Patient G., 75 years old, came to the orthopedic dentistry clinic. Complaints: poor fixation of a complete removable plate denture on the upper jaw and a partial removable denture on the lower jaw.

History of the disease: I lost my teeth in the upper jaw more than 10 years ago, at which time a complete removable denture was made. The chewing group of teeth in the lower jaw was removed about 5 years ago due to complicated caries. A partial removable plate prosthesis was made for the lower jaw with bent clasps for teeth 44; 33.

Objectively upon examination:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Зубная формула | | | | | | | | | | | | | | | |
| О | О | О | О | О | О | О | О | О | О | О | О | О | О | О | О |
| **18** | **17** | **16** | **15** | **14** | **13** | **12** | **11** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** |
| **48** | **47** | **46** | **45** | **44** | **43** | **42** | **41** | **31** | **32** | **33** | **34** | **35** | **36** | **37** | **38** |
| О | О | О | О | П | П |  |  |  |  | П | О | О | О | О | О |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Teeth 4.2; 4.1; 3.1; 3.2 have II degree of mobility. There is marked atrophy of the alveolar process and the alveolar part of the lower jaw in the area of missing teeth.

The mucous membrane of the marginal part of the gums in the area of teeth 4.2; 4.1; 3.1; 3.2 hyperemic, presence of supragingival dental plaque.

X-ray data revealed vertical bone pockets in the area of teeth 4.2; 4.1; 3.1; 3.2 uniform bone atrophy over 1/2 of the root length. There is unsatisfactory fixation of a previously manufactured complete removable denture on the upper part, which is associated with a discrepancy between the prosthetic bed and the prosthesis. The height of the lower part of the face in the position of central occlusion is reduced by 6-7mm from the position of physiological rest.

Questions

1. Make a diagnosis.

2. Formulate the objectives of orthopedic treatment.

3. Suggest one of the possible treatment plans.

4. Create a therapeutic treatment plan.

5. List what functional tests need to be carried out during the manufacture of an upper complete removable laminar denture.