**Prosthodontic**

**Relining and rebasing:**

- **Relining:** the procedures used to resurface the tissue side of a denture with new material, thus producing an accurate adaptation to the denture foundation area.

  Relining is indicated when there is loos of retention or stability due to alteration or loos of correct relationship to the supporting tissues.

  It cannot be done in the absence of optimum vertical and centric relation and correct occlusal form of teeth.

- **Rebasing:** the laboratory process of replacing the entire denture base material on an existing prosthesis.

  Rebasing is indicated for porous denture base and in case of deficient acrylic during fabrication. However, it is contraindicated in case of incorrect jaw relation.

**Relining procedure**

**Direct Method:**

The relining procedure can be done directly in the patient’s mouth using self-cure acrylic resin. Petroleum jelly is applied to the tissue surface and acrylic is lined on the tissue surface of the denture and stabilized in the mouth. The denture with the relining acrylic material is retrieved before the acrylic completely sets in order to prevent the damage to the oral tissues due to heat generated. The relined denture is trimmed to remove any excess material followed by finishing and polishing of the borders. This procedure is, however, proved to be a failure for the following reasons:

- The relining material often produces a chemical burn.
- The resulting reline is often porous and subsequently produces a bad odour.
- If the denture is not positioned correctly, the material can not be easily removed in order to start again.
- Since the denture with the relining material is retrieved from the surface before the complete curing of the acrylic, the denture may be distorted.
**Indirect Method:**

The indirect relining procedure consists of the *functional impression* and *static impression*.

In the *functional impression* procedure, the denture flanges and the tissue surface are reduced by 1-2mm with stops at the canine and the molar regions. Border molding is done with low fusing impression compound.

Tissue conditioning material is used for recording the impression. Patient is instructed to close in occlusion with light pressure and he is allowed to wear the denture for 24 hours. The denture with the tissue conditioning material is used to pour a cast followed by flasking and packing as in for laboratory procedure in conventional complete dentures.

In the *static impression* procedure, the denture is kept out of the mouth for 24 hours. The denture flanges and the tissue surface are reduced by 1-2mm with stops at the canine and the molar regions. Border molding is done using low fusing stick compound followed by zinc oxide eugenol or rubber base impression in occlusion.

The cast is poured and denture is flaked and packed in the usual manner. The denture is inserted after minor occlusal corrections.

Static impression is more advantageous compared to the functional impression because of the following reasons:

- Impression is better controlled using selective pressure technique.
- Impression is not affected by the occlusion of remaining teeth.
**Rebasing procedure**

The borders of the denture and the tissue surface is reduced by 1-2mm. Border molding and final impression is made with zinc oxide eugenol or rubber base impression material as for relining procedure and the impression is poured in dental stone. The cast with the denture is mounted on the articulator. Plaster index is made of the opposing member of the articulator. The denture is separated from the cast. The base is trimmed away from teeth and the string of the teeth is maintained intact. The intact string of teeth is placed back in the index and the articulator is closed. Wax up is done on the mounted cast to incorporate the string of teeth placed in the opposing index. The cast with the wax up is flaked, dewaxed and acrylic is cured in place of wax. Finishing and polishing of denture is done and inserted in to patient’s mouth after occlusal correction.