



Does there any single ideal anatomic landmark to re-orient the lost occlusal plane? Answer is not single!

Sir,

Smile is one of the most eminent expression and universal welcoming greeting in all cultures and ethnicity. With aging, subsequent edentulism, smile is severely compromised and no more pleasant. Artificial replacement of teeth primarily aimed to restore patient's previous natural appearance, function and smile. In completely edentulous patients, re-establishment of new occlusal plane is one entity that has received several theories and postulations over the years in the literature.^[1,2] Because of its highly subjective nature, no single method seems to be perfect for its re-establishment; however, Camper's plane and Frankfurt Horizontal plane has gained privileged popularity with this context.

The specifically formed occlusal complex becomes the

foundation for normal basic functioning of the stomatognathic system, particularly the functions of mastication and articulation. During growth and development, these functions adapt to the individual morphological type of occlusion. The Glossary of Prosthodontic terms defines occlusal plane as “the average plane established by the incisal and occlusal surfaces of the teeth.”^[3] Most of the studies regarding the establishment of artificial occlusal plane in edentulous patient’s advice placement of artificial teeth in natural position. According to Boucher, “It seems to be obvious that if the soft tissue surrounding the denture is to work around as they did around natural teeth, occlusal plane should be oriented exactly as it was when the natural teeth were present”.^[4] The reconstruction of the ‘natural level’ of the occlusal plane in the edentulous mouth enables the normal function of cheek and tongue muscles and other surrounding structures. Furthermore, it has been suggested that such position of the occlusal plane enhance denture stability and functional value. Occlusal plane forms a basis for ideal teeth arrangement and also fulfils the necessary mechanical, esthetic requirement, and aid in deglutition.

Literature has evidenced a number of anatomical landmarks to clinically determine the most appropriate and favorable position of the occlusal plane. These includes are the upper lip, corners of the mouth, lateral margins of the tongue buccinator grooves, two-thirds of the height of the retromolar pad, parallel to the Camper’s plane or ala-tragus line, 3.3 mm below the parotid papilla, Hamular Notch-Incise Papilla plane.^[5-7] In the artificial occlusal plane establishment, one may find difficulty in accurately locating the occlusal plane in every edentulous patient using the reported soft tissue landmarks. Moreover, inappropriate selection of these landmarks may further compromise and deteriorate the functional as well as esthetic outcomes of the intended prosthodontic rehabilitation. This letter is an endeavor to catch the attention of researchers to this routinely ignored aspect of removable Prosthodontics and authors look forward for some new-fangled clinical studies to authenticate and establish certain concrete guidelines in this perspective.

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