INTRODUCTION
It is inevitable for a prosthodontist to come across patients with different ridge contours in our daily routine clinical practices. These different ridge forms may vary from severely resorbed ones to extensively bulky ridges. An excessively prominent ridge is more commonly seen in maxilla than mandible. Preprosthetic surgery in mandatory for such cases before proceeding with the fabrication of complete dentures. Such bulky contours of the ridge pose a threat to the esthetic outcome of a denture. Arrangement of artificial denture teeth becomes difficult due to lack of space and eventually results in an overtly unaesthetic swollen lip appearance. Preprosthetic surgery can of course be a corrective option for such cases, though a major criterion of it includes patient consent. The patient’s mental attitude and health might not always permit the thought of a surgery. Hence, in such clinical conditions, when the patient is not very keen in undergoing surgery for an over-contoured ridge, the prosthodontist can modify the art of a conventional denture, and restore it with help of a flangeless denture.

This case report presents a non-surgical procedure of treating and producing optimum esthetics in an overly contoured maxillary ridge with severe labial undercut with the help of a flangeless denture.

CASE REPORT
A 56 year old female patient reported to the Department of Prosthodontics and Crown and Bridge, IDST, Modinagar with the need of replacing her missing teeth with a complete denture. The patient had been edentulous for past 3months. On extra oral examination, patient had a tapered face with a convex profile, normal muscle tone and adequate lip length. Intraoral examination revealed a U-shaped maxillary arch accompanying a severe labial undercut. (Fig. 1-3)
Primary impressions of both the arches were made with impression compound. The primary casts were obtained after proper beading and boxing of the primary impressions. Special trays were fabricated with the help of autopolymerizing resin. Border moulding was done using low fusing impression compound and the secondary impressions were made with zinc oxide impression paste. The severe labial undercut posed a problem during the routine impression procedures and special care had to be taken regarding the path of insertion and removal. The master casts were obtained (Fig. 4) and denture bases were fabricated followed by wax occlusal rims.

The labial fullness appeared to be more even after the entire wax was merged with the denture base, which suggested the trimming of the denture base till the maxillary ridge for appropriate esthetics. There was no denture base in the area of the labial prominence and the lips were in direct contact with the ridge which reduced the labial fullness. The vertical and horizontal jaw relations were carried out and the casts were mounted in a semi adjustable articulator.

The window area was carefully sandpapered and polished. The borders of the denture were intact and kept sufficiently thick to provide adequate strength. The denture was polished and tried in the patient’s mouth for evaluation of appropriate esthetics and occlusion. After the necessary occlusal corrections, the prosthesis was delivered. (Fig. 6-8) The patient was recalled within a week for the patient's mouth for evaluation of appropriate esthetics and occlusion. After the necessary occlusal corrections, the prosthesis provide adequate strength. The denture was polished and tried in borders of the denture were intact and kept sufficiently thick to provide adequate strength. The denture was polished and tried in.

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REFERENCES