- The maxillary lingual cusp is the dominant functional cusp and occludes with the central fossa of the lower in centric occlusion.
- Developed for severely resorbed alveolar ridges.
- There are no contraindications for using lingualized occlusion.
- Improved esthetics compared to monoplane occlusion by using anatomic post uppers.
- Bilaterally balanced occlusion in centric, working and balancing.
- Maxillary lingual cusp and the lower fossa act as a mortar and pestle in chewing.
- Reduction of destructive horizontal forces.
- Indications: flabby or knife edge ridges, severe resorption, abnormal jaw relation, large inter ridge space.
- Tipping the upper teeth buccally allows greater support to the facial muscles for improved esthetics and holds the buccal mucosa away from the occlusal plane, reducing cheek bite.
- The upper Lingual cusp is positioned over the peak of the alveolar crest and the forces on the mandibular ridge are centered to increase stability of the lower denture.
- Lingual cusps of the upper posterior teeth contact the central fossa of the lower posterior teeth. The upper buccal does not make contact. (optionally set the first premolar in a conventional way to allow function with the cuspid)
- No posterior teeth in the ascending ramus. Usually leave out a second pre or a molar.
- Anterior teeth are not under pressure during function.
- Broaden the fossa of the lower teeth to allow the upper lingual cusp to move freely.
- The buccal cusps are ground to create buccal clearance when in contact at fitting.