A 63-year-old male patient came to the department of prosthodontics with a complaint of inability to chew food and poor appearance. The patient was evaluated and complete history of the patient along with family history was non-contributory. Intraoral examination and radiographic assessment revealed an unrestored mouth with generalized severe chronic periodontitis of the remaining teeth that were considered hopeless.

2. CASE PRESENTATION

Following a detailed examination and evaluation of the objective parameters of the patient's age, profession, smile, aesthetic and functional demands and to boost his confidence towards life, patient was advised extraction of all the teeth due to his failing dentition and fabrication of interim immediate denture was planned.

2.1 PROCEDURE

The primary impression was made with irreversible hydrocolloid impression material [4] (Imprint-DPI, India Pvt Ltd) (fig 3). The cast was poured in Type-IV dental stone (Kalabhari, Mumbai, Maharashtra, India). The wax spacer (Golden dental product, Hyderabad, Telangana, India) was fabricated before the extraction of all remaining teeth. Aesthetic results are also important in the fabrication of an immediate denture as it has to be an accepted part of the system [2]. The aesthetic results are also considered as an important factor in the fabrication of an immediate denture. The aesthetic results are also considered as an important factor in the fabrication of an immediate denture [2].

2.2 CAST MODIFICATION

The remaining teeth arrangement was done for all dentition by knocking out the teeth from the cast alternatively. Modification of cast at the intended area is very critical in the fabrication of an immediate denture [7] (fig 9). Three markings were scribed on the facial surface of the cast dividing it into cervical, middle, and apical thirds. The denture was fabricated before the extraction of all remaining teeth.

2.3 SURGICAL STENT

The surgical stent was prepared for both upper and lower arch on the primary cast after removing all the teeth from the same (fig 11). A surgical stent was used as a guide for remounting tissues after extraction. All the teeth were extracted (11, 21, 22, 23, 24, 25, 33, 34) under local anaesthesia except impacted 28 (fig 12). Any bony spicule, if present, was removed with rongeur forceps and ridge form was checked with anaesthesia except impacted 28 (fig 12). Any bony spicule, if present, was removed with rongeur forceps and ridge form was checked with the surgical stent. The denture was inserted on the same appointment (fig 13).

2.4 POST-OPERATIVE CARE

Avoid spitting, bending over, sucking through a straw, and rinsing for 24 hours. No strenuous activity or smoking for 48 hours. Keep dentures in for 24 hours, without removing at night [8]. No hot liquids, acidic foods or drinks for first 24 hours after 24-72 hours, remove dentures 3 times a day to rinse them off. While the dentures are out rinse your mouth gently using a glass of warm salt water. Replace the
dentures immediately. After 2 weeks progress to a soft diet and gradually to a regular diet.

2.5 FOLLOW UP
Follow-up was done on weekly basis. After 3 months following healing of the residual ridge, conventional complete denture was fabricated.

3. DISCUSSION
An immediate denture is defined as a complete or removable partial denture constructed immediately following removal of compromised or hopeless natural teeth [9]. The immediate interim denture differs from does not require that teeth be extracted prior to its construction.

The patient presented with dissatisfaction with dental aesthetics and consequently his smile. His dental situation was further complicated by generalized chronic periodontitis. In this case, the patient was not convinced for multiple visits for the extraction and wanted all the teeth to be replaced immediately. The usual design of conventional complete denture was not suitable for this patient. So we formulated our treatment plan accordingly and decided to go for an interim immediate denture. The maintenance of the original OVD and centric relation is fundamental for the success total removable prosthesis. The vertical dimension of occlusion exhibited by the natural teeth can be maintained. In this case the OVD is not modified but it is preserved the original one. The artificial teeth can be placed in exactly the same positions as the natural teeth or can be repositioned for a more aesthetic appearance. The initial retention and stability were good and also the patient was able to maintain satisfactory oral hygiene and had no complaints regarding aesthetics and function. However, this prosthesis was intended for use as an immediate interim denture. Relining the intermediate denture with processed acrylic resin before the completion of the conventional denture is not indicated, because it may delay the patient's return for the second denture [5, 10].

4. CONCLUSION
The success of interim immediate complete dentures greatly depends on a correct diagnosis, detailed treatment planning, and precise execution of fabrication procedures. A correct diagnosis and work plan can be made only after gaining insight into the patient's general health and detailed extra oral and intraoral examination. The interim immediate denture does not require that teeth be extracted prior to its construction. The patient’s cooperation toward the treatment also plays a major role in success. Philosophical patients are the best candidates for this kind of treatment procedure [11].
5. REFERENCES