

Results. The analysis of the methods used to diagnose the oral mucosal diseases revealed the important role of knowing their etiology on establishing the correct treatment plan. Besides the clinical diagnostic, a big importance in diagnosis has the paraclinical examination, which includes: biopsy of the affected tissues, microbiological tests, radiological examinations, immunofluorescence tests. In addition to these examinations, the tests for chronic viral hepatitis B and C have to be done, such as: serologic examination (hepatic markers), molecular-biological and immunologic tests.

Conclusions. According to the five scientific articles, the diagnosis of oral mucosal diseases of the patients with chronic viral hepatitis B and C involves four sequential steps: 1. obtaining of comprehensive overview of the patient's local and general status; 2. evaluation of all the findings to correlate the chief sign of symptoms with the current history, 3. physical findings and medical history; 4. establishment of differential diagnosis.

Key words: oral mucosal diseases, diagnosis, viral hepatitis B and C

299. USE OF CALCIUM HYDROXYDE IN A DEEP CARIOUS LESION- CASE PRESENTATION

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Introduction. Caries remains the most widely spread dental disease. Because of the low rate of addressability and late detection the carious lesions are mostly deep carious lesions. Frequently this leads to losing the tooth vitality. In order to maintain the tooth vitality, we can use the method of direct or indirect pulp capping.

Aim of the study. The aim of this study is to present a case of use of calcium hydroxide in a deep carious lesion.

Material and methods. A clinical study was performed on one patient with the clinical diagnosis: deep carious lesion. The patient was treated by the method of indirect pulp capping using calcium hydroxide.

Results. The usage of calcium hydroxide in deep carious lesions has proven to be a very good material, showed high biocompatibility. The treated tooth showed no post-operative sensibility and vitality of the tooth was preserved.

Conclusions. The usage of calcium hydroxide has a positive effect on new dentine bridge creation in order to maintain the tooth vitality. Moreover, it seems to facilitate the healing process and decrease the risk of postoperative complications.

Key word: calcium hydroxide, tooth vitality, indirect pulp capping, deep carious lesion

DEPARTMENT OF PEDIATRIC ORO-MAXILLO-FACIAL SURGERY, PEDODONTICS AND ORTHODONTICS

300. THE VALUE OF ORTHODONTIC STUDY MODELS FOR TREATMENT PLANNING

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Introduction. In order to establish an accurate diagnosis and proper therapy planning in orthodontics, it is necessary to perform the analysis of dental records. The only non-invasive three-dimensional record that provides important information in orthodontics is the study cast. The present study was conducted to determine the Linder Harth, Korkhaus and Bolton analyses on dental casts before and after treatment, in two different cases with different approaches to treatment plan.

Aim of the study. The aim of the present study is to determine the contribution of study casts in orthodontic treatment planning.

Material and methods. Dental records of two patients were selected, one case treated with extraction of upper first premolars and with non-extraction therapy in another one. These cases were selected randomly, without malocclusion restriction, from the Chair of Pediatric Oromaxillo-facial surgery, Pedodontics and Orthodontics, SUMPh *Nicolae Testemitanu*. Two sets of dental casts with permanent dentition were examined in the transverse and sagittal plane. Manual measurements were done with a digital caliper directly on the dental casts, and the obtained values were compared to those defined by the formula.

Results. For the first case (with extraction of upper first premolars) in the pre-treatment stage, for the maxillary arch, Linder Harth analysis showed that in the premolar arch the width is 3,6 mm less than the expected value and in the molar one 3,2mm less. Korkhaus analysis established for the upper arch in the anterior segment a deficiency of 3mm and 5,5mm in the posterior one. The Bolton's anterior ratio was 76% and the overall ratio 88%; this indicates maxillary tooth material excess. For the second case (non-extraction case) in the pretreatment stage, for the maxillary arch, Linder Harth analysis showed that in the premolar arch the width is 1,25mm less than the expected value, but for the molar one with 4,1mm more. Korkhaus analysis established for the upper maxillary, only in the anterior segment (-1,5mm) a relative narrow dental arch, but for the posterior segment the values are within the normal range. The anterior ratio of Bolton is 80%, and indicates mandibular anterior excess.

Conclusions. The data collected and analyzed from these study casts in order to evaluate the differences in pre-treatment and post-treatment stages, established the value and the contribution of study casts in determination of best approach in treatment planning. Orthodontic treatment planning is more than just deciding on extraction or non-extraction case. It requires an individual approach, despite the great importance of biometric standards.

Key words: Linder Harth analysis; Korkhaus analysis; Bolton analysis

301. CONSERVATIVE TREATMENT ASPECTS IN FLUOROSIS AND POST ORTHODONTIC LESIONS

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Introduction. Modern dentistry evolution trends are based on development of new treatment methods that must guarantee hard dental tissue preservation, that can be used for aesthetic and functional rehabilitation. Conservative methods ensure a comfortable treatment, without local anesthesia, with a long term perspective of maintaining teeth integrity. These new treatment methods that approach the post orthodontic lesions and fluorosis through the prism of enamel demineralization allow to point on their efficiency and advantages regarding to other methods.

Materials and methods. The study included 15 patients that acused enamel demineralization. Eligibility criteria: mild forms of fluorosis or post orthodontic incipient caries lesions. Patients were divided in 2 groups: group I- 9 patients, group II- 6 patients. The first group was subject for conservative fluorosis treatment, and the second one- conservative treatment for post orthodontic