A 51 year old, healthy female patient came to the clinic asking to make new dentures. She had an immediate complete denture placed when the maxillary anterior teeth were extracted 27 years ago. She also had a lower complete denture that she never used, but expressed its full adaptation to the upper denture complaining about the too worn teeth. Patient also express that she was not interested in any surgical procedure hence alveoloplasty.

During intra-oral examination we observed little reabsorption in both alveolar ridges. U shaped arch with rounded crest and a severe labial undercut on anterior region of upper ridge with great palate-to-vestibular volume. In the aesthetic profile analysis we found a small open nasal septal angle (fig.5) and an unusual maxillo-mandibular relationship for the total edentulous class II. After intra- and extra-oral clinical observation, and evaluation of study models, we chose to perform new mucous-bone dentures without surgery keeping the upper teeth with an open faced flange.

A conventional denture making protocol was followed. Study models were made to fabricate custom trays for the final impressions. Mucostatic hand manipulated impressions were made with polysulfide impression material (Permalastic®, Kerr Dental, USA). Jaw relationship was obtained with occlusal rims on recorded bases with the use of an occlusal plane guide (Fox plane) to assure the upper occlusal rim was parallel with Camper’s line and with the interpupillary line. (Fig. 11 e 12.) A teeth try-in appointment to evaluate form, aesthetics and phonetics was made prior to delivery.

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**CONCLUSION**

Although anatomical conditions of the patient appeared to be unfavorable to achieving a mucous-bone denture without pre-prosthetic surgery, we took advantage of the maxillary alveolar conformation performing a satisfactory aesthetic and functional rehabilitation.