PROVISIONAL SPINTING
AND ITS ESTHETICS

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The periodontitis weakens the periodontal attachment

After eliminating inflammation the remaining 50-60% of the periodontal attachment can provide enough support for the teeth.
TEETH GOT SPINTED ONLY AFTER 7 YEARS OF FOLLOW-UP
THE INDICATION FOR PROVISIONAL SPLINTING,

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mastication and occlusion,
hampers the periodontal cause related
therapy or wound healing and regeneration
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The best plaque control is provided by the root planed and polished natural tooth and root surface.

Every artificial dental material, restoration - even with the best and most accurate quality - will increase plaque retention.
The quality of provisional splint should be perfect should serve esthetics and also meet hygienic requirements

The splint might be made for longer period of time
The provisional splint should meet the following requirements:

1. Decrease tooth mobility and equalize occlusal loads.
2. Anticipate tooth migration and after orthodontic therapy act as a retainer.
3. Do not hamper the efficacy of professional and individual oral hygiene.
The provisional splint should meet the following requirements:

4. Do not hamper rather improve phonation and mastication
5. Provide a reliable fixation that will not be loose before time
6. Meet the esthetic demands of the patient and help the patient to be socially acceptable during the whole phase of comprehensive therapy
Indication:

Should be individually assessed
The chair side provisional splint is indicated mostly for closed dental arch without missing teeth.

If teeth should be extracted or got lost due to very severe attachment loss certain kind of replacement and fixation should be fabricated in the mouth.
Before splinting the prognosis of the teeth should be:

The fixation of mobile teeth will not cure periodontal disease; it is just a palliative therapy. Attachment gain can be achieved by plaque control.
If splint is a plaque retentive factor, it will facilitate further attachment loss.

Wire ligature
Wire ligature
or orthodontic appliance
The best provisional chair side splint is the composite splint,

With or without fiber or metal reinforcement.
Fémh álóval erősített s ín
The latest generation of light curing micro-fill or micro hybrid composites give good opportunity go fabricate functionally esthetically adequate fixation that serves oral hygiene as well.
With tight contact points the splinting is relatively easy and provides perfect esthetics.
If the crown of the teeth has old class II.-III. restorations, those should be removed and replaced with the composite material used for splinting.

In those cases it is important to match the shade of the teeth and use also opaque composite to mask the dark area.
The new composite splint restores the decayed cavities, too.
It is important that in the approximal embrasure space use opaque composite.

Otherwise the splint or the replaced tooth will be dark grey
It is more complicated if diastema or tooth rotation or malposition occur.

In those cases esthetical corrections are also indicated.
Those composite splints are not acceptable that will not restore the anatomical appearance of the dentition.
Even very wide diasthema can be corrected with some good compromise
Direct composite veneers can also be ad to the splint
In diasthema the teeth to be splinted should be widened.
If the diasthema wider than 3 mm, especially in the lower front region an extra incisivus tooth can be add to the splint
The metal or fiber reinforcement should be perfectly masked by opaque and then build up the composite shades in layers.
The opaque and dentin shades should be placed layer by layer on the wire to achieve acceptable esthetical results.

After two years
It is important that the proximal surfaces should be finished and polished and should be accessible for interdental cleaning devices.
After splinting patients should be educated again and trained how to brush teeth.
The advantage of the composite splints that it can easily be corrected during the wear.
The major adventage of the provisional splinting is its versatility, it does not hamper professional and individual oral hygiene and can be easily modified,
The too wide diasthema and its closure with composite splint
Original splint made by a dentist

After correction
PROVISIONAL SPLINTING CAN BE HARMFUL
Tooth with total attachment loss and near to spontaneous exfoliation

And its replacement and splinting
PROVISIONAL SPLINT 2002 -2004
If it is not necessary do not splint just to splint
14 year old girl with symmetrically missing lateral incisors

Provisional splint till the age of 18-20 when final restorations can be made
THE SPLINT HELPS BUT THE TEETH MUST BE BRUSHED BY THE PATIENT
NO GOOD COLOUR MATCH

TOO DARK

TOO GREY

TOO LIGHT
THE ESTHETICS ARE A VERY IMPORTANT PART OF PROVISIONAL SPLINTING WITH HELPING THE PATIENT’S MOTIVATION AND SOCIAL ADAPTATION TO THE NEW SITUATION

IT CAN BE DONE THAT WAY

BUT ALSO THAT WAY
BOTH ARE COMPOSITE SPLINT

WHAT WOULD YOU MAKE TO YOURSELF?