

Relining of complete dentures, indications, working procedures

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Re-lining is a temporary solution for ill fitting dentures

Indications for reline

- loss of retention
- instability
- food trapping
- abused mucosa
- as a temporary measure to maintain function of an immediate denture

Whenever the denture loses or has poor adaptation to the underlying tissues **WHILST** all other factors like occlusion, aesthetics, centric relation and VDO and denture base material satisfactory

Contraindications for reline

- Worn out dentures
- loss of vertical dimension greater than 7mm
- significant mucosal inflammation
- poor denture aesthetics
- denture related speech problems

Types of relines

- In laboratory (indirect) or chair side (direct)
- impression or functional technique
- hard acrylic or resilient
- permanent, temporary
- complete or partial dentures

direct relining is performed by dentist in the clinic. Chemically curing resin is used which is auto polymerising. Advantages: quick and patient leaves with denture Disadvantages: lower quality of reline layer the quality outcome is poor mechanical quality, resulting in non homogenous structure, with surface porosity and plaque retention. There is a high concentration of unreacted monomer (which is very irritant to mucosa). Adjusting the denture is only possible afterwards by grinding. Repeated relining with thicker material changes the position of the occlusal plane, narrows the inter-occlusal gap and elevates height of bite.