

“Utilizing the Neutral Zone: Concept and Technique for Stabilizing Complete Denture– Case Report”

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ABSTRACT

The complete denture with neutral zone is not a new concept. The problem encountered with complete denture patients is the decrease in denture foundation and compromised retention. The neutral zone concept aims in the construction of complete denture using oral structure, when in function and the space available between these oral structures. This article lightness about neutral zone concept and challenges faced during the procedure of impression making by the prosthodontist, when the patient has severely resorbed ridge.

Keywords: Prosthodontic Rehabilitation, Neutral Zone, Impression Technique

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INTRODUCTION

The major goals of providing complete denture prosthesis to an edentulous patient include the provision of functionally aesthetic substitutes and the replacement of associated structures within the oral cavity.¹ The complete dentures should use the spaces available and redefine the retention. When it is achieved, the complete denture prosthesis occupies substantial volume in the oral cavity.

As the area of the impression surface decreases due to alveolar ridge resorption, less influence it has on the denture retention and stability. Retention and stability of the complete denture becomes perfect after positioning of the teeth and polished surface of the dentures. Therefore these surfaces should be so contoured that horizontally directed forces applied by the peri-denture muscles should act to seat the denture in this well balanced muscular space². This space is known as neutral zone.

CASE REPORT

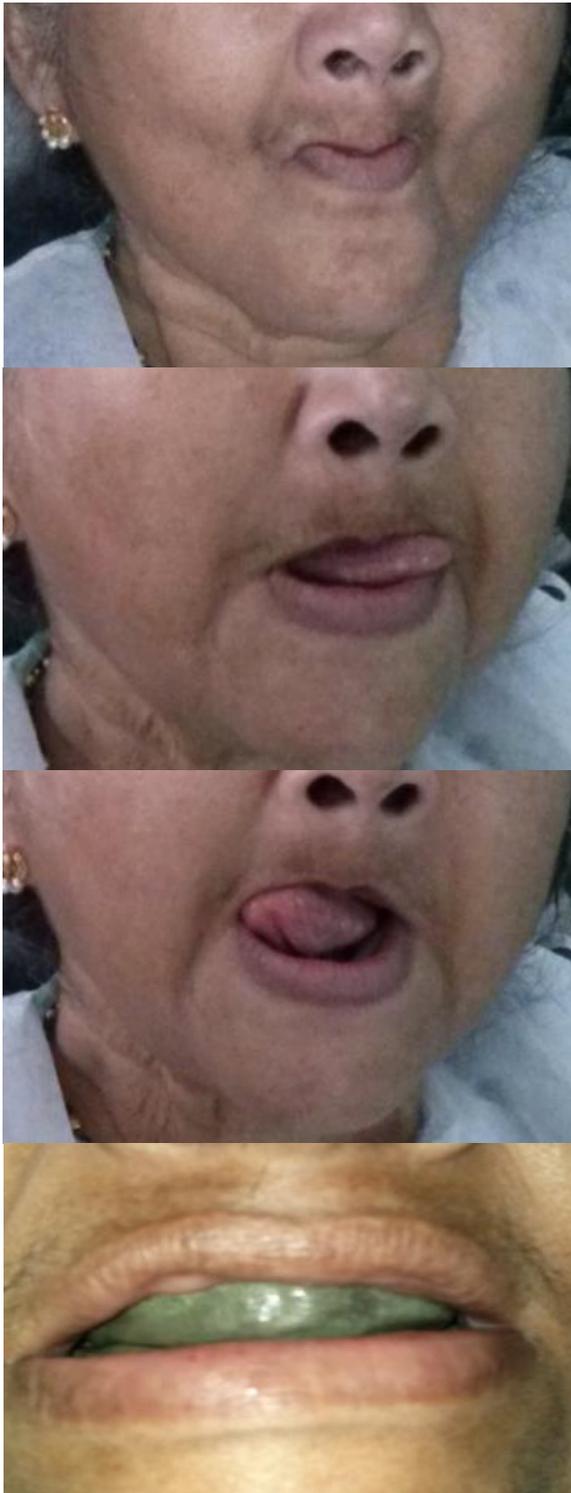
A 58 year aged female patient reported with complete edentulous maxillary and mandibular arches. She wanted replacement of the same. On clinician examination it was found that maxillary and mandibular arches severely resorbed (fig.1).



The diagnostic impression were made with the help of impression compound and cast poured with plaster of Paris. On the diagnostic cast custom tray was made. Secondary impression was made on custom tray with zinc oxide eugenol impression material. While making secondary impression the patient was asked to do all the functional movements. This impression was poured with dental stone.

The record bases were fabricated with modelling wax and tentative jaw relation was recorded and mounted, which helped in maintaining the vertical jaw relation. With the help of impression material (Green Impression Compound; Kerr Corp) neutral zone was recorded. The impression material was softened in a 65° C water hot bath; the softened compound was kneaded and placed as

roll on the special tray with the help of orthodontic wires in the tray to stabilised impression material. This impression material was reheated and placed in patients mouth and the functional and physiological movements like swallowing, sucking, pursing lips, sipping water, pronouncing vowels and protruding tongue several several times. (fig.2)



During these movements the muscles of lips, cheeks, and the tongue, exerted forces on the impression compound which molds it (fig.3) it's removed from mouth and placed in cool water bath. The vertical height was adjusted and the procedure was repeated several times. Once the neutral zone was recorded on the impression it was placed on the master cast.



With the help of dental stone the index was made of the neutral zone and grooves were cut on the index made which helped in relocating the index (fig.4).



Wax occlusal rim was replaced and with the help of index which helped to provide the neutral zone space the teeth arrangement was carried (fig.5). The position of the teeth was checked by placing the index together back on the master cast and wax up was done for the trial in patient's mouth.



Once the trial denture was ready, then it was checked in the patient's mouth for occlusion, aesthetics, phonetics and function.



DISCUSSION

The main goal of prosthodontic treatment is to restore the function and aesthetics. Complete denture is influenced by not only the ridge but also by the surrounding oral cavity, occlusion, biting forces and many others.

Fish pointed that out of the three surfaces of the denture the polished surface is bounded by the tongue and the cheeks. These are involved in normal physiologic movements such as speech, mastication, swallowing, smiling, and laughing³. Complete denture must be fabricated with function because physiologically unacceptable denture will have poor prosthesis stability and retention, insufficient tissue support and compromised phonetics.

Wright and associates pointed out that the borderseal area for the mandibular denture extends downward to

the floor of the mouth and posteriorly into the lateral throat form⁴. Rinaldi and Sharry refer to a study that indicated that the tongues of aged persons showed no atrophic tendencies, which is not true of other tissues. It is advantageous to record the positions of the tongue during sucking, swallowing, and movement⁵.

A thorough understanding of the anatomy and physiology of structures can help the Clinicians to attain complete denture without any discomfort and without wasting any extra clinical sitting to obtain neutral zone that impact prosthesis stability.

CONCLUSION

The neutral zone for complete denture fabrication utilizes the surrounding oral tissues, as an advantage to stabilize the denture. Retention and stability of dentures has been greatly improved. When implant overdenture therapy is not the treatment option, the neutral zone technique is of great help. Using the modern technique that are being developing like the CAD/CAM and virtual registration and option of the tooth positions and denture base contours the limitations of neutral zone technique can be met. This technique may be incorporated in regular prosthodontic treatment of edentulous patients.

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