REVIEW ARTICLE

Difficult Denture Birds: An Easy Psychological Assessment

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ABSTRACT

Individuals who present uncommon and abnormal denture problems require unusual and resourceful treatment. Because of the extreme complexity of their systemic illness, physical, psychogenic abnormalities, anatomic abnormalities and neurological disorders, these are the difficult denture birds. This article mainly describes about difficult denture birds and their management.

Keywords: Denture birds, Management, Abnormalities.

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INTRODUCTION

Difficult denture birds are described by Schultz¹ as 'individuals who present abnormal and uncommon denture problems'. Because of the extreme complexities of their symptoms and their physical and emotional handicaps, these are difficult denture birds.

Characteristics of problem among denture patients are:²

- 1. They express dissatisfaction
- 2. They have pain
- 3. They are hostile
- 4. They exhibit regressive behavior
- 5. They are tense, anxious and appear unhappy
- 6. They often have systemic illness
- 7. They are inordinately preoccupied and conscious of their dental problems
- 8. They have unrealistic fantasy regarding dentures
- 9. They often devious, deceptive and disarming
- 10. They are indefatigable and preserving in their efforts to obtain satisfaction.

Complicating Factors in the Construction of Dentures³

There are five factors that could complicate the construction of complete dentures for a patient. The patient with only one of these undesirable conditions could usually be treated successfully, but when two or more of the factors exist in the same patient. The first of these factors is general debilitation. The second is abnormal jaw function. The third is abnormal jaw relation with accompanying abnormal tooth relationships. The fourth complicating factor is inadequate space for denture bases, and bony protuberances and

undesirable undercuts, are also part of this complicating factor. The fifth factor is the attitude of the patient, and even though listed last, it is not the least important.

If the optimum result within the restrictions and limitations presented is to be obtained, procedures for each patient must be based upon observations and diagnosis.⁴

Examination and exploration are begun by the use of a diagnostic chart to record the findings. The arrangement of the chart encourages a systematic listing of conditions because of its organized outline sequence.⁵

A fundamentally sound approach to this complex problem is to divide the denture service into four stages: (1) the preliminary stage, (2) the construction of 'lend dentures', (3) the corrective functional refit procedure, and (4) correction of postinsertion problems.

In preliminary stage, there is an opportunity to become thoroughly familiarized with the patient. We gain an insight into his emotions and tolerances, establish a rapport with the patient, and gain his confidence The use of 'bite' splints and occlusal pivots⁶ has merit in this preliminary stage. They are used to provide relief from pain in the temporomandibular joints or the muscles of mastication⁷ and sometimes they seem to improve partially lost hearing. Often bruxism can be controlled by the use of a bite splint which is fabricated to fit over the teeth of the lower denture.

Consultation: The use of prosthetic consultation⁸ service has great value with exceptionally difficult problem patients. Consultation is especially important to justify the procedure to be used when it is unusual. It is always advisable to call in a prosthetic consultant if other than an acceptable standard procedure is indicated or planned.

Construction of lend dentures stage many hazards that follow the insertion of completed dentures are avoided.

In order to build a corrective functional refit impression⁹ place wax which flows under pressure at mouth temperature in the lower base and have the patient chew gum for an hour or 2. This provides a functional adaptation of the denture to the basal seat area. In addition, record an accurate, functionally adapted border on the impression.

This corrective functional refit is used because after new dentures have been used for a month or 6 weeks, the tissues in the mouth undergo many changes. These are compensated for with this functional refit impression in the tissue side of the lower denture.

In the fourth stage should be corrected postinsertion problems. An unsuccessful denture may be defined as one which fails to fulfill any or all of the above criteria to the satisfaction of the doctor or his patient.¹⁰

Denture Birds²

1. Dodo Bird

Dodo bird was a large bird that was unable to fly. Dodos are now extinct.

This type of denture bird will be 5% of denture population. Some of them will become unhappy and unmanageable at the first appointment; the difficulties will begain at the try-in appointment; while the majority waits until the dentures are completed before they begin their perverse maneuvers. They may be as gentle and kind as Whistler's mother, or as aggressive as a politician a week before polling time. Generally, the female of the species is more colorful than the male.

Tawkorchoo Gobbler: These are rare specimens who use two separate lower dentures—one for speaking and one for eating.

Management: For these denture birds, second stage that is construction of lend dentures is crucial because this phase allows prosthodontist to make adjustments and render additional treatment.



2. Karate Hawk

This is a large bird with a short, hooked beak, sharp claws, and very good eye sight, while fighting using their hands elbows, feet and legs. Female karate hawk is most difficult to identify because she is very deceptive. One way to identify this hawk is to engage her in conversation about her previous dentists. It will then be observed that her eyes will turn fiery red, and her face becomes flushed as she relates her tales of conquest. This hawk is tiny and thin but she can easily crush the hand of the dentist. This is an important identifying sign. This species wears an upper denture made by one dentist and a lower denture made elsewhere.



The species are very cooperative at the beginning of the treatment; only after the denture is placed does the trouble begin. This patient is so hostile, and is so strong that she fractures porcelain denture teeth as though they were peanuts. After 3 days, the balance of the posterior teeth is destroyed, and the anterior teeth begin to crack away.

Management: Pay more attention to correction of the postinsertion problems.

3. Hertz Bird

Also known as myway magpie. They are full of confidence and energy. These generally appear with dentures worn in the pocket or purse, one hand holds a suitcase which contains a complete set of instruments for setting up teeth and waxing a denture base, while other hand is a 25 years old-copy of Swenson's complete denture. First they agree to the fee, and can hardly wait to get started, their pay is rarely paid because they seldom complete their treatment. After the preliminaries are over and when try-in begins, the hertz birds take full change of esthetics and make comments like 'its wrong, they are too long or short, or they just do not feel right'. Months may go by, and spouses or other supporting relatives may be called in to support the contention that a marriage is being ruined by the dentist's inability to achieve the proper esthetics for this person.



Management: Make sure to get approval from the third person, who is close to the patient at the time of approval of lend dentures.

4. I Usta Duck

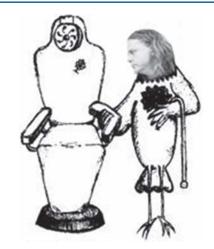
Also known as Minewere mallard. This type of bird is with short legs, short neck and large flat beak. They are identified by her habit of flying backward so that she can always see where she has been. Her mode of dress may be described as teen twentyish. Positive identification is achieved when this beauty emits the shrill raucous call characteristic of the species. Their physical limitations, she naturally becomes disenchanted with her dentist. Her high hopes of regaining many lost years are unrealized and she seeks remedies of her own. It is not uncommon for these birds to place cotton under their lower dentures, or to line their cheeks with multiple sticks of chewing gum. These results are often grotesque and harmful. The 'do it yourself liners' are the final step for these poor creatures, who have run out of dentists who will treat them.

Management: Corrective functional refit procedure.



5. Forever Flicker

Is a gentle creature with a chisel-shaped beak and heart full of love. This hardy cousin of the woodpecker, also known as sweet-lipped sapsucker. This bird is in search of a dentist with a passion for order, the kind of man who likes to plan his treatment carefully, make the denture, and complete a case. Once the right man has been stopped this delicate creature nests in for a long stay. Identification of these can be made early if the dentist can hear this bird sing. If she is left alone in the chair for a while one may hear a continuous, clear, double-noted warble that sounds unmistakably like till the end of time. There are no heartrending exclamations, no threads of legal action and no comparisons with previous dentures. It has no place in the lifetime liaison. The dentures



always need adjusting, cleaning, sharpening, refitting, relieving, lighting or tightening.

Management: A good postinsertion denture service.

6. Martini Meadowlark/Junco

A common identification character is affinity for spirituous liquids to the exclusion of other forms of nourishment. The odor of alcohol accompanies every exhalation and makes identification easy. Occasionally these birds will reek of cologne or bay rum. One does not have to look hard for these free spirits, because they are found everywhere. They fly about on unsteady wings in search of a dentist who will make dentures which can float on their booze-ridden, fragile and undernourished oral tissues. These pathetic creatures cannot tolerate dentures without the constant support of their dentist, so that, unwittingly, he also become a part of their pattern of addiction



Management: After denture insertion dentist should remind the patient for periodical follow-up/correction of postinsertion problems.

CONCLUSION

Patient satisfaction will play major key role in the prognosis of the complete denture treatment. Hence, the dentist should understand and read about the patient mental attitude to give better service and make successful denture.

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