

“Simplifying recording flabby tissues with present day impression materials”

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ABSTRACT

Flabby tissue over the residual alveolar ridge is a common occurrence, especially in older healthy individuals who are wearing complete denture prosthesis since long time. Recording such tissue without displacement has been considered as a prosthetic challenge which is why many techniques have been mentioned in the literature. We present a simple technique using putty and light body consistency of addition silicone elastomeric impression material. The technique involves identifying the area, transferring the same on the tray, relieving the marked area followed by recording the area with no pressure. The technique is simple and inexpensive and is independent of ones skills and ability.

Keywords — combination syndrome, Kellys syndrome, window technique, addition silicone, realeff

INTRODUCTION

Flabby tissue has been defined as excessive movable tissue in its simplest form.¹ In completely edentulous patients it accounts increased presence in the maxillary arch (24%) than the mandibular arch (5%).² Its location in the maxillary arch is usually in the anterior region of the palate which coincidentally also is a secondary stress bearing area according to the selective pressure impression theory.³ Since the movable tissues can compromise denture functions, various methods have been advised that range from simple physiotherapy (when extent is less and tissue is resolvable), surgical excision or a method of compensating their effect within the new denture. While denture stability has been largely discussed in the literature to placement of teeth within the neutral zone,⁴ the mere presence of flabby tissue can compromise entire denture stability irrespective of whether the artificial teeth have been placed in the neutral zone area. A number of techniques have been described in the literature to manage flabby tissue with most of them having a common objective of recording most of the flabby tissue at rest position without any vertical or horizontal displacement.⁵⁻⁷ A number of impression materials have been used with best results being obtained when impression plaster or dental plaster has been used, since it is the only impression material that has close resemblance to

the consistency of the tissue.⁸ The use of elastomeric impression materials have not been in dentistry since last four decades and have virtually replaced most of the materials in most dental specialities. Therefore we present a simplified technique for recording flabby tissue using two most commonly used consistencies of addition silicone elastomeric impression material

Technique

This technique is intended for use, when the entire maxillary impression is based on selective pressure theory of impression making that utilizes a custom designed special tray.

Step 1: After making the primary impression highlight the flabby area in the patient's mouth with an indelible tissue marking pencil (Faber-Castell Polychromos) that provides contrast on the pink mucosa (**Fig 1a**). Retrieve the diagnostic cast with the markings transferred from the primary impression to the cast. Mark the cast for other relief areas, spacer extension and tray extension

Step 2: Prepare a custom tray in a conventional manner, except that the marked area has to be provided additional relief using two or three thickness base plate wax. Thickness of the wax spacer should correspond to the amount of flabby tissue present.

Step 3: During the stage of the final impression making, prepare an impression of the denture bearing area first without removal of wax spacers (**Fig 1b**). This is accomplished by using medium body of addition silicone. There should be no variation of manufacturers or in other words medium body and light body should be of the same manufacturer.

Step 4: Remove the wax spacer, provide multiple large holes (2 mm diameter) in the relieved area and trim the medium body that is falling within the relieved area. Mix light body (auto mix) and place partly directly on the flabby tissue and partly within the confines of the marked special tray.

Step 5: Wait till the light body sets and remove the impression from the mouth. A very thin layer of light body may extend upto the recorded area which is acceptable provided it does not form a step at any place. Alternatively, one can also relin the entire impression with the same light body but is usually required if one uses heavy or putty consistency for a

first impression. Medium body does not require relining by a light body.

Step 6: Observe the impression under light and magnifying glass and look out for any discrepancy in the form of a step between two different

consistencies. The impression is repeated if a step is visible.

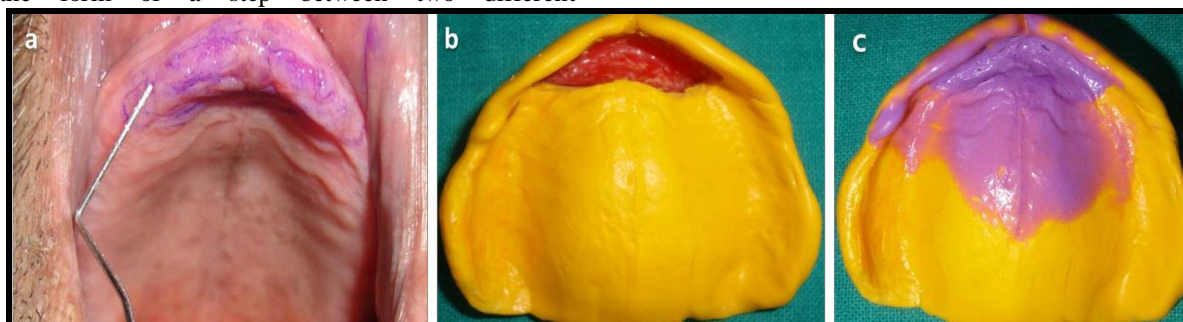


Figure 1: (a) Flabby area highlighted with tissue marking pencil (b) Impression made with medium body elastomer sparing the flabby area (c) Light body placed in the flabby region and allowed to spread on anterior part of the hard palate without creating a step

CONCLUSION

The impression technique described in this article is meant to be only for addition silicone impression material and where flabby tissue is minimal. Clinical judgement of individual clinicians is mandatory before applying such clinical procedures for a particular patient.

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