Review

http://dx.doi.org/10.1590/1981-86372025002920240090

Revista Gaúcha de Odontologia

Oral rehabilitation with a total removable prosthesis: a literature review

Reabilitação oral com prótese total removível: uma revisão de literatura

Denis Almeida dos Santos[1] 0000-0002-0059-473X

ABSTRACT

To review the literature on oral rehabilitation with removable full dentures. A literature review was carried out of 36 scientific articles published between 1980 and 2024, selected from the SciELO and PubMed databases. The results show the evolution in the management of edentulism and the positive impact of total prostheses on oral health and patients' quality of life, especially among the elderly. Removable complete dentures have emerged as a viable and affordable solution, especially for the underprivileged, restoring aesthetics, chewing, and speech. Although making these prostheses requires technique, planning, and effective communication between patient and professional, the literature shows that satisfaction with these prostheses is associated with increased self-esteem and improved quality of life. The primary disadvantages of prostheses include functional, aesthetic, oral complications, and longevity. The use of removable total prostheses is a recommended alternative to mitigate the effects of edentulism, promoting psychological and functional benefits,

How to cite this article

Santos DA. Oral rehabilitation with a total removable prosthesis: a literature review. RGO, Rev Gaúch Odontol. 2025;73:e20250029. http://dx.doi.org/10.1590/1981-86372025002920240090

artigo alinhado ao objetivo Boa saúde e Bem-estar dos Objetivos de Desenvolvimento Sustentável (ODS)

[1] Universidade Católica de Santos, Programa de pós-Graduação *Stricto Sensu* - Mestrado Profissional Formação Interdisciplinar em Saúde. Av. Conselheiro Nébias, 300, Vila Mathias, 11015-002, Santos, SP, Brasil. Correspondence to: DA Santos. E-mail: <denissantos@santos.sp.gov.br>.

with a positive impact on socialization and well-being. Periodic evaluation of these prostheses is essential to ensure their adaptation and durability, especially considering the retention and stability challenges presented in specific cases, such as lower prostheses.

Indexing terms: Edentulism. Rehabilitation. Total prosthesis.

RESUMO

Revisar a literatura sobre reabilitação oral com prótese total removível. Foi realizada uma revisão de literatura com 36 artigos científicos publicados entre 1980 e 2024, selecionados das bases de dados SciELO e PubMed. Os resultados evidenciam a evolução no manejo do edentulismo e os impactos positivos das próteses totais na saúde bucal e na qualidade de vida dos pacientes, principalmente entre os idosos. As próteses totais removíveis surgem como uma solução viável e acessível, recuperando a estética, a mastigação e a fala. Embora o processo de confecção dessas próteses exija técnica, planejamento e comunicação efetiva entre paciente e profissional, a literatura aponta que a satisfação com essas próteses está associada ao aumento da autoestima e à melhoria da qualidade de vida. As principais desvantagens dessas próteses são funcionais, estéticas, complicações orais e longevidade. O uso de próteses totais removíveis é uma alternativa recomendada para mitigar os efeitos do edentulismo, promovendo benefícios psicológicos e funcionais, com impacto positivo na socialização e no bem-estar. A avaliação periódica dessas próteses é essencial para garantir sua adaptação e durabilidade, especialmente considerando os desafios de retenção e estabilidade apresentados em casos específicos, como nas próteses inferiores.

Termos de indexação: Edentulismo. Prótese total. Reabilitação.

INTRODUCTION

The loss of one or more dental elements causes aesthetic, functional, and psychosocial changes in the individual's life, negatively interfering with eating due to a reduction in masticatory functions, which can have nutritional impacts. In addition, there is a reduction in phonetic functionality, which can affect self-esteem and lead to social isolation. Dental prostheses can be a solution that meets the patient's needs and expectations [1].

Epidemiological studies conducted by the Ministry of Health (MoH) in 1986, 1996, 2003, and 2010 show that edentulism is a prevalent problem and a public health challenge in the Brazilian and global population. These studies also show a positive evolution in oral health over the years. In 1986, the rate of extracted dental elements was 66% among patients aged 35 to 44, and in 1996, the rate was 65.7% in this age group. In 2003, the National Oral Health Survey (SB Brasil) showed that the percentage of missing teeth was 38.9% in young people, 13.5% in adults, and 90% in the elderly [1].

In the 2010 National Oral Health Survey (SB Brasil), there was an improvement in the rates of missing teeth, with a decline to 17.4% in adolescents, 7.4% in adults and, among the elderly, an average of 25.3% of missing teeth in partially edentulous patients and 53.7% in totally edentulous patients. Although there has been an improvement in the prevalence of edentulism in Brazil, the rate is still high, affecting more than 50% of the country's elderly population [1].

This scenario of high rates of tooth loss results in sequelae that require interventions to effectively restore oral health [2]. Thus, there is a great demand in Brazil for prosthetic treatments, which leads part of the population to remain in a condition of edentulism or to search for alternative solutions, which can

compromise the situation. Therefore, for the less privileged groups, the ideal would be access to removable total and/or partial prostheses, as this is a satisfactory and low-cost rehabilitative treatment.

Dentures replace lost teeth, restoring balance to the masticatory system and improving the patient's quality of life. As well as restoring masticatory function and phonetics, prosthetic rehabilitation offers aesthetic enhancement, giving the individual self-esteem and security [3]. The search for aesthetics often outweighs the need for masticatory function and is a significant motivation for increasing self-esteem. Girundi [4]. reports that a lack of aesthetics can cause noticeable facial changes, making individuals feel excluded from society.

According to the Ministry of Health, in 2003, around 85% of the adult Brazilian population and almost 99% of the elderly needed or used some kind of dental prosthesis. Given this scenario, this study aimed to carry out a literature review on oral rehabilitation with removable full dentures.

METHODS

This literature review was conducted through an active search in the Scientific Electronic Library Online (SciELO) and PubMed databases, using the following descriptors: edentulism, total prosthesis, and rehabilitation, in both Portuguese and English. The inclusion criteria were articles, dissertations, course conclusion papers, and theses, complete and with free access. Incomplete studies, abstracts, and those that did not directly address the topic were excluded. All the articles found were read and classified according to the theme of the study.

RESULTS

The thematic analysis of the studies selected was based on content evaluation and organized according to the proposed objective. A total of 36 studies related to the topic were found, published between 1980 and 2024 (Chart 1).

Chart 1. Data on the articles selected for the study.

1 of 4

Authors, Publication and Year	Study title	Objectives of the study
Araújo et al. Rev Saúde Colet. [online]. 2021 [1]	Edentulism from an epidemiological analysis.	It analyzed dentures from an epidemiological perspective.
Agostinho et al. Rev Odontol Unesp [online], 2015 [2]	Edentulism, use of dentures, and self-perception of oral health among the elderly.	It evaluated the impact of edentulism and the use of prostheses on the self-perception of oral health in the elderly.
Hugo et al. Comm Dent Oral Epidemiol. 2007. [3]	Correlates of partial tooth loss and edentulism in the Brazilian elderly.	It identified factors correlated with partial tooth loss and edentulism in elderly Brazilians.
Girundi. Thesis. 2016. [4]	Simplified technique in complete dentures: influence on denture quality, chewing function, and patient satisfaction.	It investigated the impact of a simplified technique on the quality of the total prosthesis, chewing function, and patient satisfaction.

Chart 1. Data on the articles selected for the study.

Authors, Publication and Year	Study title	Objectives of the study
Kreve and Anzolin. Rev Kairós Gerontol. 2016. [5]	The impact of oral health on the quality of life of the elderly.	It evaluated the influence of oral health on the quality of life of the elderly.
Marcenes et al. J Dental Res. 2013. [6]	Global burden of oral conditions in 1990-2010: a systematic analysis.	It analyzed the global burden of oral diseases between 1990 and 2010.
Ribeiro et al. Braz Dental J. 2016. [7]	Edentulism, severe tooth loss, and lack of functional dentition in elders: a study in Southern Brazil.	It assessed the prevalence of edentulism, severe tooth loss, and lack of functional dentition in elderly people in southern Brazil.
Seerig et al. Cad Saúde Pública. 2020. [8]	Accumulated risk from poverty and tooth loss at 31 years of age: the 1982 live birth cohort in Pelotas.	It analyzed the cumulative impact of poverty on tooth loss at the age of 31.
Girotto et al. RECIMA21. 2022 [9]	The use of removable partial dentures in oral rehabilitation.	It discussed the use of removable partial dentures in oral rehabilitation.
Polzer et al. Int Dental J. 2010. [10]	Edentulism is part of the general health problems of elderly adults.	It examined edentulism as part of general health problems in older adults.
Barroso et al. Arq Bras Odontol. 2017 [11]	Use of immediate removable total prosthesis in the integrated clinic: case studies.	Clinical cases involving immediate removable total prostheses were presented by him.
Roberto et al. BMC Oral Health. 2020. [12]	Contextual and individual determinants of tooth loss in adults: a multilevel study.	It investigated contextual and individual determinants associated with tooth loss in adults.
Santos et al. Rev Odontol Araçatuba (Impresso). 2015. [13]	Rehabilitation with immediate total prosthesis: case report.	It reported a clinical case of oral rehabilitation using immediate total prosthesis.
Medeiros and Almeida. Rev Odontol Araçatuba. 2018. [14]	Quality of life in patients rehabilitated with Removable Partial Prostheses: Literature Review.	It reviewed the literature on quality of life in patients rehabilitated with removable partial dentures.
Mattos et al. JNT Facit Bus Tech J. 2024. [15]	Oral rehabilitation with lower total prosthesis and upper removable partial prosthesis with palatal covering: case report.	It presented a clinical case of oral rehabilitation involving lower and upper partial dentures with a palatal covering.
Peres et al. Rev Saúde Pública. 2013. [16]	Tooth loss in Brazil: analysis of the 2010 Brazilian Oral Health Survey.	It analyzed tooth loss in Brazil based on the 2010 national oral health survey.

Chart 1. Data on the articles selected for the study.

Authors, Publication and Year	Study title	Objectives of the study
Fouda et al. Int J Prosth Dent. 2017. [17]	Missing teeth and prosthetic treatment in patients treated at the College of Dentistry, University of Dammam.	It analyzed patterns of tooth loss and prosthetic treatments in patients treated at the University of Dammam.
Moraes and Cunha. Id on Line Rev Mult Psicol. 2021. [18]	Removable Full Dentures Made with a 3D Printer: literature review.	It reviewed the use of 3D printers in the manufacture of removable total prostheses.
Goodacre et al. The J Prosth Dent. 2018. [19]	Comparison of denture tooth movement between CAD-CAM and conventional fabrication techniques.	To compare tooth displacements in prostheses fabricated with CAD-CAM and conventional techniques.
Bidra et al. The J Prosth Dent. 2013. [20]	Computer-aided technology for fabricating complete dentures: systematic review.	It reviewed the history, current state, and prospects of computer-aided technology for manufacturing total prostheses.
Silva et al. Prosthes Lab Sci. 2016. [21]	Retention and stability in conventional complete dentures: a literature review.	It reviewed retention and stability criteria in conventional complete dentures.
Patrocínio et al. Arch Health Invest. 2017. [22]	Flexible removable partial dentures: literature review.	It reviewed the use and benefits of flexible removable partial dentures.
Genari Filho. Rev Odontol Araçatuba. 2004. [23]	Clinical examination of complete dentures.	It discussed the importance of clinical examination in the process of making complete dentures.
Michaud et al. J Dentistry. 2012. [24]	Measuring patient-based outcomes: Is treatment satisfaction associated with oral health-related quality of life?	It investigated the association between satisfaction with treatment and oral health-related quality of life.
Silva et al. Proceedings of the 5th South American Adventist Education Research Congress, Scientific Research at the Service of Mission. 2023. [25]	Immediate full dentures.	It presented advances in immediate total prostheses in an educational context.
Barbosa et al. Rev Odontol Unesp. 2006. [26]	Fitting full dentures: a review	It reviewed aspects related to the installation of full dentures.
Laport et al. Braz J Surg Clin Res (BJSCR), 2017. [27]	Oral rehabilitation with complete dentures and removable partial dentures: case report.	It presented a clinical case involving oral rehabilitation with full and partial dentures.
Silva. Final course work. 2014. [28]	Observational study of the criteria desired to obtain the quality of definitive molds used in fixed prostheses.	It analyzed quality criteria for definitive molds in fixed prosthetics.

Chart 1. Data on the articles selected for the study.

Authors, Publication and Year	Study title	Objectives of the study
Regis et al. J Oral Rehabil. 2013. [29]	A randomized trial of a simplified method for complete denture fabrication: patient perception and quality.	It evaluated the perception and quality of a simplified technique for making complete dentures.
Marcinak et al. J Dent Res. 1980. [30]	Linear dimensional changes in elastic impression materials.	It investigated dimensional changes in elastic molding materials.
Robert and John. Restorative dental materials. 2004. [31]	Restorative Dental Materials.	It reviewed the main dental materials used in restorative practice.
Rodrigues et al. Int J Dent. 2010. [32]	Multidisciplinary procedures are used to restore the OVD during aesthetic and functional rehabilitation.	It reported on multidisciplinary procedures for recovering the vertical dimension of occlusion (VDO) during esthetic and functional rehabilitation.
Ferreira and Rodrigues. Braz J Surg Clin Res. 2014. [33]	Mediated total prosthesis in a patient with a hyperplastic lesion caused by a suction chamber: case report.	It presented a clinical case of the use of an immediate total prosthesis in a patient with a hyperplastic lesion.
Trentin et al. J Oral Invest. 2016. [34]	Determining the vertical dimension of occlusion in complete dentures: literature review and clinical case report.	It reviewed methods for determining the vertical dimension of occlusion in complete dentures and reported a clinical case.
Lee and Saponaro. Dental Clin. 2019. [35]	Management of edentulous patients.	It discussed management strategies for edentulous patients.
Silva. Thesis. 2021. [36]	Total denture maintenance appointments and patients' main complaints: a literature review.	It reviewed maintenance appointments for complete dentures and frequent patient complaints.

Source: Author (2024).

DISCUSSION

Edentulism causes alterations in the stomatognathic system, making it difficult to eat properly by chewing, reducing phonetic capacity, altering the tension of the orofacial muscles, limiting movements of the temporomandibular joint, and causing aesthetic, psychological, and social problems [5]. This highlights the need for oral rehabilitation to resolve the damage caused by tooth loss.

Tooth loss is a public health problem that encourages the emergence of oral diseases and the need for ongoing dental treatment [6-8]. The most common causes of tooth loss are progression of caries, periodontal disease, injuries, and difficult access to dental care [9].

In Brazil, tooth loss has worrying indicators, affecting around 16 million Brazilians. According to Polzer et al. [10] and Barroso [11], the prevalence of edentulism in the elderly ranges from 1.3% to 78% in

women. Therefore, various treatment modalities are indicated for the management of edentulous patients, whether partial or total, and among these options, removable total prostheses are eligible as described in the literature [6,7,12,13].

Removable complete dentures are indicated for patients who have completely missing teeth. They belong to the group of removable prostheses and allow the complete replacement of the dental arch, both upper and lower, by replacing the dental structures [14,15]. The first complete dentures date back to 1692 and were made from pieces of hippopotamus molars. In 1830, they were made from ivory. Initially, these prostheses were essentially handmade, combining sculpted materials with natural or ivory teeth. With the advent of plaster, it became possible to carve the ivory in such a way as to allow more intimate contact with the basal area; to make it, the ivory was pressed onto the plaster model of the dental arch and then carved [16-18].

In the 1880s, dental morphology began to be valued, and teeth were sculpted into shapes typical of the time [19]. The artificial teeth and the base of the prosthesis have different colors, and it is necessary to maintain aesthetics and resistance to abrasion. The base of the prosthesis is manufactured by cutting, and the teeth are adhered to this base using adhesives, such as resin cements [20]. In 1875, the resinous paste "godiva" was introduced, making it possible to replicate dental structures and adjacent tissues [18].

The success or failure of rehabilitation with prostheses depends on different factors, such as the relationship between patients and professionals, the patient's attitude towards using the prosthesis, their personality, and factors related to the quality of the prosthesis. Rehabilitation with prostheses makes it possible to maintain the vertical dimension of occlusion (VOD), prevent tongue expansion, develop function, guide speech, correct wrinkles, and improve self-esteem and social interaction [15,21,22].

Genari Filho [23] also reports that complete dentures have the function of restoring patients' self-esteem, both due to aesthetic factors and those related to function, such as retention, stability, deglutition, efficient chewing, and balance of the stomatognathic system and phonetics. Michaud et al. [24] reported a positive assessment of the relationship between the satisfaction of patients wearing complete dentures and the quality of life associated with oral health.

The technique of rehabilitation with removable full dentures is simple and attractive to patients, as well as being an affordable alternative. This technique allows rapid adaptation to the new smile; however, it requires careful assessment of the patient, proper planning, excellent execution, and post-operative follow-up [25]. Furthermore, communication between the professional and the patient is essential to improve acceptance rates. The patient should be instructed on their responsibility when handling the prosthesis and eating food, to avoid overloading the ridge, damaging the alveolar mucosa, and inappropriate bite movements [26,27].

The selection of the material, the most appropriate technique, and compliance with each manufacturer's recommendations for taking impressions are all part of the process of making dental prostheses [28]. Regis et al. [29] demonstrated that, during functional impression taking, functional movements made by the patient should be carried out; recording the tissues in a compressive position will allow the force of tissue displacement and the retention of the prosthesis to be observed, and there should be a balance between the two. The authors also report that reproducing the anatomical structures of the appliance area is one of the most important points when making a removable total prosthesis.

Marcinak et al. [30] recommend that the template be poured after it has been disinfected for a maximum of thirty minutes. When silicone is the material of choice, a high-quality copy is obtained if the indicated proportion and correct spatulation are respected. Robert and John [31] report that elastic

materials provide an excellent copy of the soft and hard tissues of the oral cavity, as well as offering greater comfort for both the professional during manipulation and the patient when being molded. These factors make silicone the most widely used material in clinical practice.

During recording, it is always recommended to keep the patient's head balanced to avoid alterations during the procedure, guiding them to open and close their mouth widely a few times and to swallow. In this way, the muscle fatigue method is used, in addition to the use of the facial arch [32].

The stage that requires the most attention when making prostheses is determining the vertical dimension of occlusion, as this directly influences the final result of the treatment. The VOD measurement allows the stomatognathic system to restore harmonious function to the muscles of the lower third of the face, improving appearance. Consequently, to ensure aesthetics, the VOD, the median line, the canine line, and the high smile line should be taken into account, minimizing oral lesions caused by iatrogenic prostheses [27,33,34].

In terms of the stability and retention of complete dentures, these can be compromised by the inadequate distribution of forces generated by chewing, swallowing, and parafunctional habits, which are favored by the contact between the maxillary and mandibular teeth. These unfavorable displacements can cause discomfort and trauma to the underlying mucosa. Barbosa et al. [26] state that, for adequate retention, the plating area must be comprehensive; however, the retention of a prosthesis does not always directly influence its stability.

Total removable prostheses are contraindicated in patients undergoing radiotherapy, with exostoses, muscle insertions, hypertrophy, and hyperplastic mucous membranes [11]. Lee and Saponaro [35] add that prolonged use of these prostheses can lead to sequelae such as residual ridge resorption, ulcers, lesions, prosthetic stomatitis, candidiasis, angular cheilitis, and soft tissue hyperplasia. Lower complete dentures also have a higher failure rate and lower longevity when compared to upper dentures, as they have a smaller support area, alveolar ridge resorption, and unbalanced distribution of occlusal forces. The longevity of these prostheses depends directly on the approach of the dental surgeon and the patient, and follow-up is essential to assess the installation of the prostheses, to check for adjustments, irregularities, and roughness [36].

CONCLUSION

Increased self-esteem, improved chewing functions, and satisfaction are all benefits achieved with the use of removable complete dentures in patients who have lost all their teeth throughout their lives. Removable complete dentures are, therefore, an excellent alternative for reducing the effects of edentulism, as they have a psychological, functional, and social impact on people's lives, contributing to their quality of life.

Conflict of interest: The authors declare that there are no conflicts of interest.

REFERENCES

1. Araújo E, Capla MVSS, Araújo WF, Araújo PF, Silva RA, Araújo MF. Edentulism from an epidemiological analysis. Rev Saúde Colet. 2021;11(61):4838-47. https://doi.org/10.36489/saudecoletiva.2021v11i61p4838-4847
2. Agostinho ACMG, Campos ML, Silveira JLGC. Edentulism, prosthesis use, and self-perception of oral health among the elderly. Rev Odontol Unesp. 2015;44(2). https://doi.org/10.1590/1807-2577.1072

3. Hugo FN, Hilgert JB, De Souza MLR, Da Silva DD, Pucca Jr GA. Correlates of partial tooth loss and edentulism in the Brazilian elderly. Comm Dent Oral Epidemiol. 2007;35(3):224-32. https://doi.org/10.1111/j.0301-5661.2007.00346.x

4. Girundi MFS. Simplified technique in complete dentures: influence on denture quality, masticatory function, and patient satisfaction [thesis]. Campinas: State University of Campinas; 2016. https://doi.org/ 10.47749/T/UNICAMP.2016.976609

5. Kreve S, Anzolin D. Impact of oral health on the quality of life of the elderly. Rev Kairós Gerontol. 2016;19(22):45-59. https://doi.org/10.23925/2176-901X.2016v19iEspecial22p45-59

6. Marcenes W, Kassebaum NJ, Bernabé E, Flaxman A, Naghavi M, Lopez A, et al. Global burden of oral conditions in 1990-2010: a systematic analysis. J Dental Res. 2013;92(7):592-7. https://doi.org/10.1177/0022034513490168

7. Ribeiro CG, Cascaes AM, Silva AER, Seering LM, Nascimento GG, Demarco FF. Edentulism, severe tooth loss, and lack of functional dentition in elders: a study in Southern Brazil. Braz Dental J. 2016;27(3):345-52. https://doi.org/10.1590/0103-6440201600670

8. Seerig LM, Nascimento GG, Peres MA, Horta BL, Demarco FF. Accumulated risk from poverty and tooth loss at 31 years of age: the 1982 live birth cohort in Pelotas. Cad Saúde Pública. 2020;36(8):e00167619. https://doi.org/10.1590/0102-311X00167619

9. Girotto A, Conde A, Pigozzi LB, Bellan MC, Paulus M. The use of removable partial dentures in oral rehabilitation. RECIMA21. 2022;3(8):e381805. https://doi.org/10.47820/recima21.v3i8.1805

10. Polzer I, Schimmel M, Müller F, Biffar R. Edentulism as part of the general health problems of elderly adults. Int Dental J. 2010;60(3):143-55. https://doi.org/10.1922/IDJ_2184Polzer13

11. Barroso FT, Heleno GLG, Toledo BCC, Santiago M de O. Use of immediate removable complete dentures in the integrated clinic: case studies. Arq Bras Odontol. 2017 [cited 2024 Nov 2];13(2):66-70. Available from: https://periodicos.pucminas.br/index.php/Arquivobrasileirodontologia/article/view/21150

12. Roberto LL, Silveira MF, De Paula AMB, Ferreira EFE, Lima Martins AMEB, Haikal DS. Contextual and individual determinants of tooth loss in adults: a multilevel study. BMC Oral Health, 2020;20(1):1-10. https://doi.org/10.1186/s12903-020-1057-1

13. Santos JCA, Silva JD, Haddad MF. Rehabilitation with immediate total prosthesis: case report. Rev Odontol Araçatuba. 2015:24-28.

14. Medeiros R, Almeida M. Quality of life in patients rehabilitated with Removable Partial Prostheses: literature review. Rev Odontol Araçatuba. 2018;39(3):9-12.

15. Mattos PB, Moura EPR, Pereira NS, Rosa TS, Leandro LNR. Oral rehabilitation with lower total prosthesis and upper removable partial prosthesis with palatal covering: case report. JNT Facit Bus Tech J. 2024;49(1):297-307.

16. Peres MA, Barbato PR, Bahia Reis SCG, Morais Freitas CHS, Antunes JLF. Tooth loss in Brazil: analysis of the 2010 Brazilian Oral Health Survey. Rev Saúde Pública. 2013;47(Suppl 3):78-89. https://doi.org/10.1590/S0034-8910.2013047004226.

17. Fouda SM, Al-Harbi FA, Khan SQ, Virtanen JI, Raustia A. Missing teeth and prosthetic treatment in patients treated at College of Dentistry, University of Dammam. Int J Prosth Dent. 2017. https://doi.org/10.1155/2017/7593540

18. Moraes LNO, Cunha MAP. Removable total prosthesis made with a 3D Printer: literature review. Id on Line Rev Psicol. 2021;15(56):319-31. https://doi.org/ 10.14295/idonline.v15i56.3127

19. Goodacre BJ, Goodacre CJ, Baba NZ, Kattadiyil MT. Comparison of denture tooth movement between CAD-CAM and conventional fabrication techniques. J Prosth Den. 2018;119(1):108-15. https://doi.org/10.1016/j.prosdent.2017.02.009

20. Bidra AS, Taylor TD, Agar JR. Computer-aided technology for fabricating complete dentures: systematic review of historical background, current status, and future perspectives. J Prosth Dent. 2013;109(6):361-6. https://doi.org/10.1016/S0022-3913(13)60318-2

21. Silva MCVS, Dias JNL, Reis C, Oliveira MRM. Retention and stability in conventional complete dentures literature review. Prosthes Lab Sci. 2016;0:71-77.

22. Patrocínio BMG, Antenor AM, Haddad MF. Flexible removable partial dentures: literature review. Arch Health Invest. 2017;6(6):258-263. https://doi.org/10.21270/archi.v6i6.2065.

23. Genari Filho H. Clinical examination in complete dentures. Rev Odontol Araçatuba. 2004;25(2):62-71.

24. Michaud PL, Grandmont P, Feine JS, Emani E. Measuring patient-based outcomes: is treatment satisfaction associated with oral health-related quality of life? J Dentistry. 2012;40(8):624-31. https://doi.org/10.1016/j.jdent.2012.04.007

25. Silva SP, Gomes VHF, Queiroz NS, Salomão AS, Bragatto G, Ribeiro P. Immediate total prosthesis. Proceedings of the 5th South American Adventist Education Research Congress, Scientific Research at the Service of Mission; 2023. May 29-31; Salvador, Bahia. Cachoeira, BA: Faculdade Adventista da Bahia; 2023. https://doi.org/10.25194/rf.v20iSuplementar

26. Barbosa DB, Barão VAR, Assunção WG, Filho HG, Goiato MC. Installation of complete dentures: a review. Rev Odontol Unesp. 2006;35(1):53-60.

27. Laport LBR, Figueira MG, Barbosa MT, Rodrigues CRT, Barbosa OLC. Oral rehabilitation with total prosthesis and removable partial prosthesis: case report. Braz J Surg Clin Res. 2017;20(1):108-14.

28. Silva RK. Observational study of the desired criteria for obtaining the quality of definitive molds used in fixed prosthetics [final course work]. Joinville: Federal University of Santa Catarina; 2014 [cited 2024 Nov 2]. Available from: https://repositorio.ufsc.br/xmlui/handle/123456789/123793

29. Regis RR, Cunha TR, Della Vechia MP, Ribeiro AB, Silva-Lovato CH, Souza RF. A randomized trial of a simplified method for complete denture fabrication: patient perception and quality. J Oral Rehabil. 2013;40(7):535-45. https://doi.org/10.1111/joor.12063

30. Marcinak CF, Young FA, Draughn RA, Flemming WR. Linear dimensional changes in elastic impression materials. J Dent Res. 1980;59(7):1152-5. https://doi.org/10.1177/00220345800590071001

31. Robert GC, John MP. Restorative dental materials. 11. ed. São Paulo: Santos Editora; 2004.

32. Rodrigues RA, Bezerra PM, Santos DFS, Filho ESDD. Multidisciplinary procedures used in the recovery of OVD during esthetic and functional rehabilitation: a case report. Int J Dent. 2010;9(2):96-101.

33. Ferreira KE, Rodrigues CRT. Mediated total prosthesis in a patient with a hyperplastic lesion caused by a suction chamber: case report. Braz J Surg Clin Res. 2014;5(1):39-46.

34. Trentin LM, Reginato VF, Maroli A, Borges MTR, Spazzin AO, Bacchi A. Determination of the vertical dimension of occlusion in complete dentures: literature review and clinical case report. J Oral Invest. 2016;5(1):50-60. https://doi.org/10.18256/2238-510X/j.oralinvestigations.v5n1p50-60

35. Lee DJ, Saponaro PC. Management of edentulous patients. Dental Clin. 2019;63(2):249-61. https://doi.org/10.1016/j.cden.2018.11.006

36. Silva CF. Total denture maintenance appointments and patients' main complaints: a literature review [thesis]. Porto Alegre: Federal University of Rio Grande do Sul; 2021.

Received on: 29/11/2024
Final version resubmitted on: 19/3/2025
Approved on: 24/4/2025

Assistant editor: Luciana Butini Oliveira