

Evaluation of oral manifestations in patient users of dental prosthesis

Avaliação das manifestações orais em pacientes usuários de próteses dentárias

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ABSTRACT

Objective: This article aimed to analyze patients who use removable dental prostheses at the Center for Dental Specialties in the city of Fernandópolis-SP, adding broad concepts regarding the social context in which these patients are inserted, the history of use of prosthetic devices per individual for a subsequent evaluation of the systematic oral manifestations present in the patients under study. **Material and Methods:** The developed content was based on important issues within the proposed plot, where the patient is studied chronologically from his first prosthetic making to the current one. The main oral manifestations in users of removable prostheses were observed and analyzed according to their predisposition and etiology. **Results:** This research is of the qualitative type, carried out in loco with the help of a specialized professional and a structure of access to secondary health care. 40 patients were interviewed inside the dental prosthesis office, before, during or after their consultations, with mutual cooperation of those involved. **Conclusion:** The results obtained highlighted the importance of health promotion and prevention, reinforcing the need for guidance from professionals in the area, mainly dentists, about the common appearance of oral manifestations in the oral cavity in users of dental prostheses in order to prevent them, diagnose and treat them.

Keywords: Dental Prosthesis. Epidemiology. Oral Manifestations. Oral Hygiene. Oral Health.

RESUMO

Objetivo: O artigo teve como objetivo analisar os pacientes usuários de próteses dentárias removíveis do Centro de Especialidades Odontológicas da cidade de Fernandópolis-SP, agregando conceitos amplos quanto ao contexto social em que esses pacientes estão inseridos, o histórico de uso de aparelhos protéticos por indivíduo para uma posterior avaliação das manifestações bucais sistemáticas presentes nos pacientes em estudo. **Material e Métodos:** O conteúdo foi baseado em questões importantes dentro do enredo proposto, onde o paciente é estudado cronologicamente desde sua primeira confecção protética até a atual. As principais manifestações orais em usuários de próteses removíveis foram observadas e analisadas de acordo com sua predisposição e etiologia. Esta pesquisa é do tipo qualitativa, realizada in loco com o auxílio de um profissional especializado e uma estrutura de acesso à atenção secundária à saúde. **Resultados:** Entrevistou-se 40 pacientes dentro do consultório de prótese dentária, antes, durante ou após suas consultas, com colaboração mútua dos envolvidos. **Conclusões:** Os resultados obtidos evidenciaram a importância da promoção e prevenção da saúde, reforçando a necessidade de orientação dos profissionais da área, principalmente dos cirurgiões-dentistas, sobre o aparecimento comum de manifestações bucais na cavidade oral em usuários de próteses dentárias, a fim de preveni-las, diagnosticá-las e tratá-las.

Palavras-chave: Prótese Dentária. Epidemiologia. Manifestações Oraís. Higiene Oral. Saúde Bucal.

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1. INTRODUCTION

Rehabilitation is one of the main topics of study within schools and current dental events, this is due to technological advances aimed at rehabilitative practices. In some clinical cases, the dental surgeon may opt for more than one form of rehabilitation, managing to return the same aesthetic aspects to the patients. From this, having knowledge of these techniques is interesting so that, in addition to granting a good aesthetic result, it is also possible to return functionality to the patient¹.

The term functionality is strongly used when it comes to oral rehabilitation, mainly within dental prosthesis, which is a device with a useful life during which support is needed for its operation. Dental prostheses can be differentiated into mucous-supported, tooth-supported, mucodent-supported, and implant-supported prostheses. The function that is so necessary in prostheses is obtained through occlusion. To determine it correctly, there are several techniques performed in the office, conducted by the dental professional².

Dental prosthesis seeks to restore form, function, and aesthetics to patients who have suffered tooth loss³. However, artificial elements installed in the oral cavity may favor the clinical or subclinical development of pathological processes, resulting from the association between prosthesis and microorganism. This interference in the balance of the microbiological ecosystem causes a qualitative and quantitative alteration of the oral cavity biofilm, with a greater predisposition to oral lesions and other pathological changes⁴.

According to data from IBGE and IBOPE, in 2018, around 39 million people wore dental prostheses in Brazil, of which 16 million were completely edentulous⁵. According to reports from the analyzed patients, the loss of dental elements led to the appearance of various psychosocial traumas and self-esteem issues, which directly interfere in the interrelationships of users. After the COVID-19 pandemic and with the resumption of normal dental treatments, the probability of the numbers reported above being even higher today is high⁶.

Users of dental prostheses, the vast majority of whom belong to an age group over the sixth decade of life, can be predisposed to numerous physiological variations related to habits, comorbidities, and dysfunctions that are of great importance for the clinical evaluation of the patient. In addition, the ingestion of certain medications can also lead to an alteration in salivation, which is highly harmful in removable prostheses since saliva and its structure are responsible for providing adhesion between the prosthetic device and the mucosa.

Some of these drugs directly affect the oral cavity, resulting in oral ulcerations, dental or soft tissue pigmentation⁶. Because they are of synthetic origin, even if biocompatible, poor adaptation and hygiene of dental prostheses can lead to the appearance of oral manifestations, such as inflammatory fibrous hyperplasia, oral candidiasis, stomatitis, traumatic ulcers, among others. These oral manifestations can be minimized through follow-up and proper instruction by the dentist on oral hygiene⁷.

Removable dentures, in turn, are the most affected. Within this classification are complete dentures, indicated for completely edentulous patients, and removable partial dentures in patients with the presence of remaining teeth. Both require specific care regarding hygiene and adaptation for better device durability and mucosal health⁸.

The evaluation of cases of oral manifestations in patients of prosthetic origin is important in terms of prevention measures and encouraging information. Many users of removable prostheses do not have knowledge about the need to clean the material, and the majority of the population using dental prostheses has failed to maintain the cleanliness of their prostheses^{9, 10}. Furthermore, as in all dental specialties, a large percentage of patients only seek professional help in extreme cases of pain and discomfort, which makes it difficult for professionals to work. Proper hygiene and adaptation of the prosthesis are essential for maintaining the physical and psychological well-being of the patient, and it is necessary for the dental surgeon to correctly guide the prosthesis users, generating a better quality of life for these patients¹¹.

2. MATERIAL AND METHODS

This is an initial literature review of the narrative type with a practical complementation through in-situ research at the Center for Dental Specialties (CDS) in the city of Fernandópolis-SP, where the complementary data of the project were collected. The narrative review has some particular characteristics, such as the alternative of broadly approaching a certain subject or theme, through a search that favors the construction of the “state of the art” regarding the theme in evidence. In addition, the narrative review can be constructed from the selection of various scientific materials, such as books, articles, printed and electronic journals, which will be interpreted and analyzed through the author's perspective, in a qualitative view of the results¹².

The search for studies was carried out in October and November 2022 and developed in the Virtual Health Library (VHL-BIREME), using the database: Latin American and Caribbean Health Sciences Literature (LILACS) and the virtual library: Scientific Electronic Library Online (SCIELO). The following descriptors standardized by Health Sciences Descriptors (DeCS/MeSH) were used: “Oral Manifestations”, “Dental Prosthesis” and “Epidemiology”.

The articles were selected by reading the titles, and later by their abstracts and methodologies. This review included articles, publications or books written in Portuguese and English, available in the selected databases in the last 10 years (between 2012 and 2022), and addressing the proposed theme, that is, publications of particular interest to forms clinics, etiologies, diagnosis, and treatment of the main oral manifestations in patients using dental prosthesis. On the other hand, articles, publications, or books not related to the topic to be addressed were excluded.

After understanding the issues that must be addressed in this project, an *in loco* research method was employed. All dental prosthesis patients treated at the CDS during a two-month period were included and cataloged in this study. Questions about gender and age were asked only for an identifying context.

Through a questionnaire, responses were collected on subjects related to hygiene and stabilization of prostheses in the mouth, the use of medications and the presence of systemic diseases, in addition to the history of appearances of pathological manifestations or not in the oral cavity of the analyzed patients. The data obtained from the evaluations were used to better promote the study and accounted for the production of informative spreadsheets, which were exposed along with all the initial pre-developed content. The present research was approved by Research Ethics Committ and were tabulated and analyzed– nº. CAAE: 02742112.6.0000.5494, statement nº 212.181.

3. RESULTS

The present study included 40 participants, including men and women of different age groups and races. Data regarding the participants' marital status were also collected and stored.

Table I. Sociodemographic profile distributed by age, gender and color.

| Age | n° | % |
|---------------|-----------|----------|
| <=40 | 1 | 2.5 |
| <=50 | 3 | 7.5 |
| <=60 | 11 | 27.5 |
| <=70 | 13 | 32.5 |
| <=80 | 10 | 25.0 |
| >80 | 2 | 5.0 |
| Gender | n° | % |
| Female | 27 | 67.5 |
| Male | 13 | 32.5 |
| Other | 0 | 0 |
| Color | n° | % |
| White | 32 | 80.0 |
| Black | 3 | 7.5 |
| Brown | 5 | 12.5 |
| Yellow | 0 | 0 |

Source: Author himself.

Pharmacology and therapy are associated with virtually all dental specialties, as the use of drugs can cause changes in the body's physiology and thus predispose to the development of oral manifestations [6]. Knowing this, data were extracted from the research regarding the use of medications and the presence of systemic diseases in the patients analyzed. The group of people who were quantitatively evaluated in this study started from an age range of 40 to 90 years old, which is where most of the systemic variations found today begin to emerge.

Table II. Use of medications and commonly encountered systemic diseases.

| <i>Medication</i> | <i>n°</i> | <i>%</i> |
|--------------------------|-----------|----------|
| None | 8 | 10.0 |
| Cardiovascular | 27 | 33.75 |
| Psychiatric | 14 | 17.5 |
| Hormonal | 5 | 6.25 |
| Pain Relief | 5 | 6.25 |
| Neurological | 7 | 8.75 |
| Digestive | 4 | 5.0 |
| Immunological | 1 | 1.25 |
| Nutritional | 2 | 2.5 |
| Respiratory | 3 | 3.75 |
| Urology | 2 | 2.5 |
| Others | 2 | 2.5 |
| <i>Systemic Diseases</i> | <i>n°</i> | <i>%</i> |
| None | 11 | 16.92 |
| Obesity | 2 | 3.1 |
| High Blood Pressure | 25 | 38.5 |
| Diabetes | 7 | 10.76 |
| Asthma | 3 | 4.61 |
| Gastrointestinal | 4 | 6.15 |
| Chronic Pulmonary | 1 | 1.53 |
| Others | 12 | 18.46 |

Source: Author himself.

With regard to smokers and alcoholics, the project organized questions regarding the use or not of these substances. From what is understood within health levels, alcohol and tobacco are harmful to the body in different ways, triggering injuries in all systems of the

human body. Within dentistry it is no different, these substances are actively linked to the intensification of periodontal disease, halitosis, and the appearance of manifestations in the oral cavity, such as xerostomia and ulcerations.

Table III. Distribution of smoking and alcoholic patients.

| <i>Tobacco</i> | <i>n°</i> | <i>%</i> |
|-------------------------|------------------|-----------------|
| Smoker | 2 | 5.0 |
| Former Smoker | 10 | 25.0 |
| Non-smoker | 28 | 70.0 |
| <i>Alcoholic</i> | <i>n°</i> | <i>%</i> |
| Yes | 2 | 5.0 |
| No | 38 | 95.0 |

Source: Author himself.

Dental appointments must be periodic, studies report that the maximum period between consultations is 6 months, from that date onwards a new evaluation of the patient's oral cavity must be carried out to obtain a diagnosis of oral health or if there is a need for any adequacy. In dental prosthesis, the same scheme of care and prevention is followed, the rehabilitation phase is used after all adjustments to the oral environment have been made, which is why it is essential that the patient, whether partially toothless or completely toothless, has carried out an assessment prior to rehabilitation, observing if there are alterations in mucous membranes or if there are dental structures that need to be intervened.

Table IV. Frequency analysis and last dental appointment.

| <i>Last Dental Appointment</i> | <i>n°</i> | <i>%</i> |
|---------------------------------------|------------------|-----------------|
| < 6 months | 35 | 87.5 |
| 6 months to 1 year | 0 | 0.0 |
| 1 year to 2 years | 2 | 5.0 |
| > 2 years | 3 | 7.5 |

Source: Author himself.

The previous graph shows good results regarding the recent dental care of the participating patients, these positive data are helped by referrals from the Healthcare center's to the CDS, where the study was carried out. In this case, dental prosthesis patients were previously evaluated by the primary health care sector and referred to secondary care, where more specific cases are treated by specialized professionals.

Thus, the removable dentures of the patients participating in this study were planned, installed and divided in the CDS into: conventional upper and lower dentures and removable partial dentures. Both were indicated for dental arches without greater technical requirements, as long as there was adequate oral health and a support structure capable of retaining the prosthesis in the mouth.

Dental prostheses are oral devices recommended for totally edentulous or partially edentulous patients. Their objective is to provide aesthetics and function to their users, assisting in cavity filling, occlusion, and phonetics¹¹.

Brazil is a country with a high rate of toothless patients and, consequently, a high rate of users of dental prostheses. This is due to a historical context that, for a long time, guided the country where rehabilitation ideals were not used due to their high cost and more elaborate techniques. Following this line of reasoning, many patients treated report using prostheses for more than 40 years, where many were still witnessing the beginning of adulthood enjoying energy and health¹¹.

Like any device of synthetic origin, the prosthesis needs to be constantly evaluated, and when it loses the desired functions, it must be replaced. Nóbrega et al. estimated a period of up to 5 years of use for a prosthetic device. After this period, it is recommended to plan and make a new prosthesis¹¹.

Periodic changes of prosthetic devices are essential for their functionality and add a lot to their aesthetics because over time, with continuous use, wear, cracks, and fractures become more susceptible. With replacements being made every 5 years, all structures and components present within a prosthesis are able to meet their functional needs.

Table V. Types of removable prostheses used and arches where they are installed.

| <i>Prosthesis Type</i> | <i>n°</i> | <i>%</i> |
|------------------------|-----------|----------|
| Denture | 16 | 40.0 |

| | | |
|------------------------------|-----------|----------|
| Removable Partial Prosthesis | 15 | 37.5 |
| Both | 9 | 22.5 |
| <hr/> | | |
| Arcades | n° | % |
| <hr/> | | |
| Upper and Lower | 32 | 80.0 |
| Upper | 4 | 10.0 |
| Lower | 4 | 10.0 |

Source: Author himself.

The frequency of use of a prosthesis can interfere with the functional loss of the device, so it is recommended to remove it during the night, especially before going to sleep. During sleep, there is a decrease in salivation, which, attributed to poor hygiene, can affect some structures of the prosthetic device¹³.

Table VI. Distribution of the time the patient uses dental prostheses, their appropriate replacements during this period until today and how long the current prosthesis is used.

| | | |
|------------------------------------|-----------|----------|
| General Use Time | n° | % |
| <hr/> | | |
| First Prosthesis | 8 | 20.0 |
| < 5 years | 5 | 12.5 |
| 5 years to 15 years | 5 | 12.5 |
| 15 years to 25 years | 7 | 17.5 |
| 25 years to 40 years | 8 | 20.0 |
| > 40 years | 7 | 17.5 |
| <hr/> | | |
| Prosthesis Changes | n° | % |
| <hr/> | | |
| 1-2 times | 21 | 65.63 |
| 3-4 times | 9 | 28.12 |
| More than 5 times | 2 | 6.25 |
| <hr/> | | |
| Current Prosthesis Use Time | n° | % |
| <hr/> | | |
| < 3 years | 10 | 31.25 |

| | | |
|---------------------|----|-------|
| 3 years to 5 years | 4 | 12.5 |
| 5 years to 10 years | 5 | 15.62 |
| > 10 years | 13 | 40.63 |

Source: Author himself.

The appearance of oral manifestations in the oral cavity may be related to numerous factors, within dental prostheses, most of them come from poor hygiene and poor adaptation⁸.

Poor adaptation of prosthetic appliances in the oral cavity occurs for several reasons. When planning and executing a prosthesis, some steps must be followed, the evaluation of the structure of the mucosa is one of them. The mucosa plays a fundamental role in supporting prosthetic devices, the entire region must be observed and analyzed for the presence of variations from normality, such as a palatine or lingual torus, factors that are capable of altering the entire logistics of planning a prosthesis. After analysis of the oral cavity, the step-by-step execution of the prosthesis begins, impressions are made, the test base, orientation of the wax plane, acrylization of the material and installation. The appearance of hyperplasias recently after the installation of the device is characterized as failures in the adaptation, which are soon repaired after making the necessary adjustments, the impact of chewing together associated with poor adaptation between the prosthesis and the mucosa is the causative factor of hyperplasia¹⁴.

Maintenance and adjustments of prosthetic devices need to be performed in an attempt to avoid failures related to material adaptation. From this, it is interesting that the user himself perceives such a divergence from normality and contacts the professional responsible for planning the product.

Table VII. Frequency of use of the prosthesis during the day.

| <i>Use Frequency</i> | <i>n°</i> | <i>%</i> |
|----------------------|-----------|----------|
| Continuous | 22 | 68.75 |
| Descontinuous | 10 | 31.25 |

Source: Author himself.

Poor hygiene, as the name implies, can be defined as a lack of cleanliness and care with the device, as well as natural teeth, brushing artificial teeth and soaking the device is essential. This lack of hygiene helps in the predominance of bacteria stored mainly in regions of difficult access, both by personal hygiene products and by saliva, this accumulation of microorganism contributes for the appearance of candidiasis, stomatitis, and ulcerations⁴.

In addition to factors related to adaptation and hygiene, the study addressed other manifestations considered common in patients using dental prostheses, such as angular cheilitis, which is a condition that occurs in the labial commissure and that can be corrected in some cases by establishing a correct vertical dimension of occlusion. Xerostomia and sialorrhoea, which are the deficiency and increase in saliva production, respectively, and may be related to both genetic factors and the use of medications that can inhibit or accelerate secretion.

Table VIII. The situation of the current prosthesis regarding its structure and stability.

| <i>Problems</i> | <i>N°</i> | <i>%</i> |
|---|-----------|----------|
| Yes | 23 | 71.8 |
| No | 9 | 28.2 |
| <i>Current Prosthesis Self-assessment</i> | | |
| <i>n°</i> | <i>%</i> | |
| Comfortable | 11 | 29.73 |
| Unsteady | 14 | 37.84 |
| Traumatized | 6 | 16.23 |
| Fractured | 3 | 8.10 |
| Unsteady+Traumatized+Fractured | 3 | 8.10 |

Source: Author himself.

A prosthesis is a special device capable of functionally and aesthetically renewing a patient's oral cavity. In the manufacture of the prosthetic device, numerous materials are used, such as acrylic resins, porcelain, metallic alloys, among others, which together result in an effective product that manages to recover the self-esteem of many patients.

For longevity in the function and aesthetics of the prosthetic device, oral hygiene methods must be employed, cleaning the prosthesis must be performed after meals and daily, as well as in dentate patients. The prosthesis must be removed from the mouth and subjected to mechanical brushing with water + non-abrasive toothpaste or neutral soap, and as already mentioned, it must be placed in a container with water before going to bed to rest⁴.

Weekly the prosthesis must be immersed in a substance, the use of water with drops of sodium hypochlorite is indicated in complete dentures and water with neutral soap in partial dentures. In general, when talking to the patients participating in the project, most were unaware of the need for immersion and were instructed to do so, on the other hand, those who were aware of the procedure claimed to perform it using mostly bleach and neutral soap.

All guidelines must be transmitted by the professional after installing the device, depending on periodic returns, it is important that the dentist in charge emphasizes the need for cleaning the prosthesis to their patients, encouraging them to do so and prolonging the useful life of the device.

Table IX. Presence of oral manifestations in the mucosa.

| <i>Oral Manifestations</i> | <i>n°</i> | <i>%</i> |
|----------------------------|-----------|----------|
| Inflammatory Hyperplasia | 6 | 13.95 |
| Traumatic Ulcers | 14 | 32.56 |
| Angular Cheilitis | 1 | 2.33 |
| Stomatitis | 1 | 2.33 |
| Xerostomia | 2 | 4.65 |
| Sialorrhea | 1 | 2.33 |
| Others | 5 | 11.63 |
| None | 13 | 30.23 |

Source: Author himself.

Table X. Hygiene protocols carried out by patients and whether any instructions were received for cleaning and maintaining the prosthesis.

| <i>Hygiene Mechanism</i> | <i>n°</i> | <i>%</i> |
|--------------------------------------|-----------|----------|
| Water+Brush+Toothpaste | 18 | 56.25 |
| Water+Brush+Toothpaste+Immer sion | 14 | 43.75 |
| <i>Received Hygiene Guidelines</i> | <i>n°</i> | <i>%</i> |
| Yes | 23 | 57.5 |
| No | 17 | 42.5 |

Source: Author himself.

4. DISCUSSION

Removable dental prostheses require a profound interaction with the soft and hard tissues of the alveolar ridge and hard palate region. same. The research carried out seeks to gather and group data regarding the manifestations found in the oral mucosa of totally or partially edentulous patients, and the causes in view of their predispositions.

In view of this, the research sought to cover any and all types of oral expression within the group and place of study. The first items present in the questioning are related to the patients' personal, age and social issues, with the aim of apprehending these data in order to obtain better control and definition for the research. The high incidence of the use of prostheses is associated with high levels of tooth loss resulting from oral diseases that are now widespread throughout the world¹⁵. This entire context is due to social factors, difficulties in accessing healthcare and negligence during oral hygiene at home. Smoking, poor hygiene, inadequate diet and psychosocial issues are factors that facilitate tooth loss¹⁵. From what is known through the parameters obtained in the study, the delay in prevention measures and the lack of information regarding oral health worsen the rates of edentulism and consequently helps to increase the number of patients using conventional dental

prostheses. The conservation time of a prosthesis is on average 5 years in use, as this period may lead to functional losses in the device¹¹. Within the literature, an effective warranty period is recommended for conventional removable prostheses, with conservation depending on the use and care of each patient. When functional losses occur, it is recommended to change the prosthetic device to avoid injuries and oral diseases^{4, 5, 8, 9}.

Several topics were addressed during the questions applied to patients, as to ensure the longevity of treatments with dental prostheses, a broad understanding of the physiology of the organism and the mechanics of operation of the device is required, through this, questions were outlined regarding the use of medications and the presence of systemic diseases. The highest percentages of medications used by patients were cardiovascular (33.75%), psychiatric (17.5%) and hormonal (6.25%) drugs. to various systems of the human body, in addition to patients who claimed the disuse of such remedies. It is worth mentioning the existence of drugs that induce xerostomia and sialorrhea, which are two important conditions for the prosthetic scope. As for diseases of systemic origin, the main ones found were hypertension (38.5%), diabetes (10.76%), gastrointestinal tract (6.15%), asthma (4.61%), obesity (3.1%) and chronic pulmonary disorders (1.53%), and approximately 16.92% of the patients did not present any type of these alterations.

Patients who smoke and drink alcohol were also detected in this study. As widely developed and disseminated, numerous campaigns scientifically define the negative effects of these substances on health in general.

The study was concerned with evaluating oral manifestations in edentulous or partially edentulous people, who started or started their treatment at the Dental Specialties Center, where only removable dental prostheses are made. Therefore, a survey defined which patients used conventional complete dentures (40.0%), removable partial dentures (37.5%) or both in different arches (22.5%).

By taking a more humanistic approach, it was possible to extract the history of each patient using dental prostheses, from the use of their first prosthetic device to the current one. In addition, from this, data were obtained regarding the number of times the replacement of prostheses was performed per patient, and also the time in which the patient uses the current prosthesis¹¹.

In Brazil, there is no tradition of seeking preventive professional care, that is, most patients when seeking dental assistance are seeking to solve a pre-established problem. In

dental prosthesis, the patient commonly arrives with complaints related to poor adaptations, fractures of the prosthetic device and the appearance of inflammation and wounds due to the prosthesis. All these factors are reported in research, and constantly influence the presence of manifestations in the oral cavity^{6,8}.

By focusing directly on the oral manifestations most present in the vehicle patients of this study, it is understood that their emergence is totally associated with specific causes where their prevention methods are heavily publicized by campaigns and by dental professionals. The main oral manifestations obtained during the research were, respectively, traumatic ulcers (32.56%), hyperplasia of inflammatory origin (13.95%), xerostomia (4.65%) and stomatitis (2.33%), the other option was also added and about 30.23% of the patients said they had not had any oral manifestations present in their treatment history.

The intraoral clinical examinations are a fundamental part of screening patients to identify signs in the oral mucosa¹⁶. Mainly in patients with complete and partial edentulousness, the soft tissues in the region have important functions in the adaptation and modeling of removable prostheses in the mouth. As given in the present study and highlighted in other literary sources, the use of poorly adapted prostheses can have a strong impact on the appearance of Traumatic Ulcers (32.56%) and Inflammatory Hyperplasias (13.95%).

In addition to poor prosthetic adaptations, poor oral hygiene contributes to the accumulation of biofilm and the proliferation of microorganisms in the most inhospitable regions, with the bases of dentures being strongly affected by bacterial chains, promoting the appearance of candidiasis and stomatitis (2.33%) and bacterial inflammations⁴. Other studies also detail the strong relationship between the appearance of oral lesions and the lack of oral hygiene, which makes it necessary to increase attention on oral health¹⁶.

The difficulty in oral hygiene is something that affects patients with low motor skills and cognitive control. During the COVID-19 pandemic, the impacts focused on the lack of control over the containment of viral infections stood out, which increased due to the lack of maintenance in oral hygiene routines. oral hygiene at hospital level¹⁷.

Difficulties regarding the cleaning of prosthetic devices also influence the appearance of pathologies in the oral mucosa. This factor is mainly due to the lack of guidance on how to clean the prosthesis, since, in association with the research carried out, the vast majority of patients clean their prostheses at home. Therefore, what is taken as a basis is that the

levels of instruction and guidance should be increased on how to clean prosthetic devices, in the past that they should be unusable and stored while sleeping⁴.

Recommending correct oral hygiene increases the longevity of prosthetic devices and keeps the mucous tissue healthy to perform its functions, with hygiene levels being used to determine damage to oral health. Studies show that cleaning at home, together with periodic visits to the dental clinic to carry out prophylactic processes, satisfy oral health ideals and extend the useful life of dentures. Among the cleaning methods, the use of toothpaste, toothbrush and water (56.25%) is considered the most common among users of removable complete dentures. The use of a brush associated with the prosthesis made of sodium hypochlorite (43.75%) is a viable alternative for removing microorganisms and reducing odor, its acidic content is effective in dissolving lipids and fats¹⁸. Its use is prohibited for patients allergic to sodium hypochlorite, in addition to being contraindicated for devices with metal meshes.

5. CONCLUSION

From the moment a prosthesis is installed on a patient it becomes part of him, the emotional approach linked to this moment can be felt after every grateful smile. The contact between professional and patient is fundamental during the process of planning a prosthesis, it is an individualized treatment and done step by step, which can take weeks to be implemented. When analyzing the patients, a link between them is perceived, which is the reason for the search, and is mostly related to the discomfort acquired when using the prosthetic device.

The role of the dentist, regardless of specialty, is to solve the patient's current problem. In dental prosthesis, after removal of dental elements, the tissue tends to reabsorb, based on this idea, differences in the structure of ridges can be found between recently rehabilitated patients and patients who have used prostheses for a longer time. In view of what is known about the body's resorption, it is interesting to have rehabilitation with prostheses after multiple or single tooth extractions, in addition to following the maintenance protocols and making adjustments when necessary.

The search for interventions in dental prostheses most often occurs after fractures of the device and appearances of oral manifestations generated from trauma or accumulation

of bacteria. Observing these commonplace factors, it is possible to analyze how much the social issue is correlated with the appearance of pathologies.

In view of what has been seen, it is noted that users of dental prostheses link their hygiene habits exclusively to what was transmitted by the professional who attended them. According to this idea, the importance of guidance in oral health is highlighted, with emphasis on methods of hygiene for each type of prosthesis by the dentist. Through the dissemination of hygiene protocols in dental offices and cooperation with public health networks for prevention and health promotion campaigns, it is possible to stabilize the occurrence of cases related to inappropriate use and lack of hygiene in dental prostheses in the medium term.

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