Make Lower Denture for Existing Upper Denture?

A Townie wants to know whether it’s advisable to make just half a set.

This was heavily frowned upon and not recommended in dental school, but I’m wondering, do any Townies make lower dentures to fit an existing upper denture? ■

Yes. This is very risky. Depends on age of the upper, occlusion, etc. Also, depends on why you are making the lower. Is it a lower replacement denture? Is it extractions with a first-time lower? More info needed. ■

The upper is an immediate that was made about five years ago. Patient had one reline and says it has been fine ever since. This would be an immediate lower—the patient has an existing partial with #21, 22, 27-30 remaining. ■

You’ll be fine. Proceed as normal. Just make the lower, using the upper as reference. Send the lab an impression of the upper that it can mount against. When you do your wax rims, get a bite reg against the upper. Then, do a wax try-in against the upper to make sure everything is peachy keen.

People make dentures to oppose all kinds of wonky natural teeth, and then act like it’s impossible to make a denture to oppose an existing well-made denture. I don’t get it. Sure, ideally they get both made at the same time. But if they already have one, that’s just fine—there’s no need.

The patient will appreciate not having to throw away their perfectly fine denture just so they can have a “set.” ■

Okay, cool. If the esthetics and occlusion are okay, it is probably just business as usual. I am not sure about your experience with dentures, but I always present a lower denture with implants first.

I always tell the patient that most people have no problem with an upper denture. Most people have issues with lower dentures. It is not like wearing a partial or a top denture. You may have to wear glue. There is no suction. You may get food under it. It is like wearing shoes with no shoestrings. You must learn to keep it down with your tongue.

Only about 30 percent of people actually wear their lower denture because of the previously stated issues. If I were you, I would consider doing either fixed hybrid or a 2- to 4-implant lower denture. I want the patient to deny the first two options. Once he or she agrees to a lower denture without implant, the ball is in your court. I just really lower the patient’s expectations. I would also make an immediate (interim) with extractions and make a new complete lower, once healing is complete at 4-6 months. My two cents. ■

Related Message Boards

Possible to Convert Existing Maxillary Complete Denture into Implant Bar Supported Overdenture?

Bar Supported Overdenture ■

Patient Needs Overdenture; I Need Help.

Overdenture Help ■

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How do we know it will work—we haven’t seen any pictures?
I have to say, I find it hard to believe that an immediate denture that was made five years ago to fit against a multiple missing lower teeth has proper occlusal planes (Wilson and Spee). Can you show photos?
If the upper is five years old, why would you not remake it?

I find many folks are completely happy with their existing, even old, worn-out one. But they just have the skrill for a new upper or lower (or even if they have más dinero, they don’t want a new upper or lower). I’m not going to turn them away if they don’t do both at the same time. It’s a matter of meeting what’s ideal with what’s practical for the patient.

You could always adjust the plane on the mounted cast. Make an immediate to fit that “better” plane. And then at delivery make adjustments on the actual upper denture.

Amen, brother. I can blow right through a patient’s annual maximum doing one arch. A lot of my November and December was doing the uppers. Now I’m seeing some of those patients to catch up the lowers.

I find that what works really well is telling them how the new XXX won’t work as well because of the “chewing” issues we see (occlusal planes, etc.). I discuss with them how they can afford to get a whole new set and fit it into their budget.

To me, a set of full/full is the easiest full-mouth rehab I get to offer in my practice. If patients in my area are paying for ceramic reconstructions, the plastic ones are even easier to get commitments to.

Nearly every time someone comes in with an immediate upper against existing lower teeth, there is a reverse smile and an occlusal plane that drops in the posterior. To me, it is a disaster to try to get a lower to balance against this and you are setting yourself up for failure.

If people ask, “Can you just do this?” it doesn’t mean that they cannot afford the correct treatment. Who doesn’t want to pay half of something? Once informed as to why getting a whole new set is their best option, patients never question the cost. This is just my experience from the past 18 years.

I do this all the time—except I fabricate both at the same time so that everything is perfect... and just insert the new lower in the new year so that there are no insurance issues.

If they have an existing set, I adjust the old lower to fit the new upper at insert of the new maxillary denture. I try to insert the maxillary new one the last week of December, and the new lower in the first week of January.