INTRODUCTION
Flabby ridge is generally defined as a superficial area which consists of movable soft tissue and later it compromise the retention, stability and support of complete denture as the denture moves on the movable tissues during function. [1]

It was stated that condition like maxillary edentulous arch opposing to mandibular anterior teeth cause trauma to maxillary anterior ridge as all occlusal forces are directed on to this area which later on results in progressive loss of bone from the anterior maxilla with subsequent fibrous tissue hyperplasia. [2]

Problems encounter during impression making as the movable tissues are displaced which are later on making tends to return to their original form and contour and for this final complete denture fabricate by using conventional impression technique will not accurately fit on the recovered tissues. [3]

Various treatment options are available for the management of flabby ridge like surgery, implant retained fixed or removable prosthesis and conventional management with alternative impressions technique are introduced for recording flabby ridges with the minimum amount of tissue displacement. These techniques include, mucocompressive (displacive, entire denture bearing tissues are displaced), mucostatic (non-displacive, denture bearing tissues are not displaced) and selective pressure impression (denture bearing tissues are selectively displaced). [4,5,6]

In a literature it was stated that the prevalence of flabby ridges in edentulous maxilla is about 24% and that in edentulous mandible is 5%. [7]

In completely edentulous cases due to rapid atrophy of the alveolar ridge, the underlying mucosa has no bone support and it becomes more flabby. More than 4mm thickness of such flabby mucosa can be seen either in the arches but commonly associated with the frontal part of the ridges. [8]

Osbern described a technique with two overlying impression trays. In this technique a palatal tray is fabricated in a primary cast with a wax spacer which helps in create a space on the palatal aspect on the
movable tissues and extend to the ridge crest around the arch. In this palatal tray, low resistance zinc oxide eugenol impression material is used to make the impression of the palate. Once the material has set a second special tray which is made completely encompassing the first tray is inserted from front to backwards. Impression material like silicone can be used and the presence of zinc oxide eugenol impression materials it will prevent the backward displacement of the mobile tissues.\[^9\]

Another impression technique like controlled lateral pressure technique is indicated in a fibrous posterior mandibular ridge. In this technique, a green stick tracing compound is used to border mould as well as record the denture bearing area using correctly extended special tray. Then the green stick impression compound over the fibrous tissue is removed and tray is perforated in this region. Light body silicone impression material is applied on to the buccal and lingual aspect of the green stick in the area and the impression is made. Excess materials escape through the perforation and the fibrous ridge will assume a resting central position having subjected to even bilateral pressure by the green stick extensions.\[^9\]

This case report presents an alternative technique for recording the flabby ridge with palatal splinting two tray technique in maxilla and controlled lateral pressure technique in mandible. The combination of these two technique aids in stability of the maxillary and the mandibular denture.

**Case Presentation:** A 82 year old male patient came to the Department of Prosthodontics and Crown & Bridge with a chief complaint of difficulty in chewing food with previous denture. Patient gave the dental history of wearing a complete denture for the past 12 years and complained that it gradually became loose. On clinical examination, vertical dimension was found to be reduced, teeth were attrited, and denture borders were overextended. On further examination, it was found that there was presence of flabby tissue in maxillary anterior ridge and on the mandibular crest of the ridge. (Fig 1).

**Fig. 1:** Pre operative maxillary and mandibular ridge with presence of flabby tissue.

**Technique:** Primary impressions of the maxillary and mandibular residual ridge were made with irreversible hydrocolide impression materials (alginate) in a metal stock tray (Fig 2). The cast was poured using dental plaster and a custom tray was fabricated.

**Fig. 2:** Primary impression of maxillary and mandibular arch.

On the primary cast spacer was adapted palatal to the flabby tissue and palatal tray was fabricated over the spacer. Two die pins were incorporated. Second special tray was fabricated over it. (Fig 3).
In palatal tray, border molding of the maxillary arch was done with green stick impression compound. Palatal tray is pressed until it is seen that the mobile area is beginning to have pressure. Zinc oxide eugenol impression material was used to make the impression of the palate region. After the material has set, second special tray was placed over the palatal tray. Light body addition silicone impression material was loaded in the periphery of the second special tray and it was placed over the palatal tray in position from front to backward. (Fig 4).

In mandibular arch, green stick impression compound was used to make the peripheral border molding as well as denture bearing area. After than green stick impression compound was removed over the flabby ridge region and tray was perforated on that region. Addition silicone light body impression material was applied on to the buccal and lingual aspect of the green stick in the area and the impression was made. (Fig 5).

Maxillomandibular relationship was recorded with conventional manner. Teeth arrangement was done and try in procedure was performed. (Fig 6).
Fabrication of the maxillary and mandibular denture was done with conventional manner.(Fig 7).

Final denture was inserted into the patient mouth and check for retention, stability, support as well as esthetics. (Fig8).

DISCUSSION
Fabrication of complete denture over movable tissues with conventional manner without may cause discomfort to the patient by compromising retention, stability and support which later on cause failure of the prosthesis. In majority of the cases during surgical excision of movable tissue over the ridge, reduces the sulcus depth and it requires the vestibuloplasty. Ridge augmentation is also a line of surgical treatment but it has the risk of rejection of graft materials along with require additional surgery for graft harvestin.\(^{[11]}\)

It was stated that support for the complete dentures is significantly compromised if the flabby ridge has more than 2mm displacement under pressure.\(^{[12]}\)

In the present case, complete mucostatic impression technique was used for mandibular ridge as the crest of the ridge was flabby.

Previously an impression technique was proposed in which two different impression materials were used in a custom tray. Materials applied included impression plaster on the flabby ridge and zinc oxide and eugenol over healthy tissues.\(^{[13]}\)

Moreover, a technique using impression compound in custom tray followed by a wash impression using zinc-oxide-eugenol was previously described. In this technique it was claimed that, it would reduce the movement of denture base under occlusal loads.\(^{[14]}\)

CONCLUSION
Fibrous tissues pose a prosthodontic challenge for the achievement of retention and stability of complete denture. Consideration of selection criteria of treatment plan should include the location and extent of the unsupported tissues as well as patients presenting complaint. Mucostatic techniques may not make the best use of the available tissue support and movement of the denture base relative to the support tissues may be a problem. The use of selective pressure or minimally displacive impression techniques should help to overcome some of these limitations.

REFERENCES