

ESTHETICS AND HYGIENE AFTER EXTENSIVE PERIODONTAL TREATMENT

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MANY PATIENTS have been left with unsightly oral structures following the removal of gum tissue and alveolar bone to cure periodontal disease. With the eradication of the pathologic pockets, the bone and gingival tissues receded leaving the roots of the teeth exposed and the interproximal embrasures enlarged (Fig. 1). These embrasures are not only unsightly, but they act as food traps creating an additional problem of maintaining adequate hygiene in the mouth of a patient already burdened by difficult and time-consuming home care. The dental prosthesis to be described is offered to obtain better appearance and maintain better mouth hygiene.

ARTIFICIAL RESIN MASKS

People wear artificial nails, eyebrows, eyelashes, wigs, eyes, and many other forms of removable prosthesis to hide abnormal or unsightly conditions. Artificial resin masks hide unsightly oral tissues and cover exposed roots. These gum sections need be worn only when desired. They can be inserted and removed with little effort, provide a pleasing appearance, and close the large interproximal embrasures. They shorten the apparently oversized teeth, cover the exposed roots, prevent the accumulation of food between the teeth, and are inexpensive to make. Above all, they give the patient a tremendous mental and moral lift.

TECHNIQUE OF CONSTRUCTION

Acrylic resin gum masks are made in the following manner. An accurate alginate impression is made of the upper teeth including the labial and buccal gingival tissue, and a stone cast is poured. Modeling compound is adapted to the palate of the cast to form a core (Fig. 2). The palatal modeling compound has extensions which just enter the interproximal embrasures from the lingual side of the teeth. This core is used to prevent the impression material from running into the embrasures from the labial and buccal tissues when the final impressions are made. A cold-cure acrylic resin tray is made for the labial and buccal surfaces. This tray will carry the final impression material so that a detailed impression can be obtained of the teeth, interproximal embrasures, and gingival tissue.

The palatal core is placed into position and the final impression is made with rubber-base or silicone impression material in the special tray (Fig. 3). A correct impression records all the detail of the labial and buccal gingivae and frenum as well

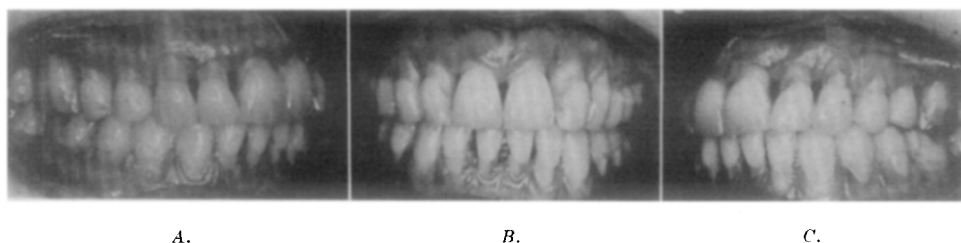


Fig. 1.—The right (*A*), anterior (*B*), and left (*C*) views of a young female patient after periodontal surgery. The roots are exposed and unsightly. The embrasures are large and prevent good oral hygiene.

Fig. 2

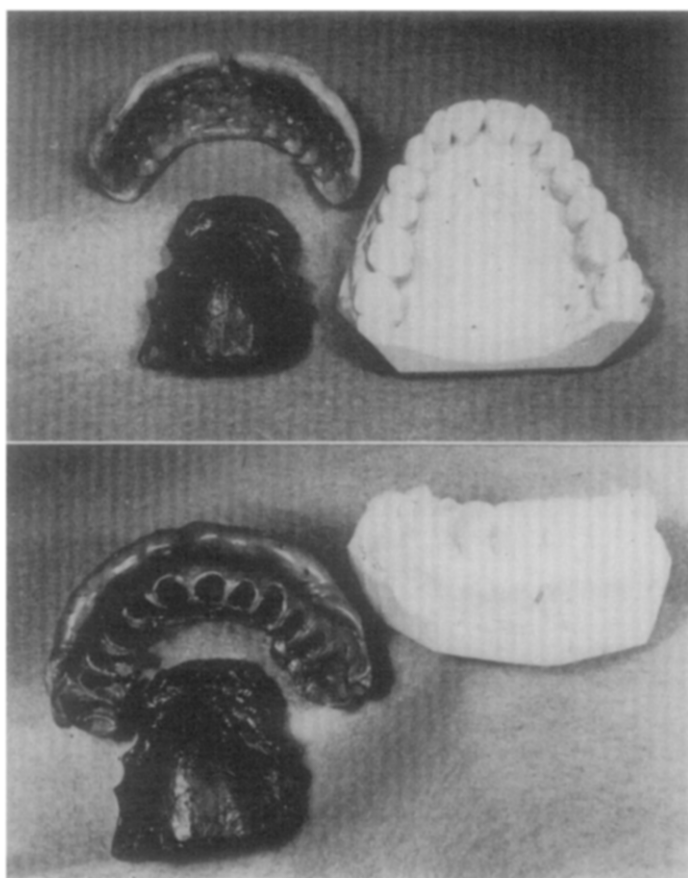


Fig. 3

Fig. 2.—The stone cast is made from an alginate impression. The modeling compound palatal core prevents impression material from running through the interproximal embrasures. The cold-cure acrylic resin buccal and labial impression tray is painted with rubber cement.

Fig. 3.—The rubber-base impression gives an accurate reproduction of the buccal and labial tissues as well as the interproximal embrasures.



Fig. 4

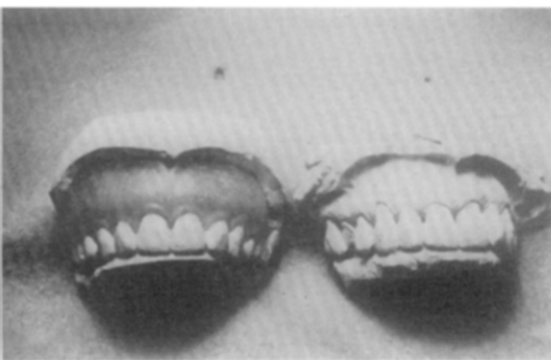


Fig. 5

Fig. 4.—The stone cast is made from the rubber-base impression. Note the detailed tooth and tissue anatomy.

Fig. 5.—The mask is waxed on the stone cast. The duplicate cast is on the right.

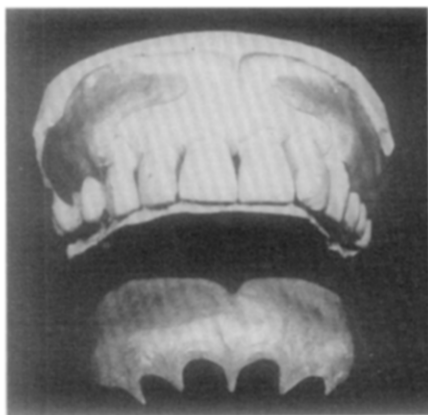


Fig. 6

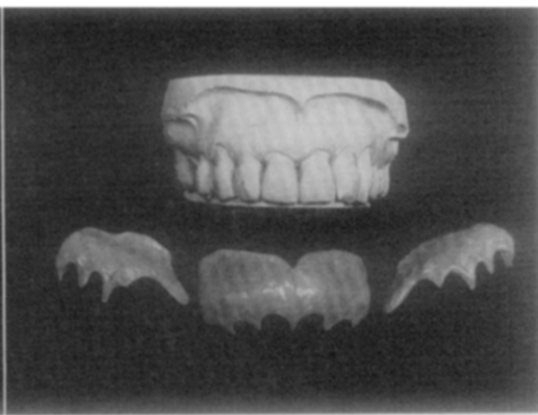


Fig. 7

Fig. 6.—This resin mask is made in three sections. The anterior section fits over the extensions of the posterior sections. The interproximal projections act as retentive devices.

Fig. 7.—The disassembled parts of the mask are in the foreground. The joints are invisible in the mouth.



A.

B.

C.

Fig. 8.—The right (A), anterior (B), and left (C) views of the patient shown in Fig. 1, with the acrylic resin masks in position.

as the labial surfaces of the teeth, including their incisal edges. The interproximal embrasures must be especially detailed because they must be filled accurately and covered with the plastic mask (Fig. 4).

The mask is waxed and carved and processed on the cast in heat-cured acrylic resin (Fig. 5). The processed mask is refitted on a duplicate cast and is ready for insertion. The projections of the plastic mask into the embrasures hold the mask in position without the aid of any other form of retention.

If the bicuspid and molars are involved, the mask may have to be made in two or three sections to permit its insertion (Figs. 6 and 7). The mask may be made for any section of the mouth and may be colored and contoured to represent the natural gums (Fig. 8). These masks may be worn on all occasions, or only on special occasions. They are readily removed and cleaned.

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