

319. METHODS OF TREATMENT IN THE EXTENSIVE CORONARY DESTRUCTIONS FROM SIDE AREA

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Introduction: The coronary lesions represent affections that morphologically interest the dental crown of the tooth, including its relations with the adjoining and opposed teeth. Many times these cause aesthetic disorders, pain and possible reductions of the masticatory function.

The aim of this study is determining the prothetic possibilities of restoring the affected dental segment, highlighting the therapeutic method which proved itself efficient when it comes to its resistance and durability. In this context we have carried out an analysis from a morpho-functional point of view of the prothetic possibilities of preserving the teeth from the side area and of restoring the functionality of the stomatognathic system, establishing at the same time the hierarchy of the essential factors of succes in the prothetic therapy.

Material and method: The clinical study of the work consisted in the oral rehabilitation of 114 patients having coronary destructions in the side area, the individual treatment of each patient consisting in prosthetic through applying the following types of crowns: metallic cover, mixt totally physiognomic, mixt partially physiognomic, whole ware/ ceramics cover and of substitution and through applying the inlays. The examination and the assessment of the patients has been done according to the clinical observation sheet based on the extra and intraoral examination; the paraclinical examination carried out: retroalveolar X-rays, orthopantomographies and intraoral photography; getting their advisedly, mandated, informed and motivated consent before starting the treatment.

Results and discussion: The prothetic therapy of the coronary lesions considerably reduce the risk of teeth loss on the arch, indicating the fact that it may constitute an important intervention therapy for patients with large coronary destructions.

The results have proved that at patients with large coronary destructions at the level of the terminal teeth that also were edentulous, the recovery of these teeth led to a solution of immovable prosthetic, without the need to pull out the causal teeth and implicitly turning the side edentulous into a terminal edentulous, which would have lent itself to another method of prothetic solution, accepted by patients with difficulty.

Conclusions: Taking into consideration the high rate of odontic lesions that require prothetic treatment in the side area, it can be stated that restoring the morphological and functional functions and then the aesthetic ones because of the special importance the side area represents within the stomatognathic apparatus.

Keywords: prothetic therapy, functional functions, prothetic solution.