

Aesthetic periodontal splint-bridge

When teeth are lost for periodontal reasons, there are different options as to how they may be replaced and the remaining teeth stabilised. Sometimes the missing teeth can be used as pontics, sometimes other solutions are necessary. When the natural teeth cannot be used, composite replacements are possible. For some cases this is considered very time consuming. Denture teeth can be used as a faster alternative. The case on this page is a good example of how to do that. Two central incisors of this 60-year-old patient were missing, and the lateral incisors showed increased mobility.

DR. ROMAN PIDLISNYI
Lviv State Medical University
69, Pekarska str.
Lviv 290010, Ukraine
e-mail: pidlisnyi@meduniv.lviv.ua

Materials:
3M™ Single Bond Dental Adhesive
3M™ Z100™ Restorative
Ribbond® Fibres



1 The patient had stage II mobility in the remaining front teeth, and wanted treatment to save them. The missing teeth were not available to make a splint-bridge.



2 Small retention holes were prepared in the teeth. A model was produced from an impression, the future outline of the prosthesis was marked and the denture teeth were adjusted and fixed with wax.



3 Undercuts were prepared on the proximal-lingual surfaces to enhance the connection with the Ribbond framework.



4 The correct length for the Ribbond fibres was established with the help of tin foil. Then the entire lingual surfaces of the denture teeth were wetted with a monomer of heat curable resin and dried. Single Bond adhesive was then applied to these surfaces and light cured.



5 Then the proper length of Ribbond fibre is positioned onto a thin first layer of uncured Z100 restorative. The fibre is pressed into the composite for optimum wetting. The composite was then light cured.



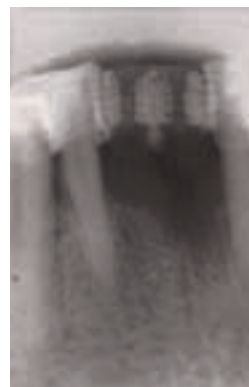
6 A second layer of the composite was applied to smooth the exposed surfaces.



7 The lingual view of the teeth prior to placement of the splint-bridge. The tooth surfaces were prepared by proper application of Single Bond adhesive which was light cured.



8 The bridge was then placed with a thin layer of Z100 restorative, which was cured through the bridge. This is the labial view 6 months after placement.



9 A radiograph of the restoration shows the weave of the fibres and the thicker areas of composite in the undercuts.