LECTURE N 5 CORRECTIVE STAGE IN TREATMENT (PERIODONTAL SURGERY, IMPLANTOLOGY, DEFINITIVE ORTHODONTIC, ORTHOPEDIC) IN COMPLEX TREATMENT OF PERIODONTAL DISEASE. WOUND WEARING IN POSTOPERATIVE TREATMENT IN PERIODONTAL SURGERY.

- MUSTEATA OLESEA, 2018

After curettage patient must brush teeth with soft tooth brush during 7 days after every meal, using tooth pastes from curative-prophylactic group: Zodiak, Lesnaia, Extra, Elent, Lira, Azulenovaia, Promis, Lacalut, Parodontax. After epithelization patients take hard brush.

During 7 days for patient is indicated oral mouth rinse with antiseptics Rotocan, Romazulan, Clorophylipt and spare diet (careful).

To increase the epithelization is indicated Lasertherapy in the region of curettage, mouthwash with mucousplastics buckthorn, camomile, dogrose) – 2 times per day while 2-3 minutes.

Protection bandages are used with antiinflammatory and stimulation action on periodontal tissues, not to irritate and do not press on periodontal tissues Septopak, mucousplastic bandages buckthorn, Solcoseril, Actovegin, Carotolin.

Bandages:

- **Curative;**
- **Isolated.**

Curative bandages have the aim to increase the exposure action of medication on gingiva, that's why in the composition are introduced antimicrobial, antiinflamatory and anesthetic components. Curative bandages usually are soft in consistence and are placed on 2-3 hours.

Isolated bandages are used to close periodontal tissue, protecting them from the oral cavity environment. They are more indicated after surgical intervention on periodontium with the purpose to protect the blood clot from the infestation, hemosthatic action. It must be elastic, not to squeeze the tissue, in the same time firmly hold in the oral cavity. Ex. Zinc Oxide eugenol with antibiotic or glucocorticoids.

Wound healing after gingivectomy

Immediately after intervention, in tissue takes place an inflammatory reaction with acute character, with vasodilation and leucocyte infiltrate in corium. Perivascular connective tissue presents intensive phenomenon of fibroblasts proliferation and mesenchymal cells undifferentiated. It is associated with accentuated mitosis of endothelial cells, that makes clear the picture of granular tissue formation.

On the surface of wound is formed an fibrous clot, in two days after gingivectomy, the zone has three layers:

- Superficial with necrotic character;
- Intermidiar layer rich in leucocytes;
- Deep layer is fibrinous.

Treatment with occlusal balancing

The main direction of treatment antimicrobial and surgical can lead to morphologic healing, and not functional of mobile teeth and dental arches.

To prevent and treat the occlusal dysfunction to patient with periodontal disease are practiced:

- **Adjustment with grinding the occlusal surfaces;**
- **Prosthetic restorations;**
- **Orthodontic treatments;**
- **Immobilization, as specific periodontal treatment.**

Coronoplasty in the current sense represents a selective reduction of occlusal surfaces that cause periodontal manifested overload.

At the occlusal surfaces, wear faces may appear but are not accompanied by signs of periodontal suffering through occlusal trauma. In their absence is not recommended coroplasty, only preventive occlusal grinding.
Coronoplasty by occlusal grinding aims to reduce premature contacts, oligo-and pluridentocclusal supercontacts in order to restore cuspid-pit and to preserve occlusal stops.

Coronary grinding of periodontal teeth that have undergone pathological migration is achieved by remodeling the dental crown shortening the clinical crown and sometimes devitalizing what constitutes a periodontal adjuvant treatment.

The individualization of microprostheses in periodontal patients

The crown of acrylic coating

The crown of acrylic sheath is very irritating for periodontium marginal pre-inappropriate axial and transverse adaptation volumetric changes over time (acrylate contractions), acrylate porosity and plaque retention and food rests. From the same reasons, even in case of acrylic crown with step, can occur with time retentive spaces in marginal zones, of cementation at the step level.
To patients with marginal periodontitis the acrylic crowns have restricted indications that's why it would be better to replace them with metallo-ceramic crowns.

Metallic coating crowns used as a single element in massive coronal destruction and aggregation element in stabilizing bridge, so with role of immobilization the periodontal teeth.

Due to teeth mobility after medication or surgical treatment, teeth contained in systems of stabilizing bridges can favour by intraalveolar micro-displacement the descending of aggregation elements of bridge. That's why the condition of this crowns is to have maximum contact the crown with tooth core, but there is an impediment in excesive axial extension, the subgingival one, the irritation of marginal periodontium from the previous disease. The reasonable indication is supragingival crown that stops at 2 mm from the free gingival margin.

The coating crown from two pieces is not indicated as aggregation element in stabilizing bridge, being destorted that determines the easy descending.

Prosthetic restoration of periodontal teeth
Fixed, stabile prosthetic devices
Pillar teeth for support, anchorage the elements of aggregation must be chosen as number and topography.
The pontic:
Occlusal contour- to reproduce the occlusal contact of antagonists. In artificial antagonists the crown modeling is not strictly in the mirror, but the contour is more attenuated that impede the occlusal blockage.
The pontic must be narrow: to maxillary teeth less on vestibular side, to mandibulat teeth less to lingual side, for protection and maintaining the zone of stable occlusal stops.
The relation of pontic with edentulous chrest must allow access of hygienic special utensils (Superfloss).

In mobile acrylic prothesis must be taken in consideration the protection of marginal periodontium by denudation the neck of teeth in gingival zone for maintaining the contraclasp reprezented by the base of prothesis in front of clasp.

Orthodontic treatment

Realized with specific measures:

- **Reduce the risk of plaque retention, ex. Dento-alveolar incongruence with crowding;**
- **Reduce pathologic diastema as the result of migration periodontal teeth;**
- **Treatment of opened occlusal;**
- **Orthodontic displacement with simultaneous immobilization for a period of time.**

Permanent imobilization: in the clinic, no laboratory.

1. **Intracoronal imobilization with metallic armature and physiognomic materials: teeth devitalization and creation a retentive channel with inverted cone bur in the middle third of frontal teeth lingual or palatal.**

Fixation the wire with composite material.
Grinding and smoothing.
Lateral teeth – devitalization and obturation with composite material that will support the loading.

2. Intracoronal immobilization of lateral teeth with amalgam

3. Immobilization with wire tips in U shape intracoronaly and intraradiculary:

*** preparation the root canals and oral surfaces;**

*** tips preparation;**

- **fixation technique.**

4. permanent immobilization with fixed means:

*** joint acrylic crowns;**

*** metallic total crowns or partial jointed;**

*** partial physiognomic or substitution jointed;**

*** stabilizing bridges.**

Particular systems for periodontal field:

- **Supragingival jointed crowns;**
- **Splint-apparatus Mamlock: to mobilize frontal teeth nonvital and consists in oral inlays with radicular post and fixed in a whole body. It is resistant, increased durability, special rigidity, reduced risk of descending, physiognomic aspect, biologic integration. Nobile alloys, platinum gold 10%.**

- **Immobilization devices with horizontal posts;**
- **Immobilization devises formed from inlay bars;**
- **Immobilization devises with inlays with parapulpal posts on vital teeth;**

Permanent immobilization with mobile means – ELBRECHT devise.
Two dental connectors: vestibular and buccal, jointed with thin bars, transversal placed on contact point in masticatory niche of posterior teeth.

Permanent immobilization with mobilizable means – with two parts in composition: fixed and mobilizable.

- **WEISSENFLUH AND MUNCHANSEN – posts fixed in cylinders with blunt;**
- **¾ crowns fixed with an oral splint with posts (STEIGER splint).**