

## Periodontal Splinting with Ribbond

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One of the critical manifestations of periodontal diseases is the sequel of mobility that results from such a clinical situation. Mobility, as extremely slowly developing phenomenon, leads to drastic consequences (especially tooth migration and occlusal trauma) that can be corrected. Depending on clinical conditions; tooth mobility can be treated by combination of several treatment modalities, such as periodontal and restorative therapeutics.

The periodontic therapy is directed toward the etiologic factors including plaque, and calculus. Root planning and subgingival debridement are performed to help to reduce inflammation, and bleeding. A few months after initial debridement, the tissue response is assessed. The periodontist will determine if the periodontal statue is stable enough to proceed with restorative treatment (splinting).

The development of fiber-reinforced composite techniques ad ultra-high strength polyethylene fibers has led to substantial improvements in the flexural strength, toughness, and rigidity. Ribbond is one such material, which has occupied an important place in the dentist's practice. It is bondable fiber reinforced material made from ultra-high molecular weight polyethylene. On one hand, it is pliable material which adapts readily to tooth morphology and dental arch contour because it has virtually no memory. Moreover, ribbon's fiber is the standard of biocompatibility. On the other hand, its translucency allows esthetic restoration. It is colorless and disappears within the composite, and ceramic without show-through. It is designed for use with applications in which thinness, adaptability, smoothness and a higher modulus were the primary concerns. The primary indications for Ribbond are periodontal splinting, conservative treatment of cracked tooth syndrome, the creation of fixed partial dentures, trauma stabilization, orthodontic fixed lingual retainers or space maintainers, as well as directly bonded endodontic posts and cores. For periodontal splinting, Ribbond was consequently developed with a higher concentration of thinner fibers (0.18 mm diameter) not to cause an occlusion problem especially on the palatal surfaces of the maxillary incisors.

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