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MODERN SPLINTING IN PERIODONTOLOGY. REVIEW

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Inflammatory periodontal diseases are a serious medical and social problem, which is still relevant today. According to WHO (2011), the prevalence of inflammatory periodontal diseases in the age group of 35-44 years worldwide is 94.3%, and the number of people using dentures because of inflammatory periodontal diseases is 78.2%, with need - more than 99, nine%. Pathological tooth mobility is one of the leading symptoms of generalized forms of periodontal disease. It is impossible to achieve remission of the pathological process without stabilization of mobile teeth. In order to preserve the teeth and their function, various types of splinting are used. According to a number of authors, splinting provides a uniform distribution of the masticatory load between the periodontal teeth, creates rest for the affected tissues, improves the effectiveness of complex therapy and stimulates reparative changes in the periodontal tissues. Immobilization of teeth is one of the most ancient procedures in the history of dentistry. Archaeological excavations have revealed that even the ancient Etruscan tribes in the XIII century BC used gold wire and rings for this purpose. In 1723, R. Fauchard wrote in his dental treatises about splinting procedures, when he used ligature binding of loose teeth for these purposes. In the 20th century, splinting techniques were widely developed. For a long time, these were various methods of ligation (silk braid, wire, fishing line, etc.). In the future, splinting techniques were developed due to the development of dental materials science. The revolution in dentistry, driven by the development of composite materials and adhesives to dental hard tissues, as well as the use of fiber reinforced adhesive systems, has set a new direction in providing fast, effective, aesthetic, and, moreover, independent of the dental laboratory, dental care for patients. Significant selection of splints and methods of splinting does not ensure a long period of their use, since their functional and aesthetic value decreased, gum recession was observed and the mobility of the entire block of splinted teeth increased. Recently, science has made great strides in creating light and very strong materials based on glass, ceramic, polymer and carbon fibers. But at the technological stages of using tires based on ceramers, fiberglass or polyethylene, the clinical picture in the oral cavity is not fully taken into account, namely, the height of the crowns of the anterior teeth, the degree of their inclination, the validity of the height of the placement of the retention groove, the method of fixing the reinforcement from the point of view of biomechanics. Therefore, the issue of a biomechanical approach to splinting with the use of materials with elastic properties in the manufacture of interdental splinting elements remains relevant. Such materials allow the teeth to maintain mobility at the physiological level, evenly distribute the load, involve the periodontal muscle reflex in the regulation of the masticatory load, guarantee the integrity of the structure during chewing and therapeutic measures, while maintaining high functional and aesthetic qualities of the splint. It is a proven fact that the most common segments of the dentition for splinting are the lower and upper anterior teeth. The preservation of the anterior teeth is very important for the patient, since the loss of the latter leads, first of all, to a violation of aesthetics and diction.