Reviving Youth and Restoring Health: The Functional and Esthetic Power of Conventional Removable Prosthodontics

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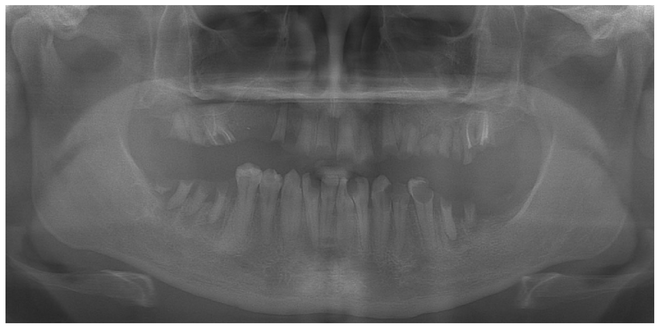
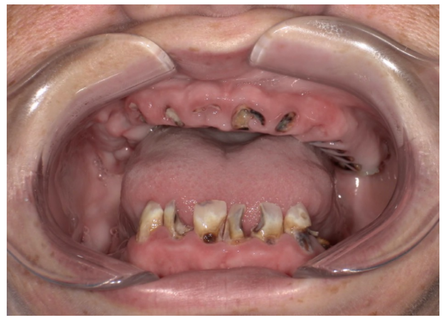




Clinical Background

The patient presented to the dental school in February 2024 seeking comprehensive dental treatment and definitive care for severely compromised dentition. The medical and social history revealed a 10-year history of methamphetamine and other recreational drug use; however, the patient is currently enrolled in a substance recovery program and has been sober ever since.

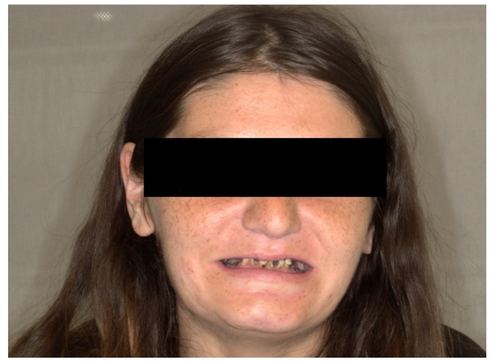
.Initially, the patient expressed interest in pursuing fixed implant-supported prostheses for both arches but ultimately declined this option due to financial constraints. At the time of transfer to my care, no prior treatment had been initiated. Following consultations with the departments of reconstructive dentistry, periodontics, and removable prosthodontics, the consensus was that the most appropriate definitive treatment plan would involve full-mouth extractions, fabrication of a remote complete maxillary denture, and an immediate mandibular complete denture.

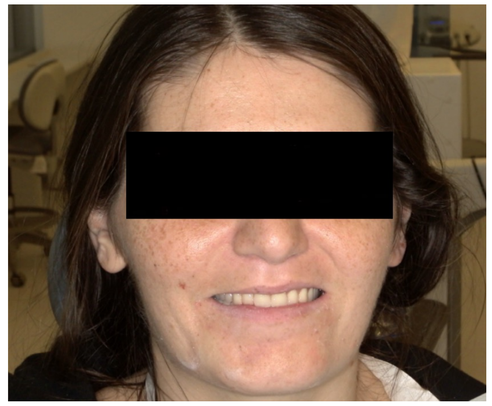
Case Overview

Following appropriate specialty consultations with periodontics, reconstructive and removable prosthodontics, the case was divided into four staged appointments for full-mouth extractions due to the patient's low pain tolerance and inability to use opioid analgesics. Posterior root tips were first removed from the upper and lower right quadrants, followed by left posterior teeth, and then the remaining upper dentition. The lower anterior teeth were retained until the day of delivery for the immediate mandibular denture.

Approximately one month after most extractions and primary soft tissue closure and alveolar ridge stability were confirmed, custom impression trays were fabricated, and final impressions were taken using a polysulfide impression material. The treatment then progressed to establishing the patient's vertical dimension of occlusion (VDO). Wax rims were adjusted on the denture baseplates to achieve a VDO less than the vertical dimension at rest (VDR), ensuring the presence of adequate freeway space. Once the VDO was verified and accepted by the patient, shade B2 and mold 34 were selected for the prosthetic teeth. The patient approved the anterior tooth arrangement at try-in.

A secondary try-in appointment was conducted to confirm proper midline alignment, incisal edge display at rest, gingival contour, and lip support during repose, stimulation, and exaggerated smile. Upon confirmation, the dentures were sent for final fabrication. Prior to delivery, the remaining mandibular anterior teeth were extracted, and minor alveoloplasty was performed to enhance denture fit. The prostheses were delivered and evaluated clinically. The patient expressed satisfaction with the functional and esthetic outcomes. Follow-up appointments are scheduled to monitor adaptation and ensure continued fit and function of the prostheses.





Clinical Summary

Conventional removable prosthodontics hold an essential and transformative role in rehabilitative dental care, especially for patients whose dental conditions are deemed unrestorable through extended fixed options, whether due to anatomical compromise or structural deterioration. This modality not only restores visible esthetics through tailored prosthetic replacements but also reinstates the critical oral functions of mastication, phonation, vertical dimension, and foundational facial support—elements often lost beyond the reach of fixed restorations.

As shown in this case, the integration of both upper and lower complete denture prostheses demonstrates a significant reversal of apparent aging and functional deficit, exemplifying how appropriately applied removable solutions can re-establish harmony, stability, and satisfaction in patients with previously hopeless dentitions.

Acknowledgments

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