Splints - A Review

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Periodontitis is an inflammatory disease of the gingival and the deeper periodontal tissues. Periodontitis is preceded and accompanied by gingivitis. It involves destruction of gingival and periodontal fibers, resorption of crestal bone, and apical proliferation of junctional epithelium. When periodontal tissues are no longer capable of withstanding the stresses of function, teeth become mobile. This mobility can interfere with function.

The reduction of mobility is an important objective of periodontal therapy. In many cases, treatment of periodontal lesion and occlusal adjustment, if necessary, is all that is required to strengthen the supporting tissues, reduce mobility and re-establish function. When such local treatment fails to achieve these ends and chewing is uncomfortable, and/or where periodontal support is so reduced that increasing mobility is inevitable, further tooth support is needed.[1]

A splint is a device used to immobilize the teeth and it is one of the oldest forms of aids to periodontal therapy. Splinting of teeth, whether temporary or permanent, is an adjunctive therapy and not a cure to periodontal disease.[2] The disease can only be cured or arrested by eliminating the causative factors and returning the involved tissue to physiologic functional form.

By redistribution of forces on the affected teeth, the splint minimizes the effects caused by loss of support.[2] Splinting stabilizes the teeth as a unit by including healthy teeth, and redirects the forces from individual teeth to the new unit as a whole. Including the healthier teeth results in a new increase in crown-root ratio and net decrease in force to the individual tooth, especially in a horizontal direction.