Clinical Evaluation of Denture Retention by Multi-suction Cup and Denture Adhesive

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Abstract

AIM: The aim of the study was to compare the retention of two modalities: Multi-suction cup denture, and denture adhesive and to evaluate the change of retention by different time intervals.

PATIENTS AND METHODS: Twelve completely edentulous patients were selected. The patients received two dentures: One conventional denture, and the other with multi-suction cups. The retention was measured by a universal testing machine at insertion, 15 min, 30 min, 1 h, 2 h, and 4 h. All values were recorded in Newtons.

RESULTS: Retention was higher in denture adhesive than multi-suction cup, and the change of retention was not statistically significant by time.

CONCLUSION: Denture adhesive showed better retention clinically and simplified laboratory procedures than multi-suction denture.

Introduction

A variety of researches supports the use of conventional complete dentures to rehabilitate the edentulous maxilla. When contemplating the care of the edentulous maxilla, patients' standards for esthetic and phonetic (social) recovery are strong and can be met with the use of full maxillary dentures as the mode of the prosthesis [1]. Denture retention is the resistance in the movement of a denture away from its tissue foundation especially in a vertical direction [2]. The retention of their dentures is a fundamental concern of the edentulous patients. Total denture retention is a dynamic phenomenon, involving several variables. It has been found that objective and chewing ability were primarily influenced by denture retention or stability [3], [4].

Considerable experiments and research have been carried out and continue to be carried out on perfect dentures, which compensate for the loss of natural teeth. External forces and influences, such as air pressure, vacuum, adhesion, friction, wettability, surface roughness, gravity, surface tension, viscosity, base adaptation, boundary seal, and muscle strength, have been credited with causing or improving retention [5]. Various retentive aids have been developed to enhance the retention of dentures, including the use of soft liners, denture adhesives, multiple suction cups, and denture-based implants. It was thought that dental implants improve the retention of full dentures and assist with their support and stability; it is an important procedure for many edentulous patients. Nonetheless, in some cases, many patients cannot undergo implant surgery because of systemic factors, old age, and cost factors [6].

Adhesion usually implies a specific chemical interaction between the two solids interface. Whether this is by covalent bonds or chelation, the idea is a fixed molecular relationship and the fact that there is a separation resistance is called adhesion regardless of the inability to define a particular mechanism [7]. The use of suction cups in maxillary denture satisfies retention and stability requirements [4]. It has been found that the suction cup liner can be applied to both the upper and lower dentures. The suction cups device is highly useful for edentulous patients with irregular ridge morphology, flat ridges, bad healing, post-infection tissue healing, and long-term denture wear [8].

Denture adhesives are successful because they minimize the amount of lateral movements that occur when dentures are in contact with basal tissues. This advantage may lead a patient to neglect his or her need for professional help when he is ill, and these
beneficial effects decrease over time as a result of an adhesive breakdown. The viscosity decreases slowly as the adhesive becomes thinner, and the retentive consistency loses over time [9].

In this study, we will compare the effect of adhesives and multi-suction cups on retention and patient satisfaction in complete maxillary denture wearer. The null hypothesis suggests that both denture adhesive and multi-suction cup had no effect on the complete denture retention by time.

Aim of the study

The aim of this study was to evaluate the effect of two modalities (multi-suction cup, and denture adhesive) on complete denture retention and also to evaluate the effect of time on denture retention of these modalities.

Materials and Methods

Twelve completely edentulous patients were selected from the outpatient clinic Prosthodontics Department, Faculty of Dental Medicine, Al Azhar University. Selection criteria were as the following: All patients were free from local or systemic disorder as confirmed by history taking and laboratory examinations, with history of loose denture complaint, no xerostomia, and with Class 4 residual ridge criteria according to American College of Prosthodontics classification (ridge height <10 mm) [10]. Patients had two dentures by duplicating the master cast: A complete denture constructed by the conventional protocol, and a denture with multiple suction cups. The protocol for the multi-suction cup was as the following [11]: Multiple trephine holes were cut inside the master cast after try-in (Figure 1). After flasking and before packing of acrylic resin in the mold, a wax spacer sheet was adapted over the cast and covered by a thin cellophane sheet, followed by packing of dough mix of hard heat cured acrylic resin over it, then the flask was closed and any excess acrylic was removed, the flask was opened again to replace the wax spacer by another dough mix of soft heat cured acrylic resin, the curing cycle was 75°C for 1.5 h, then by 100°C for an additional 1 h, and the dentures were finished and polished (Figure 2). The dentures were grouped in to three groups according to the retention modality:

- Control Group: Conventional denture without Adhesive.
- Group II: Conventional denture with the addition of adhesive.
- Group III: Denture with multi-suction cups.

1 Vertex Regular. Vertex-Dental B.V. Netherland
2 Vertex soft. Vertex-Dental B.V. Netherland
3 Fitty dent super adhesive. Fittydent International. Austria

The device used for the measurement of denture retention was a universal test machine. To attach the metal rods of the machine to the denture, modification of the denture by drilling two holes at the canine area and fixing 3 mm metal tubes in them by self-cured acrylic resin. The patient sit with his head in upright position, then the pins of the metallic rods of the universal test machine were fixed to the metal tubes of the denture, and the machine applies a downward force until the denture was detached, the amount of dislodged force was recorded in Newtons at insertion, 15 min, 30 min, 1 h, 2 h, and 4 h [12], [13].

The data of this study were shown as a mean and standard deviation (SD). The results showed a normal
distribution of data by Shapiro–Wilk test. The statistical analysis used the two-way repeated measures analysis of variance (ANOVA) test to compare the retention of three groups and post hoc Tukey’s test for the effect of time on retention. The significance level was set at \( p \leq 0.05 \). The software used for statistical analysis was IBM SPSS© Statistics Version 20 for Windows.

Results

Table 1 and Figure 3 show the mean and the SD of data.

**Table 1: Mean ± SD of retention values of three groups at different time intervals in Newtons**

<table>
<thead>
<tr>
<th>Period</th>
<th>Control</th>
<th>Group I</th>
<th>Group II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before</td>
<td>7.96 ± 2.07</td>
<td>8.72 ± 1.92</td>
<td>7.96 ± 2.77</td>
</tr>
<tr>
<td>15 min</td>
<td>6.77 ± 1.93</td>
<td>31.31 ± 6.48</td>
<td>15.98 ± 3.97</td>
</tr>
<tr>
<td>30 min</td>
<td>10.09 ± 3.96</td>
<td>32.11 ± 7.00</td>
<td>15.45 ± 3.92</td>
</tr>
<tr>
<td>1 h</td>
<td>8.25 ± 2.11</td>
<td>32.34 ± 7.80</td>
<td>16.78 ± 4.55</td>
</tr>
<tr>
<td>2 h</td>
<td>11.66 ± 2.78</td>
<td>34.17 ± 12.97</td>
<td>14.74 ± 4.83</td>
</tr>
<tr>
<td>4 h</td>
<td>9.66 ± 3.04</td>
<td>29.47 ± 10.70</td>
<td>14.36 ± 5.69</td>
</tr>
</tbody>
</table>

Data show that increase retention with time in Groups I, II. However, the control group did not show any increase. Retention reaches its peak after 1 h in Group I, and 2 h in Group II. Post hoc turkey test showed statistically significant different between insertion and after all times. In between time comparison, no statistically non-significant difference observed (Table 4).

**Table 4: Post hoc Tukey’s test for different times comparison**

<table>
<thead>
<tr>
<th>(I) time</th>
<th>(J) time</th>
<th>Mean difference (I-J)</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insertion</td>
<td>15 min</td>
<td>−9.8002*</td>
<td>0.000 Significant</td>
</tr>
<tr>
<td></td>
<td>30 min</td>
<td>−11.0012*</td>
<td>0.000 Significant</td>
</tr>
<tr>
<td></td>
<td>1 h</td>
<td>−10.9012*</td>
<td>0.000 Significant</td>
</tr>
<tr>
<td></td>
<td>2 h</td>
<td>−11.9662*</td>
<td>0.000 Significant</td>
</tr>
<tr>
<td></td>
<td>4 h</td>
<td>−9.6002*</td>
<td>0.000 Significant</td>
</tr>
<tr>
<td>15 min</td>
<td>30 min</td>
<td>−1.1983</td>
<td>0.986 Non-significant</td>
</tr>
<tr>
<td></td>
<td>1 h</td>
<td>−1.0983</td>
<td>0.991 Non-significant</td>
</tr>
<tr>
<td></td>
<td>2 h</td>
<td>−2.1633</td>
<td>0.841 Non-significant</td>
</tr>
<tr>
<td></td>
<td>4 h</td>
<td>0.1977</td>
<td>1.000 Non-significant</td>
</tr>
<tr>
<td>30 min</td>
<td>1 h</td>
<td>0.1900</td>
<td>1.000 Non-significant</td>
</tr>
<tr>
<td></td>
<td>2 h</td>
<td>−0.9650</td>
<td>0.965 Non-significant</td>
</tr>
<tr>
<td></td>
<td>4 h</td>
<td>1.3960</td>
<td>0.972 Non-significant</td>
</tr>
<tr>
<td>1 h</td>
<td>2 h</td>
<td>−1.0650</td>
<td>0.992 Non-significant</td>
</tr>
<tr>
<td></td>
<td>4 h</td>
<td>1.2960</td>
<td>0.980 Non-significant</td>
</tr>
<tr>
<td>2 h</td>
<td>4 h</td>
<td>2.3610</td>
<td>0.785 Non-significant</td>
</tr>
</tbody>
</table>

**Discussion**

Unacceptable complete retention and stability of the complete denture are a significant risk factor in total edentulism. Patient satisfaction was directly correlated with perceived general health, and indirectly with the oral health. Maintaining optimum retention of dentures and consistency in denture wearers is therefore necessary for good oral health and well-goal of enhancing happiness [14].

The patients in this study were selected free of systemic diseases that may impair denture retention as Parkinson’s disease, hemiplegia, or any defects in the temporomandibular joint as they may result in prosthetic failure due to lack of neuromuscular control [15], as diabetics have increased predisposition to oral diseases such as candidiasis associated with xerostomia [16]. Patients with xerostomia were all omitted as the saliva is essential to the retention of removable prostheses as salivary wetting mechanics are required to establish adhesion, stability, and surface tension that eventually contribute to increased prosthesis retention [17]. Retention was measured by a universal testing system that is a standardized precision measurement tool for retention [18].

Our finding was accepted with Chandrakala [19] explaining the definition of a simple technique for enhancing denture retention and stability using the multi-suction cup denture liner. It provided a viable option to improve denture retention when the patient was unable to use other treatment methods. These suction cups grip the oral tissue, providing an increased surface area for improved retention and an improved suction force for resistance [8]. When properly positioned, the multi-suction cup denture liner has provided a viable alternative to
enhancing denture retention when pre-prosthetic surgery may not have been feasible or desired by the patient [20]. Jermy [21] showed that there are focal areas of mild inflammation where a hole had been too deeply drilled. However, holes of sufficient depth did not displace tissues to the point of inflammation or pathology caused by the suction cups. There have been numerous case reports of mucosal ulceration or palatal perforation caused by the use of single suction cup in maxillary dentures [22], [23]. Indeed, it has to be noted that the multi-suction cup denture require an additional laboratory steps for its fabrication.

In this study, the adhesives give the most retention results than multi-suction cup and conventional complete denture lies in agreement with Lindstrom et al. [24], who addressed the role of denture adhesives in denture retention and stability by counting denture dislodgments in patients eating standardized portions of food (celery, apple, steak, and hard roll sandwich), with and without adhesives. Modern adhesives have a carboxyl groups which provide solid bioadhesive and cohesive forces. Polymethyl vinyl ether-maleic anhydride copolymer is a synthetic compound that is commonly used in denture adhesives due to its high carboxyl group levels. The most widely used agent is sodium carboxymethyl cellulose, or CMC, a naturally derived adhesive ingredient, due to its carboxylic groups [25]. While it provides a good initial hold when used alone, due to its high solubility, CMC dissolves easily. Manufacturers introduced products which combined zinc PVM-MA with CMC calcium salts. Due to the stronger covalent bond which develops through the divalent zinc action, these materials provided even greater cohesive strength for longer durations [26].

Patient satisfaction with denture adhesive was dependent on several factors such as: Adhesive length in the mouth of the patient, taste and elimination of adhesive from the mouth of the patient. Improvement of chewing capacity was observed using different types of adhesive but there was negligible difference between them [27]. Indeed, Abolmasov et al. found that separation force increases when the thickness of the denture adhesive cream decreases [28].

Conclusion

Denture adhesives had the best retention values followed by multi-suction cup denture, and the amount of retention showed no significant changes in all observation times of both groups.

References


