fill with truplastic and carry to patient's mouth gently but firmly
5. After thoroughly setting remove carefully, making sure that the entire lingual flanges are intact
6. Pour up in stone
7. In building bite rims make sure that the lingual flanges are extended downward about $\frac{1}{4}$ inch in the posterior region, or as far down as patient can tolerate.

The lingual flange extensions are all we really have in way of offering the patient any degree of stability, and when these extensions become intolerable to the patient there is very little, if anything, we can do about it.*

Dr. E. T.

Q. Is saddle compression necessary in partial denture construction in cases where stop-clasps are used?

A. This is generally governed by the conditions that the mouth under consideration presents, as—

- A. The extent and position of the edentulous spaces—
- B. The tone of the tissues—
 - a. If the edentulous spaces are extensive it would be proper to compress the saddle areas. The amount of compression being proportional to the yield of the tissues. The ideal obtains in conditions of this type when the case

* This question is asked and discussed by Dr. Winston C. Willoughby, who assumes full responsibility for expressed opinions.

is so constructed that the tissues bear part of the burden of supporting the denture, when the stop-clasps are to place on their respective teeth.

In all cases where there are extensive saddle areas and where there are no teeth present at positions affording support at both extremities of these saddles, as in class 1 and 2, (Kennedy's Classification), compression should be utilized. The points to be compressed are those where the free ends of the denture are to rest.

- b. In cases where the soft tissues are relatively taut one might dispense with saddle compression in the impression technique. In these cases it will be sufficient to use a method in the assembling of the saddles and clasps whereby the desired seating of the case might be arrived at. (As for example). Some men attach bite-blocks to the saddles and obtain the relationship of the clasps while the saddles are seated under slight compression. Others adapt tin foil to the occlusal surfaces of the teeth to be clasped, thus raising the clasps a little higher than their normal rest positions on the teeth clasped. The clasps in the positions outlined are attached to the saddles. The saddles are in what would be an unstrained position on the cast, consequently, when the case is completed and carried to place in the mouth it can settle into the soft tissues a distance equal to the thickness of the tin foil.

It appears, then, that it is logical to compress the soft tissues to some extent, in all cases where teeth carrying clasps would otherwise be unduly loaded. In general, the same general laws that apply to fixed bridge work, when considering stresses, could be very well utilized here in the case of partial denture construction.