

patients and a first step in developing of the individualized prevention program of dental caries in young children dental caries.

Key words: early childhood caries, factors of risk, caries risk assessment

328. ENDO-SINUS BONE GAIN IN LATERAL SINUS FLOOR ELEVATION WITH SIMULTANEOUS IMPLANT PLACEMENT WITHOUT GRAFTING MATERIAL

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Introduction. Many studies describe the necessity of using grafting materials in case of lateral sinus floor elevations. Besides the advantages of it, an important role plays the autogenous bone which is often mixed with xenograft or synthetic materials in order to achieve a better quality tissue. However, these methods are often related to complications like sinusitis or failures.

Aim of the study. To appreciate the endo-sinus bone gain in case of lateral sinus floor elevation with immediate implants placement without any grafting material.

Materials and methods. The study was axed on 5 patients (mean age 38.23 ± 3.12 years) who received 12 implants in posterior sides of upper jaw. The implants insertion was performed simultaneously with lateral sinus floor elevation using the trap door technique. Before implants insertion the sinus cavity formed after elevation were filled only with blood collected from peripheral vein. After suturing, platelet rich plasma was injected from buccal aspects. Six months later, the second surgical step was performed, and the prosthetic treatment was performed after another 4 weeks. Periimplant bone loss as well as endo- sinus bone gain during healing and 1 year postprosthetic has been evaluated. Statistical analysis was made by calculating mean values, standard errors and Pearson correlation test.

Results. All implants successfully integrated. Residual bone height from mesial and distal aspects was 5.96 ± 0.4 mm and 5.05 ± 0.21 mm, while the length of implants protruded into sinus were 5.81 ± 0.35 mm and 6.15 ± 0.19 mm respectively. At the end of healing period, the endo-sinus bone gain consisted 7.38 ± 0.402 mm (mesial) and 8.17 ± 0.11 mm (distal), but radiographically it had a lower opacity than the native one. One year later, the bone became mature with good corticalization of the new sinus floor, with dimensions of 5.93 ± 0.56 mm and 6.65 ± 0.087 mm from mesial and distal aspects. During this period, a shrink of 1.45 ± 0.16 mm and 1.51 ± 0.19 mm occurred. The cortical periimplant bone loss around implants from mesial and distal aspects was: 0.23 ± 0.086 mm and 0.21 ± 0.043 mm during healing; 0.4 ± 0.12 mm and 0.68 ± 0.07 mm during 1 year. A strong correlation between implant protruded length and endo-sinus bone gain was observed: 0.92 and 0.682 (from mesial and distal aspects).

Conclusions. In appropriate conditions, the lateral sinus floor elevation without grafting material and with simultaneously implant placement lead to formation of an adequate amount of endo-sinus bone. By this way, it is possible to avoid the use of grafting materials. However, more studies and longer follow-up periods are necessary in order to appreciate the limits and indications of this method.

Key words: lateral sinus lifting, dental implants

329. LOCAL MEDICATION IN ACUTE PERICORONITIS

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Introduction. Acute pericoronitis is an inflammatory acute infection that appears as a complication of the eruption process of the wisdom lower teeth, that interests tissues surrounding the crown. The cause of the occurrence of pericoronaritis is the combination of the microbial and traumatic factors due to the partial eruption. Knowing the particularities of the etiology, pathogenesis and evolution of this disease as well as knowing the problems of oral microbiology is of great importance for the dentist in establishing the treatment plan and the more effective control of the infection prevention measures.

Aim of the study. Determination of the microbial etiological spectrum, involved in the etiology of acute pericoronaritis, for the evaluation of some pharmaceutical agents, like antibiotics, antiinflammatory drugs or their combination in the septic site elimination.

Materials and methods. A prospective clinical trial was conducted on 30 patients with low grade molar eruption pathology, who were referred for surgical treatment to the Dento- Alveolar Surgery Department of the University Dental Clinic nr.2 during 2017-2018. An important direction of the research was to identify the etiological spectrum of microbial agents involved in acute pericoronitis from serous or purulent collections within the 30 patient group. In our study, an antibiogram was made for every patient after collecting the secretions under the third lower molar's flap. In the laboratory was determined the sensitivity, resistance or indifference to 13 antibiotic agents.

Results. The results of microbiological analysis have identified positive polymicrobial cultures in 32.58% of cases and unimicrobial cultures in 67.42% of cases. Unimicrobial cultures showed the presence of Streptococci from the Viridans group. Following the antibiogram, were established that the microbial cultures identified were 100% susceptible to the following drugs: Amoxicillin, Amoxiclav, Ampicillin, Levofloxacin, Cefotaxime and Cefepim .

Conclusions. Considering the laboratory tests on the antibiotic susceptibility of microbial flora in the dental inflammation , penicillins (amoxicillin / amoxiclav), cephalosporins, erythromycin, clindamycin, and tetracyclines are the most useful and used antibiotics for the identified microflora.

Key words: pericoronitis, microorganisms, antibiogram, treatment

330. EFFECTIVENESS OF CAUSATIVE TOOTH EXTRACTION IN MAXILLARY SINUSITIS OF DENTAL ORIGIN

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Introduction. Odontogenic maxillary sinusitis (OMS) is an inflammatory disease caused by the spread of dental inflammation into the sinus. The rate of OMS was reported to be 25-40%. A lot of methods of treatment were proposed starting with medicine administration only, till radical sinusotomy. The question is what is the efficacy of the initial treatment, the one that includes the treatment of causal tooth only.

Aim of the study. The purpose of this study was to identify the factors of significance that may contribute to the results of the initial treatment of OMS.

Materials and methods. Twenty four patients were studied, which were divided in 2 groups, depending on the result of the treatment: effective and non-effective. Efficacy of the treatment was evaluated 3 months after causative tooth treatment with CT scan, which was compared with initial one. First group included 21 patients and the second one 3 persons, that required surgical treatment.

Conclusions. 1. Causal tooth treatment of OMS is an effective and miniinvasive method.