

have been identified as key factors in prosthetic planning of full edentulous cases whose ignorance can lead to complete failure of aesthetical and functional aspects.

Results. To have predictable and functional results, the patients must be investigated by the prosthodontist to identify their needs and expectancies. The key indicative factors are position of incisal edge of upper frontal incisors, restorative space, lip support, smile line and lip length, contour and profile emergence, contact with soft tissues, and occlusal scheme.

Conclusions. The prosthetic planning of complex cases in full mouth rehabilitation is essential for aligning the treatment plan along with patient's expectations. By missing out the key planning factors, unpredictable and unfavorable results for both the doctor and patient could occur.

Key words: dental implants, prosthetic planning, tilted implants

DEPARTMENT OF ONCOLOGY

295. DIAGNOSIS OF LOWER LIP CANCER

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Introduction. Lower lip cancer is a visual form and can be evaluated for many years in precancerous forms such as chronic fissures, ulcers, oral leucoplakia, papillomas, keratoacanthomas, Bowen's disease, Cheilitis Manganotti, hyperkeratosis. Depending on the microscopic growth patterns, cytological and histological methods of diagnosis can be applied.

Aim of the study. Establishing modern methods of lower lip cancer diagnostics; applying modern diagnostic imaging methods at different stages of lower lip cancer.

Materials and methods. The research was performed on a group of 58 patients who were investigated and treated in the Head and Neck, Microsurgery Department of of the MPHI Oncological Institute of the Republic of Moldova in the period 2015-2017 with the diagnosis of lower lip cancer. The most informative method in establishing the diagnosis was tumor biopsy. The imaging methods used were USG, Chest X-ray, CT, scintigraphy, orthopantogram.

Results. The histopathological results found at patients with inferior lip cancer were of two types: squamous keratinized carcinoma in 43 cases (74.1%) and non-keratinized cacinoma in 15 patients - 25.8%. To assess the spread of the malignant process, cervical lymph node status, the USG examination of the cervical region was performed in 58 patients, of which in 6 patients (10.3%) enlarged lymph nodes were detected. X-ray of the affected region and chest X-ray were carried out in 100% of cases and lung Mt were diagnosed in two case, or 3.4 %. TC was performed on 17 patients - 29.3% and bone scintigraphy in 12 cases, or 20.6%. In stages II, III and IV, the orthopantogram in two projections was performed on 40 patients or 68.9%.

Conclusions. The diagnosis of lower lip cancer is based on the biopsy of the tumor with the histopathological examination. Diagnostic imaging tests are important in assessing the spread of malignant process.

Key words: cancer, oncogenes, squamous keratinized carcinoma, lymph nodes

DEPARTMENT OF ODONTOLOGY, PERIODONTOLOGY AND ORAL PATHOLOGY

296. ACUTE PULPITIS. ETIOLOGY AND TREATMENT

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Introduction. Dental pulp inflammation (pulpitis) represents a totality of functional and structural biochemical reactions and processes, having an adaptive, compensatory and restorative character and evolving in a succession of phases due to the pathogen action. All acute and chronic diseases of the pulp and periodontium are the cause of the formation of odontogenic inflammatory processes, which cause pain and serve as foci of infection, either exacerbating or triggering general or systemic illnesses. Dental pulp diseases are treated in a well-established order, taking into account all the aspects, such as etiology, epidemiology, prophylaxis, diagnosis and treatment. The success in pulp diseases depends on the ability to choose the optimal methods and techniques for each type of diagnosis and clinical picture. In the case of non-qualitative endodontic treatment, the organism sensitization occurs and in some cases complications develop, such as: massive destruction of bone tissue, which can trigger septicemia, meningitis, sinus thrombosis, endocarditis, mediastinitis etc. It is unacceptable to have bad or superficial knowledge of topographic anatomy of teeth, by the endodontist. It is also worth noting that besides the knowledge of endodontic instruments and materials, it is of great importance to know the techniques of mechanical and medicated preparation as well as the root canal filling.

Aim of the study. To determine the most rational and effective methods of treatment of acute pulpitis.

Materials and methods. Ten patients (4 women and 6 men) aged 19-40 years (10 teeth - 1 canine, 5 premolars and 4 molars) were subjected to complex examination and treatment. Following the clinical and paraclinical examination, 4 patients with acute diffuse pulpitis and 6 patients with acute focal pulpitis were diagnosed. In the treatment we applied the direct capping method, vital pulp amputation and extirpation in acute focal pulpitis and the method of vital pulp extirpation in diffuse acute pulpitis.

Results. Of all the cases with the diagnosis of acute focal pulpitis, the relapse was observed only in patients who were treated by the direct capping method (2 patients). In the case of the other patients, both acute focal pulpitis and acute diffuse pulpitis were treated by surgical methods (vital pulp amputation and extirpation), positive results being obtained, without relapses or complications.

Conclusions. The method of vital pulp amputation and extirpation resulted in a higher efficiency of the treatment of acute pulpitis, compared to the conservative method.

Key words: pulpitis, treatment, relapse, direct capping

DEPARTMENT OF DENTAL PROPEDEUTICS *PAVEL GODOROJA*

297. CLINICAL EVALUATION OF METAL-CERAMIC FIXED PARTIAL DENTURES.

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Introduction. Edentulism - a pathological condition characterized by the absence of one or more teeth in the dental arch - is a major health problem regardless of societies, regions, ethnicities and social stratification. A fixed bridge (called also as fixed bridge prosthesis, bridge or fixed partial denture) is attached to remaining teeth to replace a missing tooth, and teeth serving as attachments for a fixed bridge are called abutments. The part of the fixed bridge, which veneers the abutment tooth is called a retainer and the part which replaces a missing tooth is called a pontic.