



Michael J. Maginnis, D.D.S., M.S.

*Board Certified Specialist in Removable
Prosthodontics*

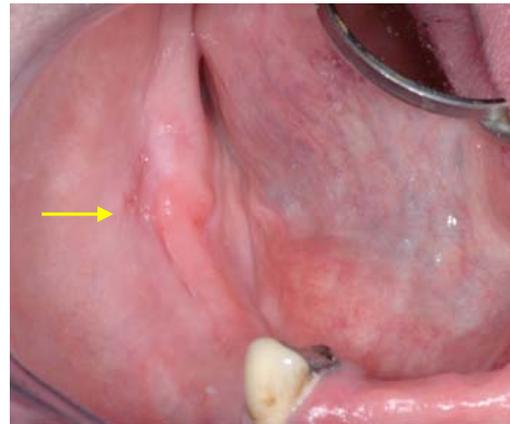
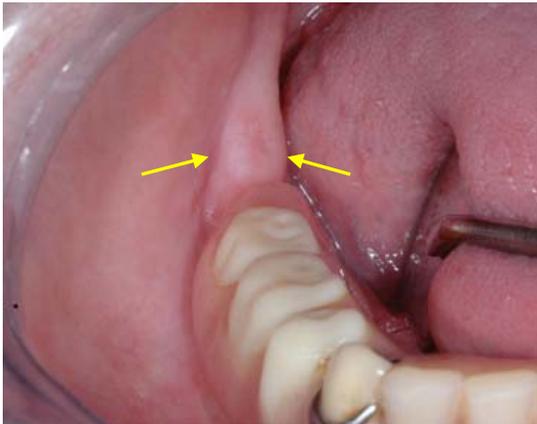
7742 Office Park Blvd, Suite A-1, Baton Rouge, LA 70809

(225) 201-1000

Lower Partial Dentures and the Problems They Cause

As a Removable Prosthodontist, the two biggest problems I see in my practice are poor fitting and poor functioning lower complete dentures and lower free-end saddle rpd's. We'll leave the lower complete denture for another article and address the problems associated with a lower partial denture.

The two biggest complaints I hear are sore spots on the lower ridge, especially in the area of the missing second molars, and rocking or lifting of the partial during function. Secondary complaints concern not being able to chew effectively, loosening of the clasps on the anterior teeth and soreness and stripping of the lingual tissues beneath the major connector.



The two most common causes of all of the above problems are failure to cover the retromolar pads and distal rests on terminal abutment teeth.

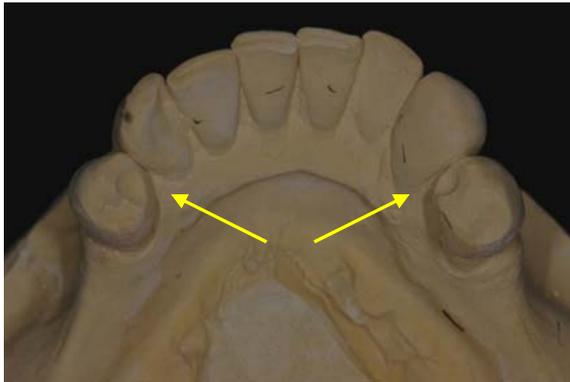
When it comes to covering the pads, I'm not talking about one-third or one-half of the pad...I'm talking the whole pad! And yes, I occasionally miss part of the pad, but I have no qualms about using cold-cure repair resin to extend the distal margin of the saddle or increase contact with the pad by addition to the tissue surface.



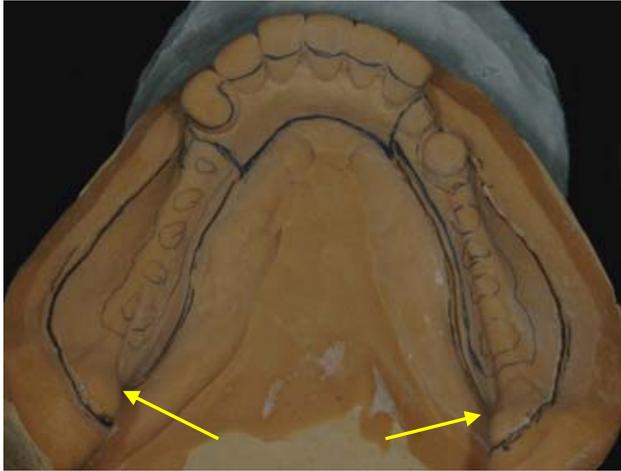
If you routinely find that an upper molar or tuberosity or upper denture flange prevent full coverage of the pad, then you are probably routinely constructing your cases too closed. Most cases I see, when constructed at the proper vertical dimension of occlusion have sufficient clearance for full coverage of the pad.



Now, what about distal rests on terminal abutment teeth? Not a good idea! This moves the fulcrum point – the point about which the rpd rotates – too far to the distal and increases anterior-posterior rocking. Where free-end saddle rpd's are concerned, all rests should be placed as far forward as possible – the mesial of the first bicuspid, the lingual of the cuspid or all of the lingual surfaces of the incisors (a lingual plate). This negates the tendency of the saddles to lift during function and along with full coverage of the pads eliminates the anterior-posterior rocking.



Lingual plating as the major connector, offers the most stability and strength. It also makes it easier to add a tooth to the partial, should one of the incisors be lost.



Fully covering the pads and moving the rests forward also eliminates the secondary complaints. Since the saddles no longer sink into the tissues of the ridge, the patient can exert better occlusal function. This also eliminates soreness in the molar area and prevents stripping of the tissues from the lingual surfaces of the anterior teeth. Reducing movement of the partial stops excessive flexure and loosening of clasp arms.

Maginnis the Dentist