

# Aspects of permanent teeth splinting in diseases of periodontal tissues and appeared occlusal disorders

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## Introduction

Loss of supporting tooth structures, appeared pathological teeth mobility, occlusal disequilibrium, multiple teeth extraction in periodontal inflammation create indications for using permanent splint constructions that will withstand to horizontal and vertical forces developing during mastication.

## Purpose

Increasing effectiveness of complex treatment of patients with chronic generalised periodontitis

## Material and methods

Were examined clinically and para-clinically 18 patients (8 m., 10 f.) aged 37-65 years, with chronic generalized periodontitis of varying degrees, complicated with partial absence of teeth. Depending on clinical situations for splinting mobile teeth and occlusal adjustment in complete patient rehabilitation, different combination of fixed and removable permanent splints-constructions were used.

Table 1. Used splinting systems.

maxilarul	șină fixă	șină mobilă	Șină adezivă	Imobilizare fixă + mobilă
superior	3	3	2	2
inferior	5	4	6	1

## Conclusions

Our immediate and long-term results of using permanent splint-prosthesis constructions and occlusal rehabilitation in complex treatment of periodontitis confirmed stabilization of destructive processes in alveolar processes, stop formation of new foci of destruction in all clinical cases.

## Results

To stop mobility of teeth and to restore occlusal equilibrium was performed individual prosthetic treatment with combination of different fixed and removable constructions of permanent splints-prosthesis. Choosing the optimal occlusal scheme and design of splinting system was determined by condition of remaining teeth periodontal tissues, number of extracted teeth, location of defect (s) and jaws relationships, and of course opinion of patient. Permanent immobilization of mobile teeth with forming a functionally strong block of teeth, and prosthetic reconstruction of defects of dental arches with occlusal equilibration allowed obtaining a long-term remission of pathological process



Figure 1. Clinical case 1 – before treatment.



Figure 2. Clinical case 1 – fix splinting.



Figure 3. Clinical case 2 – before treatment.



Figure 4. Clinical case 2 – removable splinting.



Figure 5. Clinical case 3 – before adhesive system applying.



Figure 6. Clinical case 3 – adhesive splinting.

## Keywords

periodontitis, pathological mobility, occlusal disequilibrium