Lec-12 prosthodontics dr:reem /5th class

 جامعة تكريت
 كلية طب الأسنان
 مادة صناعة الأسنان
 المرحلة الخامسة
 م.م. ريم احمد شهاب
 6102 - 6102

 COLLEGE OF DENTISTRY
 2004

 مادة صناعة: زراعة الأسنان
 زراعة: رفسن:
 2016-2017
Relining- Rebasing in Complete denture

**Relining**: the procedures used to resurface the tissue side of denture with new material, thus producing an accurate adaptation to the denture foundation area.

Relining is indicated when there is lose of retention or stability due to alteration or lose of correct relationship to the supporting tissues. It cannot be done in the absence of optimum vertical and centric relation and correct occlusal form of teeth.

**Rebasing**: the laboratory process of replacing the entire denture base material on an existing prosthesis.

Rebasing is indicated for porous denture base and in case of deficient acrylic during fabrication. However, it is contraindicated in case of incorrect jaw relation.

**Objectives:-**
The main objectives of relining or rebasing are:
1. Reestablish the correct relation of the denture to basal tissue.
2. Restore lost occlusal and maxilla mandibular relationship.
3. Restore stability and retention.

**Indications for relining and rebasing**
1. When the residual alveolar ridges have resorbed and the adaptation of the denture bases to the ridges is poor.
2. (3-6 months) following the placement of an immediate denture.
3. For geriatric or chronically ill patient because of the long or several appointments required for the construction of a new denture.
4. If the patient cannot afford the cost of having new dentures.
5. Rebasing is additionally required in cases of:
   a) Porous denture base.
   b) Discolored or contaminated denture base

**Contra indications**
1- If the dentures have poor esthetics or unsatisfactory jaw relationship.
2- If the denture create a major speech problem.
3- When an excessive amount of resorption has taken place making it difficult to position the denture properly on the ridge.
When abuse tissue are present, the relining is delayed until the tissue recover and return as closely as possible to normal.

**Relining procedure**

**Direct Method:**
The relining procedure can be done directly in the patient’s mouth using self-cure acrylic resin. Petroleum jelly is applied to the tissue surface and acrylic is lined on the tissue surface of the denture and stabilized in the mouth. The denture with the relining acrylic material is retrieved before the acrylic completely sets in order to prevent the damage to the oral tissues due to heat generated.

The relined denture is trimmed to remove any excess material followed by finishing and polishing of the borders. This procedure is, however, proved to be a failure for the following reasons:

1. The relining material often produces a chemical burn.
2. The resulting reline is often porous and subsequently produces a bad odor.
3. If the denture is not positioned correctly, the material cannot be easily removed in order to start again. Since the denture with the relining material is retrieved from the surface before the complete curing of the acrylic, the denture may be distorted.

**Indirect Method:**
The indirect relining procedure consists of the *functional impression* and *static impression*.

In the *functional impression* procedure, the denture flanges and the tissue surface are reduced by 1-2mm with stops at the canine and the molar regions. Border molding is done with low fusing impression compound.

**In functional impression procedure**, tissue conditioning material is used for recording the impression. Patient is instructed to close in occlusion with light pressure and he is allowed to wear the denture for 24 hours. The denture with the tissue conditioning material is used to pour a cast followed by flasking and packing as in for laboratory procedure in conventional complete denture.

**In the static impression** procedure, the denture is kept out of the mouth for
24 hours. The denture flanges and the tissue surface are reduced by 1-2mm with stops at the canine and the molar regions. Border molding is done using low fusing stick compound followed by zinc oxide eugenol or rubber base impression in occlusion.

The cast is poured and denture is flasked and packed in the usual manner. The denture is inserted after minor occlusal corrections. Static impression is more advantageous compared to the functional impression because of the following reasons:

1-impression is better controlled using selective pressure technique.
2-Impression is not affected by the occlusion of remaining teeth

---

**Fig (relining procedure)**
Rebasing procedure

The borders of the denture and the tissue surface is reduced by 1-2mm. Border molding and final impression is made with zinc oxide eugenol or rubber base impression material as for relining procedure and the impression is poured in dental stone. The cast with the denture is mounted on the articulator (hooper duplicator). Plaster index is made of the opposing member of the articulator. The denture is separated from the cast. The base is trimmed away from teeth and the string of the teeth is maintained intact. The intact string of teeth is placed back in the index and the articulator is closed. Wax up is done on the mounted cast to incorporate the string of teeth placed in the opposing index. The cast with the wax up is flanked, de waxed and an acrylic is cured in place of wax. Finishing and polishing of denture is done and inserted in to patients mouth after occlusal correction.
Fig (rebasing procedure).
Lec-12  prosthodontics  dr:reem /5th class