Immediate dentures and histological changes of bone under pressure

(An experimental investigation in rats) (*)

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Introduction

Normal bone changes constantly throughout the life. The reason for that is the process of resorption to occur in all skeletal system. This particular process eliminates the old bone and a reverse process, namely the apposition helps to compensate the loss and maintain the shape and the size of bone almost the same. Histologically, bone resorption and apposition occur in close approximation. This makes possible the bone to keep its balance.

The etiologic factors of the alveolar bone resorption may be classified as pathologic and physiologic. Although the various factors may be divided into these groups for academic purposes, they are so interrelated that it is almost impossible to evaluate one single factor in this chaotic situation.

The condition that leads to osteoclastic activity which results in the resorption of bone are not fully understood. But it is believed basically correct that the organic components of intercellular subs-

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tance are removed by proteolytic action of the osteoclasts. Then, the inorganic calcium salts are dissolved by a chelating action of these particular cells. As resorption takes place, the osteocytes may revert to osteoclasts. This depends upon the physiologic and pathologic demands at that time. Also, the changes in the chemistry of bone play a dominant part as a stimulus for fibrocytes and osteocytes to metamorphose into osteoclasts to commence resorption.

Dentists generally tend to believe that the alveolar ridge resorption is the end results of pressure exerted by denture base. However, this seems a paradoxical situation. Because the chewing pressure causes both resorption and apposition. But the increase of pressure within the limits of physiologic tolerance results in bone apposition. But if pressure ise severe enough to interfere with the blood and nerve supply, then resorption occurs.

However, the denture bearing bone has some anatomical advantages to resist the chewing pressure relativelty better than the bones in the other parts of skeletal system.

In this study an experimental investigation has been undertaken to examine the changes of bone under immediate dentures and the effects of early functional stimulation of the alveolar residual ridges have been evaluated histologically.

Materials and Method:

The experimental animals were Wistard rats which weighed approximately 200 Gm. each. At the beginning, a few animals were sacrified in order to determine the method to be used. For that, an animal with overdosed ether was killed and the mandible resected with the soft tissues intact. An alginate impression was made and poured into hard stone. So a model was obtained what we called the master cast on which 30 immediate dentures were made with self curing acrylic resin after scraping the teeth to be extracted. The dentures have been polished well so they do not irritate soft tissues. Then two small holes were drilled with a round bur, a little farther anteriorly next to the incisor teeth.

Under general anesthesia in ether, the right mandibular first and second molars of 60 Wistard rats were removed and immediate

dentures which were made previously have been placed into the mouths of 30 experimental rats. The dentures were fixed into the mouths by passing the silk thread through the lingual and labial side of the mandible on two sites by means of a surgical needle. Thread was tied in the midline under the mental region.

The control animals had no immediate dentures inserted upon the removal of their above mentioned teeth.

Both the control and experimental animals were divided into 3 groups of 10 rats in each one. The experimental animals kept their dentures in their mouths for 13, 23 and 33 days according to their decided groups. The animals in each group were put into cages separately, and every care was given for their well beings.

In the end of the particular days, the animals in each group were sacrified one by one and their mandible were resected and cleaned out of soft tissues as possible as it could. The first and second molar areas were then cut off with a sharp knife almost 2 mm. in length and fixed in 10 % formol solution. They were then decalcified in 10 % nitric acide - formol solution.

Serial cuts were then made from the paraffin blocks and stained in Hematoxylin-Eosin to examine the histologic changes of bone.

Findings:

Control group: These three groups consist of 10 animals in each one which have no immediate dentures inserted upon the removal of teeth.

At the end of 13 days —

The bone socket is filled with granulation tissue and resorption took place as it is expected. (Fig. 1)

At the end of 23 days -

The resorption process is still in action, especially next to the surface of the periodontal membrane. However, the labial and buccal surfaces of the alveolar bone seem to develop thickness due to apposition. (Fig. 3)



Fig : 1

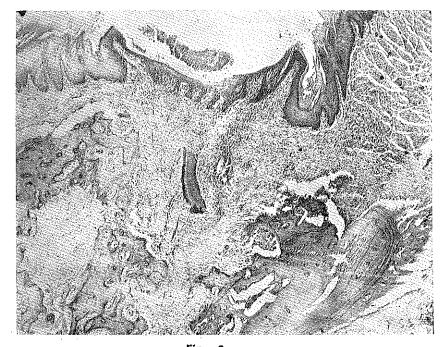


Fig: 2



Rig: 3

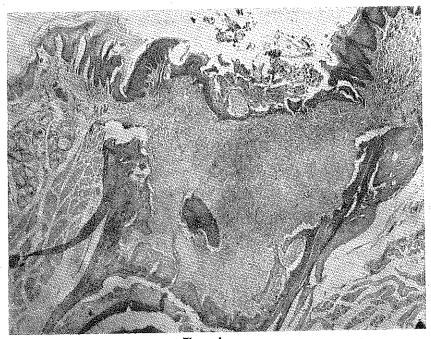


Fig : 4



Fig: 5

At the end of 33 days -

The bone formation on the labial and the buccal side is significant. But the formation of new bone inside the socket is not very much. (Fig. 5)

Experimental group: These three groups consist of animals in each one which have immediate dentures inserted upon the removal of teeth.

At the end of 13 days -

The appearance of the residual alveolar ridge is almost normal. The socket is also filled with granulation tissue. (Fig. 2)

At the end of 23 days --

The new bone formation is more in the control group. (Fig. 4)

At the end of 33 days -

The formation of new bone is very marked and can be seen directly in the middle of the socket as it is shown in (Fig. 6)

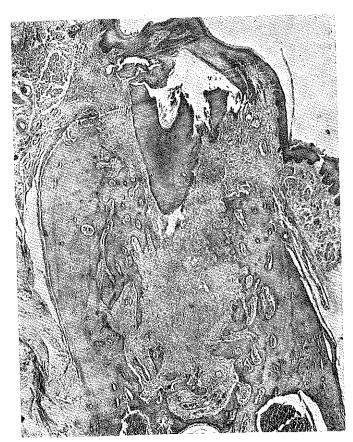


Fig : 6

As a result, in the experimental group the reduction of the residual alveolar ridge is less marked; the formation of new bone is quite significant and the epithelium covering the extraction wounds is regular. These findings are directly proportioned with the time involved.

In the other hand, the animals in the control groups showed the reduction of residual alveolar ridge, the decrease in the depth of

sockets and the irregularity of epithelium covering the extraction wounds.

Discussion:

The time factor is usually taken 60 years in human patients versus 3 years in rats in experimental studies. According to our point of view, this may be true for the degree of physiologic degenaration of the body at large. Even though the healing process in rats might be faster than in human beings, the speed of healing is expected to occur slower than 1/20 ratio.

In the end of definite time which was decided previously, the animals that showed inflammatory changes under the chin where dentures tied up via thread and on the soft tissues in the mouth are discarded. Only the "happy" animals which did not exhibit degenerative changes were taken to evaluate the effects of immediate dentures.

Our knowledge on the chewing mechanisms of rats is limited. It may well be possible for the animals not to chew their food on the side of appliance and preferred his own teeth. If this is so, the degree of pressure exerted by the denture base might be different.

As it is well known, the removable dentures exert intermittent pressure on tissues. Fixing the appliance in place by means of threads might be objected for having transmitted a continuous pressure on the denture bearing area. But the method of fixation via thread may allow prosthesis to come away from the mucosa just so far and no farther. It would then be expected the mucosa would receive the same intermittent stimulation. Because this method is not the one which stabilizes the appliance in place firmly such as a nail or a screw. We only hoped that the appliance would not fall off the mouth and allows a reasonable degree of movements which in turn gives an intermittent pressure.

The histologic changes caused by immediate dentures in human patients were only examined by direct methods such as radiographic and visual examinations. Although we definitely accept the differences between immediate dentures made for human patients and immediate appliances for rats, in our experiment we had been able to observe the changes of bone under immediate dentures in a given time.

We sincerely hope that this experiment will be followed by better ones to be done on bigger animals with similar chewing mechanisms to human beings.

Conclusion:

The early functional stimulation of bone tissue by immediate dentures within the physiologic limits of tolerance seems to help the formation of new bone faster than if it is left alone.

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