CONDITION

Denture problems

Denture problems are difficulties with fit, comfort, function, cleanliness, or damage to removable false teeth.

WHAT IT IS
Poor fit, discomfort, damage, or irritation from removable dentures

BODY SYSTEM
Mouth, gums, and jaw

MAIN SYMPTOMS
Sore gums, looseness, chewing difficulty, mouth redness

WHAT CAUSES IT
Poor fit, wear, plaque, dry mouth, or damage

HOW IT IS DIAGNOSED
Oral examination and denture fit assessment

MAIN TREATMENT
Adjustment, repair, replacement, and improved denture care

CAN IT BE CURED?
Sometimes - correction resolves many denture problems

IS IT AN EMERGENCY?
Sometimes - choking or breathing difficulty needs emergency care

LONG-TERM OUTLOOK
Usually manageable with maintenance and periodic replacement

Overview

Dentures are removable replacements for missing teeth. A complete denture replaces all teeth in one jaw, while a partial denture replaces some teeth and may attach to remaining teeth with clasps.

Common problems include poor fit, painful areas, difficulty eating or speaking, trapped food, bad breath, staining, and breakage. The tissues beneath a denture can also become inflamed or infected.

Your mouth changes over time. After teeth are removed, the gums and supporting jawbone gradually change shape, while dentures themselves wear down. A denture that once fitted well may therefore become loose or uncomfortable.

Persistent rubbing should not simply be endured. Most problems can be improved through cleaning, professional adjustment, repair, relining, or replacement.

Symptoms

A poorly fitting denture may move or click when you talk or eat. Food may collect underneath it, or you may need increasing amounts of denture adhesive.

Other symptoms include:

A new denture may initially feel bulky, and speech or saliva production can take time to settle. Mild early tenderness can occur, but persistent pain or repeated ulcers need assessment.

Redness beneath a denture may be denture stomatitis, often associated with yeast called Candida . It may cause little pain and is more likely when dentures are worn overnight or not cleaned effectively.

A white patch, lump, or ulcer that does not heal needs a dental or medical examination rather than being assumed to result from the denture.

- Tender areas, ulcers, or burning beneath the denture
- Red, swollen, or bleeding gums
- Difficulty biting, chewing, swallowing, or speaking
- Gagging or increased saliva
- Cracks, worn teeth, bent clasps, or breakage
- Bad breath, unpleasant taste, stains, or hardened deposits
- Cracks and soreness at the corners of the mouth
- Dry mouth, which reduces grip and increases friction

Causes and risk factors

Loss of fit is common because gum and bone gradually shrink after tooth loss. Weight changes and some health conditions can also affect fit.

Artificial teeth wear down with use, changing how the upper and lower dentures meet. An uneven bite can make a denture unstable or put excess pressure on part of the gum.

Plaque and food collect on dentures as they do on natural teeth. Poor cleaning can cause odour, staining, inflammation, and fungal overgrowth. Wearing dentures continuously gives the

tissues less time to recover.

Dry mouth reduces lubrication and suction. It may result from medicines, dehydration, smoking, cancer treatment, or conditions affecting saliva production.

Other causes and risk factors include:

Gagging can occur if a denture is loose, unfamiliar, or extends too far back. Anxiety or a sensitive gag reflex may contribute.

- Sharp edges, rough surfaces, bent clasps, or fractures
- Home repairs that alter the denture's shape
- Decay or gum disease around teeth supporting a partial denture
- Poor hand control or eyesight that makes cleaning difficult
- Smoking
- Reduced immune defences
- Irritation from adhesives or cleaning products

Diagnosis

A dentist will ask when the problem began, how it affects eating or speaking, and how you clean and store the denture. Bring the denture to the appointment even if it is broken or too painful to wear.

The dentist examines your gums, tongue, cheeks, palate, remaining teeth, and mouth corners. They check the denture for deposits, rough areas, cracks, wear, and damaged clasps, then assess its stability and bite.

Pressure-indicating material may be used to identify areas rubbing against the gums. If you have a partial denture, dental X-rays may be needed to check supporting teeth for decay, infection, or other problems.

Denture stomatitis is usually diagnosed by examination. A swab or another test may be considered if the cause is uncertain or treatment has not worked.

A persistent ulcer, lump, red or white patch, or unusual tissue growth may require referral or biopsy. A biopsy removes a small tissue sample for examination; it does not necessarily mean cancer is present.

Treatment and management

Treatment depends on the cause. Do not continue wearing a denture that causes significant pain or repeatedly cuts your mouth while waiting for advice.

A dentist may smooth a rough area or make a small adjustment to relieve pressure. Do not file or trim the denture yourself, as this can worsen the fit or create a sharp edge.

A loose denture may be relined by adding material to the surface resting against the gums. Rebasing replaces most of the denture base while retaining suitable artificial teeth. A badly worn, repeatedly repaired, or poorly fitting denture may need replacement.

Broken dentures and bent clasps require professional assessment. Do not use household glue: it may be toxic, interfere with accurate repair, or leave rough surfaces.

Clean all denture surfaces daily with a denture brush or soft toothbrush. Use a denture cleaning product rather than abrasive toothpaste, which may scratch the material. Clean it over a folded towel or a sink partly filled with water to reduce damage if dropped.

Soaking products may help remove deposits and microorganisms, but follow the label and your dentist's instructions. Some products are unsuitable for dentures containing metal. Also clean your gums, tongue, and any remaining teeth.

Unless advised otherwise, remove dentures overnight and store them as directed so they do not dry out or change shape.

If fungal infection contributes to denture stomatitis, a clinician may prescribe antifungal medicine. The denture must also be cleaned effectively. Treatment is less likely to work if it remains poorly fitting or is worn continuously.

Denture adhesive may improve grip but cannot correct a significantly poor fit. Use only the amount directed. If you need increasing amounts, have the fit checked.

For dry mouth, regular sips of water, saliva substitutes, and assessment of the cause may help. Do not stop prescribed medicine without discussing it with the prescriber.

Complications

Repeated rubbing can cause ulcers or thick folds of tissue along the denture edge, sometimes called denture-related hyperplasia. Correcting the fit may help, but established tissue overgrowth can need further treatment.

Denture stomatitis may persist or return if the denture is unclean, worn overnight, or poorly fitting. Cracking at the mouth corners, called angular cheilitis, may occur alongside it.

Pain and poor chewing can limit nutritious foods. Seek help from a dental professional or dietitian if eating remains difficult.

Partial dentures can trap plaque around remaining teeth, increasing the risk of decay and gum disease. Damaged clasps may also harm supporting teeth.

A loose denture can rarely be swallowed or inhaled. A swallowed partial denture, particularly one with metal clasps or sharp edges, requires urgent medical assessment.

Prevention

Natural changes to the gums and jawbone mean even a well-made denture may eventually need relining or replacement.

Reduce avoidable problems by:

Dental visits allow the mouth lining and denture fit to be checked. If you have a partial denture, use fluoride toothpaste and clean between remaining teeth.

Stopping smoking supports oral health and reduces staining. If you have dry mouth, identifying and managing the cause may reduce friction and soreness.

- Cleaning your denture and mouth every day
- Removing the denture overnight unless advised otherwise
- Handling it over water or a soft towel
- Avoiding home adjustments and household glue
- Following instructions for adhesives and soaking products
- Having looseness, cracks, or soreness assessed early
- Attending regular dental examinations, even without natural teeth

Living with it and what to expect

Adapting to a new denture can take several weeks. Start with softer foods cut into small pieces and chew on both sides to keep the denture balanced. Reading aloud may help you practise unfamiliar speech sounds.

Attend early review appointments so pressure points can be adjusted. Do not try to "wear through" severe pain. If possible, wear the denture briefly before a scheduled appointment so the dentist can identify where it rubs.

Fit changes throughout life, especially after teeth are removed. Regular assessment helps determine when adjustment, relining, or replacement is needed.

Most people can eat, speak, work, and socialise normally with suitable dentures, although very sticky or hard foods may remain difficult. Lower complete dentures are often less stable than upper ones because they have less supporting area and must accommodate the tongue.

Dentures do not have a fixed lifespan. Seek assessment when comfort, appearance, chewing, or stability changes.

When to get medical help

Arrange a routine dental appointment if your denture is loose, cracked, uncomfortable, or increasingly reliant on adhesive. Also seek care for persistent redness, bad breath, chewing difficulty, or sore mouth corners.

Request prompt dental or medical assessment if:

Seek emergency help if a denture causes choking, breathing difficulty, or inability to swallow saliva. Sudden severe facial or neck swelling, especially with breathing or swallowing problems, is also an emergency.

- An ulcer, lump, or red or white patch lasts about two weeks
- Pain or swelling is worsening
- You develop fever, pus, or a bad taste with dental or facial pain
- A partial denture has been swallowed
- A broken edge is cutting your mouth
- Pain prevents adequate eating or drinking

Common questions

Why do my dentures suddenly feel loose?

Your gums and supporting bone can change shape. Weight change, dry mouth, wear, or damage may also reduce stability. A dentist can assess whether adjustment, relining, repair, or replacement is appropriate.

Can I sleep with my dentures in?

Dentures are generally removed overnight unless your dentist advises otherwise. This rests the tissues and supports cleaning. Continuous wear can contribute to inflammation and fungal overgrowth.

Why do my dentures hurt even though they used to fit?

Your gums may have changed shape, or the denture may be worn or damaged. Rough edges, trapped food, dry mouth, infection, or bite changes can also cause pain.

Can I fix a cracked denture with glue?

No. Household glue may be unsafe and can make professional repair harder. Keep all pieces, contact a dental service, and do not wear a denture with sharp or unstable parts.

Why do I keep gagging on my dentures?

A new, loose, thick, or overextended denture can trigger gagging. Anxiety or a sensitive gag reflex may contribute. A dentist should assess persistent gagging.

Do I still need dental check-ups if I have no teeth?

Yes. Dental examinations can identify poor fit, inflammation, infection, and persistent changes in the mouth lining, as well as review denture care and maintenance.

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