Indian Journal of Dentistry 2012 ■
Volume ■, Number ■; pp. 1–6

Case Report

Prosthodontic rehabilitation of patient with flabby ridges with different impression techniques – Case reports

Rubina[a,*], Manjit Kumar[b,c], Rashim Garg[a,d], Rishi Saini[a,e], Shaveta Kaushal[a,f]

ABSTRACT

A fibrous or flabby ridge is a superficial area of mobile soft tissue affecting the maxillary or mandibular alveolar ridges. It can develop when hyperplastic soft tissue replaces the alveolar bone and is a common finding particularly in the upper anterior region of long term denture wearers. Masticatory forces can displace this mobile denture-bearing tissue, leading to altered denture positioning and loss of peripheral seal. Forces exerted during the act of impression making can result in distortion of the mobile tissue. Unless managed appropriately by special impression techniques, such 'flabby ridges' adversely affect the support, retention and stability of complete dentures. This paper presents three case reports for prosthodontic rehabilitation of patient with flabby ridges with three different impression techniques.

Keywords: *Impressions, Flabby tissue, Irreversible hydrocolloid*

INTRODUCTION

A fibrous or flabby ridge is a superficial area of mobile soft tissue affecting maxillary or mandibular alveolar ridges. It develops when hyperplastic soft tissue replaces the alveolar bone and is a common finding particularly in the upper anterior region of long term denture wearers. The reported prevalence has varied, but has been demonstrated in upto 24% of edentulous maxillae and 5% edentulous mandibles. Masticatory forces can displace this mobile denture-bearing tissue leading to loss of peripheral seal. Forces exerted during impression making can result in distortion of the mobile tissue.[1] Unless managed appropriately by special impression techniques, such 'flabby ridges' adversely affect support, retention and stability of complete dentures. Many impression techniques have been proposed to help overcome this difficulty.[2]

This article presents case reports for prosthodontic rehabilitation of patient with flabby ridges with three different impression techniques.

CASE REPORT 1

A 60 year old female patient reported to the Department of Prosthodontics and Crown and Bridge with complaint of loose dentures. On examination, flabby tissue in the maxillary anterior region extending from canine to canine region was found. Tissue blanching was also noticed on pressure application (Fig. 1).

Fabrication of new complete dentures was planned for the patient with recording of flabby tissue in undisplaced condition using Hobkirk technique.[3] The maxillary preliminary impression was made using irreversible hydrocolloid

[a]Post Graduate Student, [b]Professor and HOD, Department of Prosthodontics and Crown & Bridge, Genesis Institute of Dental Sciences and Research, Moga Ferozepur Road, Ferozepur, Punjab, India.
[*]Corresponding author. Tel.: +91 9988803825, *email:* bansalrubina87@gmail.com
Received: 15.8.2012; Accepted: 11.10.2012.
[c]Tel.: +91 9914640604.
[d]Tel.: +91 8968505757.
[e]Tel.: +91 9872835781.
[f]Tel.: +91 7696715517.

http://dx.doi.org/10.1016/j.ijd.2012.10.007

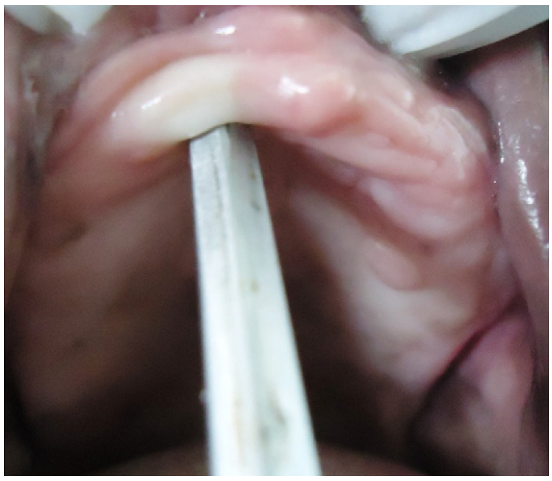

Fig. 1 Flabby tissue in the maxillary anterior region.

(Tulip Alginate Impression Material, Cavex Holland BV, Holland) in perforated edentulous tray and the primary cast was poured (Fig. 2a, b). Special tray was fabricated using double spacer over the flabby tissue area and in the region of mid palatine raphe. After checking the proper tray extensions, border molding was done in conventional manner using green stick impression compound (DPI Pinnacle Tracing Sticks) (Fig. 2 c & d).

Spacer wax was removed and impression was made with medium body elastomeric impression material (Elite Glass medium body, Zhermack, Germany). The tray was then removed from the mouth and impression material was removed in the region of flabby tissue using a scalpel. Relief holes were made and tray was loaded in this region with light body elastomeric impression material (Elite HD + light body, Zhermack, Germany) to record flabby tissue. Beading and boxing of the final impression was done using plaster pumice method and master cast was poured (Fig. 3a, b, c). The denture was fabricated and it had good retention and stability with proper recording of flabby tissue (Figs. 3 d and 4 a & b).

CASE REPORT 2

A female patient aged 56 years reported to the Department of Prosthodontics and Crown and Bridge with complaint of

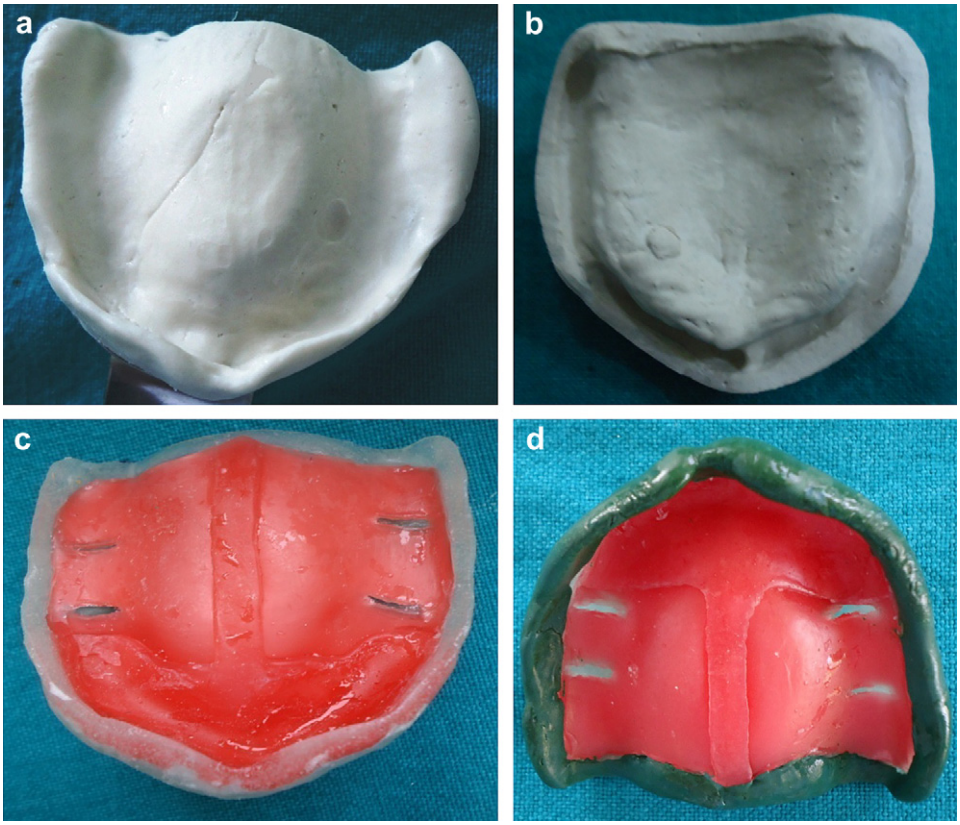

Fig. 2 a: Preliminary impression. b: Primary cast. c: Special tray. d: Border molding.

Please cite this article in press as: Rubina, et al., Prosthodontic rehabilitation of patient with flabby ridges with different impression techniques – Case reports, Indian Journal of Dentistry (2012), http://dx.doi.org/10.1016/j.ijd.2012.10.007