

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

وَمَنْ يَتَّقِ اللَّهَ يَجْعَلْ لَهُ مَخْرَجاً (٢)
وَيَرْزُقْهُ مِنْ حَيْثُ لَا يَحْتَسِبُ وَمَنْ يَتَوَكَّلْ
عَلَى اللَّهِ فَهُوَ حَسْبُهُ إِنَّ اللَّهَ بَالِغُ أَمْرِهِ
قَدْ جَعَلَ اللَّهُ لِكُلِّ شَيْءٍ قَدْرًا (٣)

(صدق الله العظيم)

(سورة الطلاق)

**Evaluation of different denture base materials
on the retention of maxillary complete denture
in patients with bilateral prominent maxillary
tuberosities**

Thesis

Submitted to the Faculty of Oral
and Dental Medicine, Cairo University

In

Partial fulfillment of the requirements
of master degree in removable prosthodontics

Submitted By

Mohamed Khairy Mousa

B.D.S. 2004

Faculty of Oral and Dental Medicine
Ain Shams University

2010

Supervisors

Prof. Dr. Hamdy Abo–Elfotouh

Professor of Removable Prosthodontics

Faculty of Oral and Dental Medicine

Cairo University

Dr. Azza Farahat

Lecturer of Removable Prosthodontics

Faculty of Oral and Dental Medicine

Cairo University

Dr. Amany Ramadan

Researcher of Removable Prosthodontics

Prosthodontic Department

National Research Center

Acknowledgement

First of all, I am greatly thankful and grateful to Allah for granting me the chance to accomplish this work.

I would like to express my most sincere gratitude and grateful appreciation to my second father ***Prof. Dr. Hamdy Abo El-Fotouh***, Professor of Removable Prosthodontics, Faculty of Oral and Dental Medicine, Cairo University for his excellent guidance, powerful support, and expert touches.

My deepest thanks and appreciation go to ***Dr. Azza Farahat***, Lecturer of Removable Prosthodontics, Faculty of Oral and Dental Medicine, Cairo University, for her precious help, encouragement, guidance and valuable effort.

I am deeply grateful to ***Dr. Amany Ramadan***, Researcher of Removable Prosthodontics, Prosthodontics Department, National Research Center for her valuable instructions and meticulous advices.

I would like to sincerely thank my colleagues and staff members of the Removable Prosthodontic Department, Faculty of Oral and Dental Medicine who gave me hand in accomplishing this work and who continuously encouraged me throughout this study.

Last but not least, No words can express my deepest thanks, sincere gratitude and true affection and love to all my family, my father, my mother, my brothers, Who were always and will always be my side and without whom I would have never been able to accomplish this work, their love, patience and support are most appreciated.

Mohamed Khairy

Contents

Introduction	1
▪ Complete Denture Retention	3
- Definition	3
- Factors affecting denture retention	3
<i>1) Physical factors</i>	4
a. Adhesion	4
b. Cohesion	5
c. Surface tension	5
d. Capillary attraction	6
e. Viscosity	6
f. Wettability	7
g. Atmospheric pressure	7
<i>2) Physiological factors</i>	8
a. Neuromuscular control	8
b. Tongue	9
c. Neutral zone	9
d. Saliva	9
<i>3) Anatomical factors</i>	10
<i>4) Mechanical factors</i>	11
<i>5) Surgical factors</i>	11

a. Vestibuloplasty	12
b. Ridge augmentation	12
c. Distraction osteogenesis	12
6) <i>Psychological factor</i>	13
7) <i>Retentive aids</i>	14
a. Suction cups	14
b. Magnets	15
c. Soft liners	15
d. Adhesives	16
e. Implant retained over-dentures	17
- Methods of measuring retention in complete denture	19
▪ Maxillary Tuberosity	23
▪ Denture Base Materials	24
- Classification of denture base materials	24
- Requirements of denture base materials	24
- Acrylic resin	24
Composition	25
Polymerization	25
Requirements of denture base polymers	27

Types of denture base polymers	28
1) Heat activated denture base resin	28
<i>a. Conventional heat cured acrylic resin</i>	29
<i>b. Rapid heat cured acrylic resin</i>	30
2) Chemically activated denture base resin	30
3) Pour type denture base resin	31
4) High impact strength materials	31
5) Injection molding denture base resin	31
6) Light activated denture base resin	32
7) Microwavable resins	32
- Thermoplastic resins	33
<i>Advantages of thermoplastic materials</i>	33
<i>Applications of thermoplastic resins</i>	34
1) <i>Thermoplastic acetal</i>	34
2) <i>Thermoplastic polycarbonate</i>	34
3) <i>Thermoplastic nylon</i>	35
4) <i>Thermoplastic acrylic "Versacryl"</i>	35
Aim of the study	37
Materials and Methods	38
I) Patient selection criteria	38

II) Patient examination	40
III) Denture construction	41
IV) Determining the geometrical center of the maxillary denture	49
V) Measuring the retention of the two maxillary dentures	53
Results	55
Discussion	61
Summary and Conclusions	69
References	71
Arabic summary	

List of figures

Fig.(1): Patient with bilateral prominent maxillary tuberosities.	39
Fig.(2): Upper and lower primary impressions using irreversible hydrocolloid alginate impression material	42
Fig.(3): Upper and lower secondary impressions using rubber base impression material	44
Fig.(4): Stone master casts	45
Fig.(5): a) Finished and polished conventional acrylic resin denture	48
b) Finished and polished flexible acrylic resin "versacryl" denture	48
fig.(6): The geometric center of the maxillary denture	50
Fig.(7): Ready made metallic hook attached to the geometric center of the two maxillary dentures	51
Fig.(8 and 9): Digital force-meter	52
Fig.(10): Measuring the retention of the two maxillary dentures	54
Fig.(11): Bar chart representing mean retention of the two groups	57
Fig.(12): line chart representing changes by time in mean retention of the two groups	58
Fig.(13): Bar chart representing mean% increase in retention of the two groups	60

List of tables

Table (1): Instructions for versacryl applications	36
Table (2): Results of kolmogorov-Smirnov and Shapiro-wilk tests of normality	55
Table (3): Mean, standard deviation (SD) values and results of paired t-test for comparison between retention of the two groups	56
Table (4): Mean differences, standard deviation (SD) values and results of paired t-test for the changes by time within conventional AR group	57
Table (5): Mean differences, standard deviation (SD) values and results of paired t-test for the changes by time within flexible AR group	58
Table (6): Mean% change, standard deviation (SD) values and results of paired t-test for comparison between changes in retention of the two groups	59

Abstract

This study was performed to compare the effect of two different denture base materials (*Conventional heat cured acrylic resin and Flexible acrylic resin "Versacryl"*) on the retention of maxillary complete denture in patients with bilateral prominent maxillary tuberosities. The experiment was carried out on seven completely edentulous patients. Each patient received two dentures, one made of *conventional heat cured acrylic resin* and the other was made of *conventional heat cured acrylic resin with flexible acrylic resin "versacryl"*.

In the group made of *conventional heat cured acrylic resin*, relief was done at one side only of the dental arch "one maxillary tuberosity" using zinc phosphate cement, to facilitate insertion and removal of the conventional heat cured acrylic resin denture without any difficulty, laceration or patient complain. In the group made of *flexible acrylic resin "versacryl"*, no relief or any modification were introduced.

Digital force-meter was used to apply force on a metal hook located in the geometric center of the two maxillary dentures.

Measurements Were taken at delivery, one week and one month after.

This study showed a clear superiority of the retention of the flexible acrylic resin "versacryl" maxillary denture than that of the conventional heat cured acrylic resin in patients with bilateral prominent maxillary tuberosities. This clinical success and superiority are evident from the results of the study.

From this study, it could be concluded that:

- 1) Retention of the flexible acrylic resin "versacryl" maxillary denture was higher than that of the conventional heat cured acrylic resin.
- 2) Retention was increased by time in each study group.
- 3) Complete dentures made of flexible acrylic resin will be significant as a powerful treatment method than conventional denture treatment especially in patients with bilateral prominent maxillary tuberosities or those exhibiting severe undercuts.

Key words: *maxillary tuberosities*

Introduction

Introduction

Complete denture prosthesis involves the replacement of the lost natural teeth and the associated structures of the maxilla and the mandible. One of the goals that the dentist has to achieve is to produce a denture that is retentive and stable in place which in turn enhances both function and esthetics⁽¹⁾.

Retention was explained as the quality inherent in denture that resists the force of gravity, the adhesiveness of food and the forces associated with the opening of the mouth⁽²⁾.

Rendell⁽³⁾ presented the factors affecting complete denture retention as interfacial surface tension, adhesion, cohesion, atmospheric pressure, undercuts and oral and facial musculature which is the action of muscles of the lips, tongue and cheeks on the polished surface of the denture. They can be used in increasing the stability rather than dislodgement of the denture.

There has been continuous search to enhance the physical properties of the denture base materials⁽⁴⁾.

Acrylic resin was the most employed material in complete denture bases, it began to be used in 1930 as vulcanite substitution⁽⁵⁾.

The reason for this continued use of acrylic resin denture base material was its simplicity in processing and its lower cost. However, its disadvantages such as inadequate tensile and compressive strength and possible allergic reactions lead to the evolution of other modified denture base materials to fulfill patients' satisfaction as well as function and esthetics⁽⁶⁾.

Flexible acrylic resin is a flexible biocompatible thermoplastic denture base material with unique physical and esthetic properties. It was introduced since 1950, to overcome too much of the limitations found in conventional acrylic resin, since it offered better denture adaptation as well as denture retention because of its light weight and because of engaging more desirable undercuts. Esthetics was also provided by this material⁽⁷⁾.

The question raised in this study, is what denture base material (*Conventional acrylic resin or Flexible acrylic resin "Versacryl"*) provides more retention in patients with bilateral prominent maxillary tuberosities?

Review of Literature