

(<120 µm). The automated metal carcassing system is more precise than the classic technique, which motivate us to switch to automated dental prostheses.

Key words: SLM, milling, casting

344. SEPTICEMIA AS A COMPLICATION OF DIFFUSE PHLEGMON OF THE MOUTH FLOOR

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Introduction. Despite all the steps made in recent decades in the knowledge of pathogenesis, in improving diagnosis and therapy of septicemia, this disease, regardless of the age at which it occurs, is a complex medical problem. We need a multidisciplinary team to solve it, which besides the infectious disease doctor, microbiologist, biochemist, and radiologist, often requires specialists in intensive surgery and surgeons of various profiles. Bacteriology of septic shock records: Gram-negative germs 50-60%, Gram-positive germs 6-24%.

Aim of the study. The assessment of clinical and paraclinical picture in patients with phlegmon of the mouth floor, complicated with sepsis.

Materials and methods. Analysis of 50 patients who suffered from phlegmon of the mouth floor, who were hospitalized in the Oral and Maxillo-facial Surgery department of IMSP IMU Chisinau between the 2016 and 2017 years. Patients were clinically and paraclinically investigated. Literature analysis of 17 articles, 5 PhD thesis, 3 books.

Results. 6 % of all patients examined with phlegmon of the mouth floor were diagnosed with sepsis. Approximately two patients diagnosed with oral phlegmon and complications of this disease die each year in the Republic of Moldova, which accounts for approximately 7% of all patients with this diagnosis. The untreated septic shock lasts for several hours to 1-2 days, with a fatal outcome in 30-60% of cases. According to M. Baş, septicemia occurs in people with a reasonable defense capacity, which is strong enough to fight, develop a local and general inflammatory process, but insufficient to stop the infection from the beginning. In people with collapsed defense, the clinical picture of septicemia is not developed, the infection leads to septic shock violently.

Conclusions. 1. There is an imbalance between pro-inflammatory vs anti-inflammatory, coagulation vs. anti-coagulation, oxidative vs anti-oxidative, apoptotic vs. anti-apoptotic systems in patients with severe sepsis. 2. Signs and general symptoms of sepsis are fever higher than 38.3 degrees Celsius; hypothermia lower than 36 degrees Celsius; heart rate higher than 90 beats/minute; tachypnea, hyperglycemia 7.7 mmol/l. 3. The cause of over 90% of the deaths of patients with inflammatory processes in the Oral and Maxillo-facial department is the septic shock resulting in polyorganic insufficiency.

Key words: phlegmon, septicemia, oral and maxillo-facial surgery

345. PLATELET-RICH PLASMA UTILIZATION IN DENTAL AND ORAL SURGERY

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