

***Sheet no. :* 8**

***Refer to slide no. :* 8**

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***Corrected by :***

Slide 4

* Nasolabial angle = 90 degrees
* *The labial surface* of the teeth is the same as the labial surface of the wax rim.
* **Wax rim reflects the position of the teeth** so everything that was done on the wax rim should be applied on the position of the teeth.
* When teeth are lost, *the nasolabial sulcus* undergoes deepening, so when preparing the denture and while setting the teeth, this area should be thickened in order for it to provide the needed support. (we do NOT eliminate it because it exists normally!)
* *Philtrum* / do NOT obliterate it and it should be prominent instead of depressed.
* **Keep in mind that everything should be within the normal ranges without exaggeration.**
* *The mentolabial sulcus* is located under the lower lip.
* All these landmarks help to make sure that the position and orientation of the teeth are correct.
* The position of the teeth differs from one patient to another. (individual variations)

Slide 6

* The lips of an edentulous patient are inverted and the vermilion border is not exposed.
* Know the normal and apply it to your patient.
* As we mentioned earlier, *the nasolabial sulcus* normally exists but it’s not very deep, so in this area *the flange* should be supported to reduce the depth of the sulcus.

Slide 7

* Horizontal overlap/overjet: is the horizontal distance between the incisal edge of the lower teeth and the incisal edge of the upper teeth / gives the contour of the upper lip.
* Proper overjet gives nice contour of the lip.
* Vertical overlap: how much the upper teeth are covering the lower teeth vertically.

Slide 9

* The occlusal plane gives an idea about the height and position of teeth while selecting.

Slide 10

* Selection of teeth: size/form/shade.
* Inclination of teeth: Proclined/retroclined/mesially inclined…

Slide 12

* Photograph or cast: measuring the intercanine distance and then choosing the proper width of mould accordingly.
* The formula… what is missing is the width of the upper 6 anterior teeth.
* The height is measured by the smile line which indicates two thirds of the tooth. (middle and incisal thirds)

Slide 14

* You use a floss to draw a line connecting the inner angle of the eye through the ala of the nose until it hits the wax rim, this is the intercanine line.

Slide 17

* No specific technique for choosing the form.
* NO Scientific bases.
* You can consider the shape of face, arch…

Slide 18

* Purely esthetic.
* Females usually oval, in males, if the face was bulky oval…

Slide 20

* If the colour is too white, it gives a false appearance.
* Perfect symmetry gives an unnatural appearance as well.
* Porcelain is highly esthetic.
* Porcelain needs a mechanical retention while Acrylic need a chemical retention.
* **The most commonly used is Acrylic.**
* Acrylic is kinder on the opposing structures.

Slide 23

* The amount of teeth showing is age related, the younger the patient the more teeth showing.
* Short lip, less amount of teeth showing.
* Lower lip pressure affects the stability and might get you out of the neutral zone, thus you must not let the esthetic part overwhelms you so you forget all about the basic rules and guidelines.
* Teeth should be put in the neutral zone and should provide the esthetics needed. (Balanced area.)
* If you’re working outside the neutral zone you’re affecting the surrounding muscles which will generate an opposing force against the denture.

Slide 24

* Phonetics is an important factor.
* F pronunciation: touch between the incisal tip of the upper teeth and the vermilion border.
* V pronunciation: inner mucosa.
* If I asked the patient to pronounce F and it sounded like a V then the vertical dimension is larger than the normal,
* While smiling touching between the upper centrals and the vermilion border is achieved.
* The labial surface should follow the contour of the arch.

Slide 28

* Skeletal relation is an important factor in the antero-posterior orientation.
* For example, if the skeletal relation of the patient is class III then the antero-posterior orientation/setting SHOULD BE class III as well.

Slide 29

* Harmony between the labial plate (bone) and the teeth should be achieved.

Slide 30

* You need to double check your work.
* Harmony between the setting of the teeth and the surrounding structures.

Slide 31

* Anatomic: cusps + grooves
* Non-anatomic: not the perfect dental anatomy/made according to specific mechanical factors.
* Zero-degree: flat surface.
* Cuspless: grooves + no cusps.

Slide 33

* 1st picture: anatomic
* 2nd picture: cuspless
* 3rd picture: hybrid (both)

Slide 34

* Hybrid: as in using upper posterior teeth with cusps and cuspless lower posterior teeth…
* Upper ridge is well-developed.
* Lower ridge has some issues.

Slide 36

* Vertical movement = no lateral movement = no slopes are needed
* Ruminatory movement: the denture is stable in all the direction so I need cusps and slopes
* If the teeth wear on all the surfaces is equal = equal forces on all surfaces = vertical movement.
* Asymmetrical teeth wear = ruminatory movement.

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* Ruminatory movement / with cusps.

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* Stability: resistance of the denture to the lateral movement. (Achieved by a well-developed ridge.)
* In flat, atrophic mandibular ridges. Some schools of thought automatically prescribe cuspless teeth in such cases; clearly if balanced articulation is required to give smooth curves and movement. (Maximize stability/no locking.)
* Very wide occlusal table causes increased lateral forces resulting in lingual undercuts.
* It is not a must to provide a full set of teeth.
* No tooth should be put on the retromolar pad area. (Unstable/Inclination)