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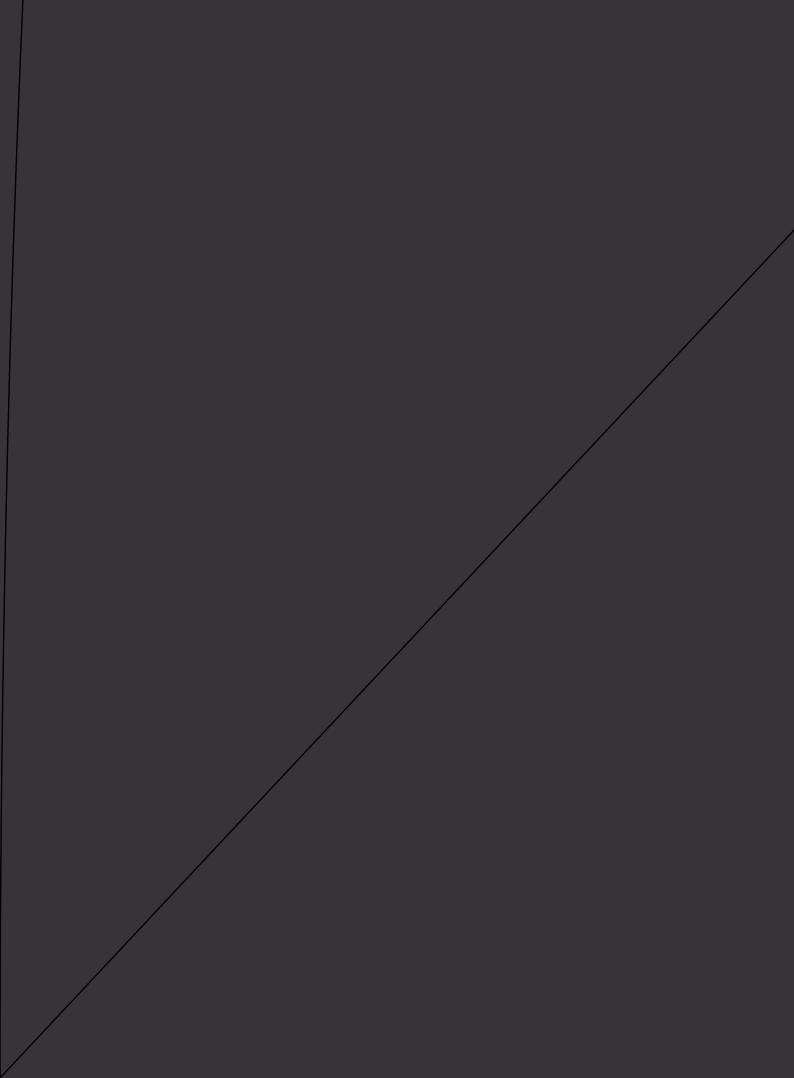
cast was poured. Preliminary impressions of the edentulous maxilla was made with irreversible hydrocolloid (Neocolloid, Zermack clinical, Italy) and dental stone cast was made for the construction of special tray. The custom tray was prepared with auto polymarising acrylic resin(Dentsply, Gurgaon, India) for making secondary impression .The secondary impression was made using green stick compound for border moulding (DPI Pinnacle Tracing sticks, Bombay, India) and zinc-Oxide Eugenol as impression material. Master cast was made with dental stone type III(Kalabhai, Mumbai, India) and the mould of the same was made with reversible hydrocolloid (Agar Agar) and a refractory cast was poured

with ethyl silica bonded investment material. On the refractory cast ,the denture base pattern wax was adapted

Zermack clinical, Italy) and an artificial stone diagnostic

oid impression material (Neocolloid,







tissues occurring in the anterior part of maxilla. Besides rigidity and fracture resistance these metal bases have several other added advantages like excellent strength to volume ratio, good adaptation to the supporting tissues, enhanced control of denture plaque, high thermal conductivity, high biocompatibility, very little dimensional changes in time through fluids absorption and does not interfere with phonation due to its decreased bulk which also makes the denture light weight. 1°

Summary and Conclusion:

In this particular case though the occlusal plane was dictated by the mandibular natural teeth, the plane was not very steep and hence the teeth required very little



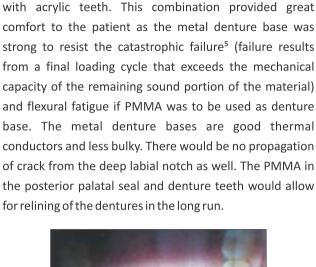
Figure 1: High frenal attachment



Figure 3: Single Complete maxillary denture with metal denture base



Figure 4: Pre treatment view



modification and a balanced maxillary complete denture

was given to the patient which had a metal denture base



Figure 2: Opposing natural dentition



Figure 5: Post treatment view

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