CRC11: Modified Telescopic Overdenture as an Alternative for Hyperactive Gag Reflex Patient

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Introduction:
Conventional maxillary denture with palatal portion coverage frequently cause discomfort, decreased speaking ability, taste perception, and often caused nausea especially in patients with hyperactive gag reflex. Furthermore, one commonly used as an alternative treatment is a telescopic overdenture. This system allows us to remove the palatal portion in which enable patient to talk easier, restore taste perception, and reduce gag reflex. This paper is aimed to describe the prosthetic rehabilitation of hyperactive gag reflex patient with modified telescopic overdenture.

Case Description:
A 67-year-old male patient came with a chief complaint of discomfort denture especially on maxilla. He had conventional maxillary denture with palatal coverage. He felt nauseous and about to vomit every time he wore the denture.

Discussion:
The preferred treatment of the maxilla is modified telescopic overdenture with reduced palatal portion and for the mandible is removable partial denture. Modified telescopic overdenture using conical primary telescopic copings on tooth 13 and 23 with 2° angulations, 6 mm height, and 0.7 mm thickness therefore the denture will have sufficient retention from the friction. First of all, we determined vertical dimensions and centric relations using red wax, and then mounted to the articulator to get the final view of denture thus it will guide operator in abutment's preparation and also guide dental laboratory to make telescopic copings, denture frame and arranged artificial teeth.

Conclusion:
Modified telescopic overdenture has shown clear advantages particularly increasing comfort in patient with hyperactive gag reflex.

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CRC12: Management of Implant induced Neuropathy with Sticky Bone & PRF – A Case Report

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Introduction:
Compression injury to the mandibular nerve, by dental implants, can trigger, a sharp stabbing neuropathic pain of the involved lower jaw. This is a case report of management of implant induced neuropathy i.e removal of existing implant followed by immediate implant placement with Sticky bone™ grafting and PRF membrane.

Case Description:
A 47-year-old female patient complained of “shooting”, “stabbing” pain, involving region of right ear to chin, for past 5 years. Clinical examination revealed two implants in 47 region, well osseointegrated, with no signs of inflammation. CBCT showed mesial implant being placed very close to nerve. Treatment was planned to remove the implants and immediately place a single short implant. The implant was removed with reverse torque, under local anaesthesia. Osteotomy done utilising the inter implant bone and the distal implant socket. Osstem TSIII 5mm/8.5mm implant placed. Phlebotomy done. Sticky bone™ made with AFG and Alloplast. The site was covered using PRF membrane and sutured. The pain described as “Shooting”, “stabbing”, disappeared completely after a month of surgery. After 6 months, the implant was restored with screw-retained prosthesis.

Discussion:
Indirect Injuries to Mandibular nerve due to implants, where there is no contact between the implant and the nerve, can trigger, neuralgic pain. The objective is to remove the implant with minimal trauma, followed by immediate implant placement with, effective grafting rich in growth factors. Sticky bone and PRF were preferred, since they are excellent sources of growth factors.

Conclusion:
Patient relieved of pain. Dental implants placed nearest to mandibular nerve, cause compression, triggering neuralgic pain. Meticulous treatment planning and technique mandatory to avoid implant induced Neuropathy.

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CRC13: Management of Snoring with Novel Mandibular Advancement Device in a Bruxing Patient: A Case Report

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**Introduction:** Snoring either on its own or associated with mild obstructive sleep apnea can be managed with oral appliance. We reported a case which utilized a novel Mandibular Advancement Device (MAD) to manage snoring with sleep bruxism.

**Case description:** A 52-years old lady was referred to Postgraduate Prosthodontics clinic for management of snoring. Patient was diagnosed with primary snoring without apnea, and sleep-bruxism. She was previously provided with a two-piece type commercially-available MAD with position-fixed adjuster but it repeatedly fractured at the connector due to inability to withstand forces resulted from bruxism. A novel MAD was fabricated to address her problem. Slight muscular pain was resolved with occlusal adjustments during post-insertion visits. Patient was reviewed regularly after a week, 1-month and 3-months. She self-reported 70-80% reduction in snoring intensity with improved sleep quality. She tolerated appliance comfortably with compliance. Bedpartners assessment also revealed improvement in reduction of snoring.

**Discussion:** With the aim of reducing snoring intensity and managing sleep-bruxism, a two-piece novel MAD was fabricated. Separate arch piece with clasp-fixers allows free lateral movements without simply being dislodged. Continuous-screw-adjuster permits easy adjustment of mandibular advancement to the most comfortable position. Small arch conforming design made with heat-cured acrylic resin gives superiority to comfort and strength. It was also designed to be in simultaneous contact to act as a splint for bruxism. In addition, it is relatively straight forward to fabricate and cost-effective.

**Conclusion:** The novel mandibular advancement device delivers positive improvements in the management of snoring in patient with bruxism without appliance breakage.

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