

Introduction. Due to complications in prosthetics with non-removable dentures, orthopedic treatment of teeth and dentition defects requires further improvement of non-removable prostheses' design and methods of preparation of supporting teeth. In this regard, the issues of theoretical validation of teeth preparations methods for metal-ceramic dentures make the study relevant and appropriate.

Aim of the study. To study the condition of dental tissues, resulting from traditional methods of preparation for cermet structures. The morphological changes in the teeth tissues should be expanded based on the outcomes.

Materials and methods. The material of the study served premolars, initially pre-prepared by creating a classical ledge and its symbol, covered with cermet crowns, and accordingly, divided into two groups. Thick and thin sections of these teeth were made and histochemical marking ShIK-alcian blue and hematoxylin-eosin was carried out.

Results. In the first group, significant blood flow disorders occurred in the pulp immediately after the cermet structure was fixed onto the pre-prepared premolar with a ledge in the cervical region, some of which are irreversible in the form of hemorrhages and sludge eradication in the venules. In the second group, less significant circulatory disorders are noted in the form of stasis of capillaries and edema of connective tissue, while preserving the enamel in the cervical region with odontopreparation of premolars without a ledge.

Conclusions. In the first group, irreversible changes occurred in the pulp, causing disturbances in neurotrophic processes in the pulp and initiate inflammatory processes. Vibration fluctuations during preparation in the tooth's neck region disorganize dentin leading to development of local angioedema disorders of the pulp. The results obtained in the second group initiate disorganization of the dentin without extension to the lateral and root parts of the dentin, while bearing a reversible character. Based on the above, the results of our research allow us to propose to preserve the odontopreparation for cermet structures to the cervical part, creating a symbol of the ledge.

Key words: teeth tissues, odontopreparation

DEPARTMENT OF ORTHOPEDIC DENTISTRY

294. PRINCIPLES OF PROSTHETIC PLANNING OF FULL-IMPLANT SUPPORTED RESTORATIONS

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Introduction. Implant-prosthetic rehabilitation is popular and fast growing treatment care opportunity with development of new products and techniques. This offers a new possibility for patients with completely edentulous jaws to get rid of complete dentures. However, the lack of a well-defined and prosthetically driven approach may result in total failure of rehabilitation procedure.

Aim of the study. To highlight the main prosthetic element of full mouth rehabilitation on implants.

Materials and methods. The paper is based on analysis of medical literature and treatment of 35 patients (aged between 32 and 73 years old) with full edentulous upper and/or lower jaws using implant-supported prosthesis (39 prostheses). The patients were mainly rehabilitated with tilted implants according to all-on-4 protocol. The treatment time was divided in two parts, provisional treatment, and final one. The first one had a 6-12 months period. After treatment, seven elements

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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