INTRODUCTION:
Flabby tissue means excessively mobile tissue. Published studies indicate that prevalence of flabby ridge can very occurring up to 24% of edentulous maxilla, and in 5% of edentulous mandible, and in both jaws most frequently in the anterior region. Flabby ridges has also been believed to occur in cases with a maxillary complete denture opposing mandibular anterior natural teeth, without proper posterior occlusal support. This arises because of unplanned dental extractions that result in maxillary complete dentures opposing mandibular anterior natural teeth, without proper posterior occlusal support. Kelly in 1972 suggested the term ‘combination syndrome’ describe the change in patient wearing a maxillary complete denture opposed by mandibular anterior teeth and a distal extension removable partial denture. Ridge resorption as well as flabby ridges that are a sequel of long term denture wearing influence denture retention and stability.

Displacement of flabby tissues during impression making step is always a concern while fabricating complete denture. Hypermobile tissues which are displaced during impression making tend to return to their undistorted form, making fit of prosthesis difficult for patient. Also results in loss of retention, stability, support, and occlusal disharmony of the prosthesis. Several impression techniques have been suggested to rule out this difficulty caused by flabby ridges. In the window technique, two separate impression materials such as zinc oxide eugenol impression paste for the normal tissues and impression plaster or low viscosity elastomeric impression material for the flabby tissues are used. Impression plaster is a mucostatic impression material and produces little or no pressure, but it is difficult to handle and to pour also it offers little advantage over low viscosity polyvinyl siloxane impression materials. Light body polyvinyl siloxane is a mucostatic material. It is dimensionally most stable, elastic material and records undercuts. The purpose of this article is to describe an impression technique for flabby ridges that makes use of low viscosity polyvinyl siloxane impression material. This article presents an impression technique used to record flabby tissue in an undisplaced form using Window technique. 'Window' impression technique was described by Watson. Light body polyvinyl siloxane is also a mucostatic material. It is dimensionally most stable, elastic material and records undercuts. The purpose of this article is to describe an impression technique for flabby ridges that makes use of low viscosity polyvinyl siloxane impression material.

CASE REPORT:
A 55 years old male patient reported to the Department of Dentistry at Pt. J.L.N.G.M.C.H Chamba with the chief complaint of ill fitting maxillary complete denture and want to fabricate a new denture. On intra-oral examination, an edentulous maxillary arch with severely displaceable anterior flabby ridge was observed (Fig.1). Patient gave the history of wearing denture for the past 8 years and complained that it gradually became loose. It was decided to fabricate a new complete denture using window impression technique using polyvinyl siloxane impression material. This article presents an impression technique for flabby ridges that makes use of low viscosity polyvinyl siloxane impression material to record the flabby tissue in mucostatic form.

METHODS:

1. Patient was given a special tray with the window marking.
2. Primary impression of maxillary and mandibular arches was made with alginate impression material to ensure minimal distortion of the flabby tissue (Fig.2). Both the impressions were poured and primary casts was obtained. Special trays were fabricated for both maxillary and mandibular arches. In the maxillary special tray, for both impressions were made with alginate impression material to ensure minimal distortion of the flabby tissue (Fig.2). Both the impressions were poured and primary casts was obtained. Special trays were fabricated for both maxillary and mandibular arches. In the maxillary special tray, corresponding to the marked area (Fig.3) a window was created (Fig. 4) in order to record the flabby tissue. Border molding was done with green stick compound and final impression was made using zinc oxide eugenol impression paste.
3. The tray with window was adjusted in the patient mouth (Fig.5). Apply adhesive on the tray in the area of window opening and inject polyvinyl siloxane impression material. The tray with window was adjusted in the patient mouth (Fig.5). Apply adhesive on the tray in the area of window opening and inject polyvinyl siloxane impression material. The tray with window was adjusted in the patient mouth (Fig.5). Apply adhesive on the tray in the area of window opening and inject polyvinyl siloxane impression material. The tray with window was adjusted in the patient mouth (Fig.5). Apply adhesive on the tray in the area of window opening and inject polyvinyl siloxane impression material. The tray with window was adjusted in the patient mouth (Fig.5). Apply adhesive on the tray in the area of window opening and inject polyvinyl siloxane impression material. The tray with window was adjusted in the patient mouth (Fig.5). Apply adhesive on the tray in the area of window opening and inject polyvinyl siloxane impression material. The tray with window was adjusted in the patient mouth (Fig.5). Apply adhesive on the tray in the area of window opening and inject polyvinyl siloxane impression material. The tray with window was adjusted in the patient mouth (Fig.5). Apply adhesive on the tray in the area of window opening and inject polyvinyl siloxane impression material.
4. Final impression was made using zinc oxide eugenol impression paste. Fig.3 Final impression with window marking Fig.4 Window created in the tray

DISCUSSION:
Primary impression of maxillary and mandibular edentulous arches was made with alginate impression material to ensure minimal distortion of the flabby tissue (Fig.2). Both the impressions were poured and primary casts was obtained. Special trays were fabricated for both maxillary and mandibular arches. In the maxillary special tray, corresponding to the marked area (Fig.3) a window was created (Fig. 4) in order to record the flabby tissue. Border molding was done with green stick compound and final impression was made using zinc oxide eugenol impression paste. The tray with window was adjusted in the patient mouth (Fig.5). Apply adhesive on the tray in the area of window opening and inject polyvinyl siloxane impression material over the window opening (Fig.6). Impression was evaluated carefully for defects and any excess material on the periphery was removed. Maxillary impression with polyvinyl siloxane impression material.
often results in unretentive and unstable dentures. Creating windows
Conventional impression techniques used to record such flabby tissues
depth that further needs a small surgical intervention i.e.
if there is adequate bone height. However, it results in short sulcus
prosthodontic approach, either alone or in interdisciplinary
inflammation. Flabby ridges can be successfully treated with proper
combination with surgery. Surgical removal of flabby tissue is possible
supporting bone by fibrous tissue and is associated with marked fibrous
formation of flabby ridge in an edentulous arch which provides poor
prosthesis: Frontal view (Fig.8) Right lateral view (Fig.9) and Left
A master cast was poured from the impression and occlusion rims were
fabricated. Jaw relation were made and try in was done. Denture were
invested and packed in conventional manner. Final dentures thus
obtained were placed in the patient mouth. Intraoral view of complete
prosthesis: Frontal view (Fig.8) Right lateral view (Fig.9) and Left
lateral view (Fig.10)

**DISCUSSION:**

An accurate impression of the edentulous ridge is very important for a
stable and retentive denture. Flabby ridge when recorded using a
conventional method are compressed during impression. The elastic
recoil of flabby fibrous soft tissue during function result in instability
and loss of denture retention and dislodgement. Several impression
techniques and methods have been described in the literature for
recording flabby tissue during impression making. However there is no
evidence to support that one particular impression technique will
overcome this problem and prevent it from hindering in the success of
denture fabrication, thereby providing adequate retention, stability,
support and patient satisfaction with the functioning of the denture.

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