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Improvement of the Orthopedic Method in Complex Treatment in Patients with Periodontal Diseases

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Abstract: The aim of the work is to increase the effectiveness of orthopedic treatment of patients with periodontal diseases.

Keywords: Orthopedic Treatment, Periodontal Diseases

After the extraction of teeth, a number of changes occur in the dentoalveolar system. The preserved teeth receive an additional functional load, which, with a weakened periodontium of existing teeth, can lead to an exacerbation of inflammation, an increase in pathological mobility, an increase in atrophic phenomena, and the appearance of secondary tooth displacement. The purpose of this prosthetics is to prevent functional overload of the retained teeth, their splinting and restoration of the integrity of the dentition. There are several methods of direct prosthetics. Their essence lies in the manufacture of immediate prostheses before tooth extraction or immediately after surgical manipulation. The disadvantages of this method of prosthetics are: a large number of corrections of prostheses due to trauma to the inflamed gums, poor fixation of prostheses, requiring relocation in the long term, the inability to save teeth that have mobility. The treatment of periodontal disease presents certain difficulties. Treatment of periodontal diseases can be effective only with an integrated approach that includes therapeutic, surgical, physiotherapeutic and orthopedic treatment. A comprehensive method of treatment involves the identification of etiological factors and a clear definition of the main links in the pathogenetic mechanism of the disease. This is necessary to determine the means of etiotropic and pathogenetic therapy, as well as to draw up a specific plan for managing the patient. The complex treatment of periodontal diseases can also include immunotherapeutic effects, methods aimed at increasing the level of vital activity of the organism as a whole, psycho-emotional state, improving social conditions of life, treatment of somatic diseases that contribute to the development of periodontal pathology. It should be noted that persons with comorbidities should undergo dental treatment only in remission or drug compensation.

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Treatment of periodontal disease must begin with a thorough removal of dental deposits. It is also important to eliminate local factors that contribute to the accumulation of plaque (gingival carious cavities, unrestored interdental contacts, overhanging edges of fillings, edges of artificial crowns deeply advanced under the gums, correction of the anatomical and topographic features of the teeth and jaws, orthodontic treatment of malocclusion, crowding of teeth, etc.). d.).

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Materials and research methods. For orthopedic treatment of patients with periodontal diseases, various removable and non-removable, temporary and permanent designs of medical devices are used. The indication for orthopedic treatment of periodontitis is primarily due to the need to immobilize mobile teeth and redistribute loads on teeth with unaffected periodontium or mucosa of the prosthetic bed. The most important point is the elimination of functional traumatic overload of the periodontium by selective grinding, splinting and rational prosthetics. therefore, the main stages of orthopedic treatment of periodontal diseases are: selective grinding of teeth; temporary splinting; orthodontic treatment (according to indications); the use of permanent splinting devices for dental prostheses. The main value of orthopedic treatment of periodontal diseases is that it: allows you to remove inflammation; improves blood circulation; restores tissue trophism by eliminating pathological mobility; normalizes the occlusal ratio; relieves chewing pressure (functional therapy). Properly selected and performed set of orthopedic interventions, aimed not only at restoring defects in the dentition, but also at reliable stabilization of the remaining teeth, contributes to the normalization of occlusal loads, periodontal trophism and reparative processes in its tissues, thereby increasing the effectiveness of the treatment of periodontal diseases.

Results and its discussion. Regardless of the form and stage of periodontal pathology in 30 people with partial absence of teeth taken for treatment, local therapy began with a thorough removal of dental plaque and antiseptic treatment of the gingival margin. Then obvious premature dental contacts were eliminated and uncoupling occlusive mouthguards were applied. In the future, surgical, therapeutic sanitation and the whole range of therapeutic measures at the periodontist were carried out under the control of occlusive mouthguards. Occlusal mouthguards were made when removing functionally defective orthopedic structures, with multiple extractions of teeth, with long-term therapeutic treatment with restoration of the integrity of the anatomical shape of the tooth, etc.

On average, patients used such mouthguards for 3-4 weeks, for the period of treatment by a periodontist. Orthopedic measures (splinting and manufacturing splints) were also carried out under the control of occlusal mouthguards. In this case, the kappa was relined for better fixation in the oral cavity.

The treatment was completed with rational prosthetics. When planning an orthopedic construction, X-rays of all teeth were carefully studied.

According to the testimony of 32 patients, periodontal splints were made from composite filling materials. Used as reinforcement fiber materials Ribbond or GlasSpan and light-cured flowable composites. Splinting construction on fiberglass or polyamide thread reduces tooth mobility. Her stiffness prevents teeth from loosening, which means it reduces the likelihood of tooth loss. Thanks to splinting, we were able to redistribution of the load on the entire reinforced fragment of the dentition. The more healthy teeth are included in the immobilization, the more pronounced there will be unloading of mobile teeth. we used splinting only in the frontal group of teeth, since the immobilization of the chewing groups of teeth with fiberglass splints in faces with concomitant diseases, we consider it irrelevant, because, firstly, when using periodontal splints, increased oral hygiene is required, and patients with concomitant diseases, due to the severity of their condition may not pay much attention to this problem and, as a rule, because

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of this they do not get the expected positive result from treatment. Secondly, due to the relative fragility of composite materials, chipping is possible on splinted teeth, which over time can lead to occlusal disorders. In addition to splinting, all patients with periodontal diseases were made temporary dentogingival occlusal tires, a feature of which was the overlap not only of the occlusal surface, but also of the gingival margin by 1.5–2 mm.

Such tires fix the bite height, restore both included and distal defects of the dentition, partially redistribute the masticatory pressure, do not require tooth preparation and allow for simultaneous occlusal correction and treatment of periodontal diseases by investing various drugs.After the completion of periodontal treatment, we made permanent clasp structures using splinting elements or hourlytic removable dentures. The splinted areas were left as permanent splints, depending on the material capabilities of the patient.

Thus, orthopedic treatment of patients with partial absence of teeth in periodontal diseases is carried out in a complex and has its own characteristics. It is aimed at eliminating the traumatic occlusion and articulation, stabilization of mobile teeth and redistribution of masticatory pressure by splinting, restoration of dentition defects. dental treatment of periodontal diseases must be carried out with the use of occlusive mouth guards (therapeutic, surgical debridement, orthodontic preparation, the manufacture of permanent orthopedic structures). Splinting of moving groups of teeth is recommended to be carried out with dental materials Ribbond or GlasSpan. As medical structures, to make dental-supergingival occlusive mouthguards. As permanent structures, use clasp splints or prostheses with a clasp fixation system.

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