



AWARENESS ABOUT KNOWLEDGE, ATTITUDE AND PRACTICE AMONG DENTAL PRACTITIONERS REGARDING MANAGEMENT OF DENTURE INDUCED ULCERS

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ABSTRACT

Background: A mouth ulcer is an ulcer that occurs on the mucous membrane of the oral cavity. Mouth ulcers are very common, occurring in association with many diseases and by many different mechanisms, but usually there is no serious underlying cause. The two most common causes of oral ulceration are local trauma and aphthous stomatitis condition characterised by recurrent formation of oral ulcers for largely unknown reasons.

Aim and Objectives: To create awareness about knowledge attitude and practice among dental practitioners regarding the management of denture induced ulcers.

Materials and Methods: A questionnaire was prepared which contained 15 questions and given to the 100 dental practitioners. The dental practitioners were from Chennai. The practitioners respond to all the questions in the given questionnaire. There were no dropouts in the study. The data was extracted and analysed.

Results: This study concluded 82% of dental practitioners had knowledge and attitude about the management of denture induced ulcers.

Conclusion: Dentures can cause oral mucosal lesions that could be prevented with post-insertion recalls to adjust defective dentures.

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INTRODUCTION

An ulcer is defined as damage in the mucous membrane or skin associated with loss of necrosis and surface tissue of epithelial tissue. A mouth ulcer is an ulcer that occurs on the mucous membrane of the oral cavity. They are very common occurring in association with many diseases and by many different mechanisms. The most common causes for oral ulceration are local trauma and aphthous stomatitis, a condition characterised by recurrent formation of oral lesions for unknown reasons. They often cause pain and discomfort and may alter the person's choice of food.^[1] Denture-related oral mucosal lesions (DML) may represent acute or chronic reactions to denture plaque, yeast, constituents of the denture base material, poor retention and mechanical injury.^[2] The lesions constitute a heterogeneous group with regard to pathogenesis. They include denture stomatitis, angular cheilitis, traumatic ulcers, denture irritation hyperplasia, flabby ridges, and oral carcinomas.^[3] Most of the lesions are caused by chronic infection (*Candida albicans*) or mechanical injury whereas allergic reactions to the denture base materials are uncommon.^[4] Diagnosis of the wide variety of lesions that occur in the oral cavity is an essential part of dental practice. The diagnosis and management of the patient with recurrent oral ulceration requires a systematic approach based

on the principles of taking an adequate history, clinical examination etc.^[5] Denture-related mucosal lesions have been associated with denture plaque, *Candida* infection, poor denture retention and mechanical trauma.^[13-14] Dentures may predispose patients to the onset of mucosal lesions such as candidiasis, inflammatory or reactive hyperplasia and traumatic ulcer.^[15]

MATERIALS AND METHODS

100 Dental practitioners from Chennai participated in this survey. The questionnaire included 15 questions and the participants responded to all the questions in the questionnaire and there were no dropouts in the study. The data was extracted and analysed.

This questionnaire identified as

Practitioners Detail

1. Age
2. Gender
3. Generalist or specialist
4. Type of practice
5. Type of prosthesis
6. Commonest site for denture induced ulcers you had encounter.

IF YES,

1. Are caused by overextended denture base

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2. Can occur due to malocclusions
3. Can untreated ulcers leads to oral cancer.
4. Aware of medical management for denture induced ulcers

Management

1. Trimming over extended denture base or correcting the malocclusion can relieve denture induced ulcers.
2. Medication do you advise for denture induced ulcers.
3. Aware of possible complications induced by denture induced ulcers.

Questionnaire

The questionnaire was conducted based upon their knowledge, attitude, and practice about regarding the management of denture induced ulcers among Dental practitioners. This questionnaire was divided into 3 parts. The first part consist of the Dental practitioners general information which included their gender, year of qualification, postcode of practice, sector of practice, Generalist or specialist etc,. It help in finding of their practice level based on their personal data.The second part consist of question based on the cause of denture induced ulcers. It contains whether denture induced ulcers are caused by overextended denture base or malocclusion, whether untreated ulcers can leads to oral cancer and whether they aware of medical management for denture induced ulcers. The third part consists of question based on the management for denture induced ulcers. It contains whether trimming over extended denture base or correcting the malocclusion can relieve denture induced ulcers, mediation offered etc.

RESULTS

From the above study,it was concluded that all dental practitioners had knowledge about management of denture induced ulcers.About 70% of dental practitioners said that commonest site for denture induced ulcers are palatal mucosa, 20% of dental practitioners said that at gingiva and remaining 10% of dental practitioners said that palatal mucosa and gingiva [table 1].

Table 1

	Palatal mucosa	Gingiva	Both
Dental practitioners	70%	20%	10%

Table 2

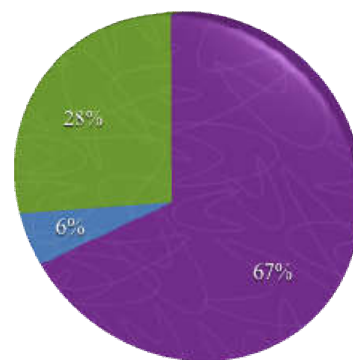
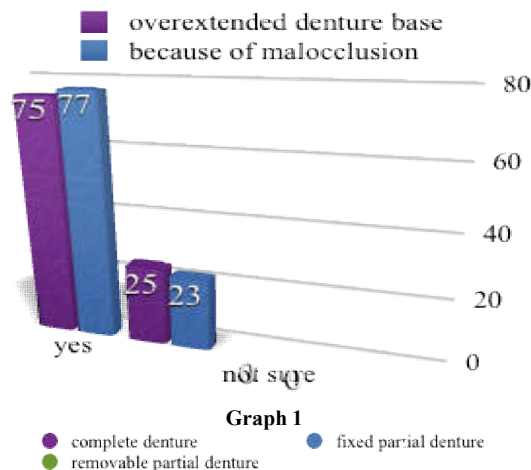
	Complete denture	Fixed partial denture	Removable partial denture
Type of prosthesis	67%	06%	27%

Table 3

	Yes	No	Don't know
Overextended denture base	75%	25%	0
Malocclusion	77%	23%	0

About 67% of dental practitioners agree that the patients who are wearing complete denture had experienced denture induced ulcers [Table 2].75% of dental practitioners felt that

denture induced ulcers are caused due to overextended denture base and also 77 % of dental practitioners agree that denture induced ulcers can occur because of malocclusion [Table 3]. 85% of dental practitioners said that trimming the overextended denture base or correcting the malocclusion can relieve the denture induced ulcers. Over 90% of dental practitioners were aware of possible complications induced by denture induced ulcers.



DISCUSSION

Removable dentures can injure oral tissues and the use of dentures is associated with a high frequency of oral mucosal lesions.^[6] Denture stomatitis is the most common condition which affects the palatal mucosa in about 50% of wearers of complete or partial removable dentures.Denture irritation hyperplasia, which is caused by chronic injury of the tissue in contact with the denture border, is present in about 12% of denture wearers. Flabby ridge, which is replacement of alveolar bone by fibrous tissue, is present in 10-20%.^[7]

The frequency of all denture-related lesions increased with the length of denture use.Chronic irritation from ill-fitting or defective dentures has often been mentioned as a contributing factor in the development of oral cancer.^[8]

Several lesions were more frequent in females than in males. This high frequency of lesions among females is not well understood. It has been suggested that it may be due to the fact that female patients wear their dentures more often and perhaps for longer periods of time for esthetic purposes .^[9] However, this does not appear to be the complete answer, and another possible factor may be hormonal. Although further studies would be valuable to elucidate the possible hormonal

role in DML, some authors^[10] have suggested that during or after menopause, there is atrophy of the oral cavity mucosa concomitant with decreased ovarian secretion. The thin atrophic oral epithelium offers little protection against various irritants, and is therefore more prone to develop an inflammatory reaction as a response to the chronic irritation by an ill-fitting denture. Other mucosal lesions occurred more frequently in males than in females, in disagreement with some authors^[11]

Although denture wearing can improve the quality of life and restore masticatory function, poorly fitting dentures may cause oral lesions. An understanding of the DMLs and regular visits to the dentists are essential for denture wearers. DMLs can be prevented if denture wearers take proper care of their dentures and maintain good oral hygiene^[12]

CONCLUSION

This study concluded that the knowledge and awareness regarding the denture induced ulcers was observed to be adequate among the dental practitioners. Dentures can cause oral mucosal lesions that could be prevented with post-insertion recalls to adjust defective dentures and provide information on cleaning methods and instructions on how to maintain oral tissues healthy.

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