

Materials and methods.. A prospective clinical study was performed on 22 patients (8 women and 14 men). The mean age of the sample was 22.88 ± 5.263 years (range 19-32 years), which were divided into two study groups. , numerically equal. The patients in the study group were treated by the method of injection with thrombocyte autoplasm immediately after the extraction, and in the control group the postoperative standard care was performed.

Results. There were no significant differences between the sexes ($P = 0.54$) and the age ($P = 0.19$) in the two groups. T-Student test performed for the degree of mouth opening ($P = 0.007$), facial edema ($P = 0.019$), pain scores (VAS) on the third and seventh day after surgery (DAS) and all these variables showed differences statistically significant.

Conclusions. The use of platelet autoplasm has a positive effect on the healing of hard and soft tissues. Moreover, this seems to facilitate tissue regeneration and lessens the risk of complications following surgery. The benefits of using PRP are: simple, inexpensive technique, the possibility of obtaining a large number of autologous membranes, which helps to recover the tissues in a shorter time. Nowadays, according to the studies carried out by the researchers, platelet-enriched autoplasm is a harmless and promising method, with satisfactory clinical results.

Key words: PRP (platelet-enriched plasma), lower molar 3, regenerative therapy, platelets, growth factors.

371. ALVEOLAR BONE RECONSTRUCTION WITH AUTOGENOUS INTRAORAL GRAFTS IN THE CONTEXT OF POSTTRAUMATIC REHABILITATION

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Background. The rehabilitation in conditions of bone loss supposes a bone augmentation surgery. The optimal choice for this kind of performance is the autogenous grafts harvested from the patients own body especially intraoral sites. Khoury introduced a new method for grafting ridge defects in 2007, using thin cortical plates harvested from the ramus, and in a 'sandwich' type manner, interposed these bone plates with cancellous bone harvested from the same site. The principles involved in successful bone grafts include osteoconduction, osteoinduction, and osteogenesis .Osteogenesis only occurs with autograft tissue and cellular bone matrices therefore.

Case report. 21-year-old female presented for the restoration of her missing dentition in her upper jaw due to an early childhood trauma. CBCT revealed a large horizontal and vertical bony deficiency in the region of the upper anterior teeth , The Khoury technique was decided to apply ,using bone fixation screws, the bone plates that were harvested from the ramus were fixed to the buccal defect ,the space between the plate and the existing palatal bone wall was then filled using a combination of autograft bone scrapings and xenograft bone particles. Six months after the initial surgery, the grafted sites were surgically re-entered and showed a marked increase in ridge dimensions from 4,2 to 9,5 mm. The regeneration of the alveolar crests took place in conventional terms without complications , donor site was fully restored without signs of morbidity. The radiological and clinical examinations 6 months postoperative

showed up a good result of bone formation nearly 5.3 mm. The advantages of using mostly intraoral autografts in GBR technique comparatively to others is that they provide a good bone regeneration, stimulate local resources of the bone, serve as the source of BMP, serves as a scaffold for new bone growth that is perpetuated by the native bone, actually autografts integrate all basic peculiarities that the bone needs to regenerate its structure and reestablish all the physiological functions.

Conclusions. The usage of autogenous intraoral grafts as a method of augmentation appeared to give a stable and relatively quick result. If good surgical skills are performed, the graft seems to facilitate tissue healing and promote bone formation that is most important for the subsequent posttraumatic rehabilitation of the patient.

Key words: Autogenous grafts, regeneration, augmentation, Guided bone regeneration (GBR), Khoury technique.

372. THE ROTATED PEDICLE PALATAL CONNECTIVE TISSUE FLAP TECHNIQUE (RPPCTF) IN MANAGEMENT OF SOFT TISSUE DEFECTS

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Introduction. Esthetic and functional reconstruction of soft tissue in maxilla have driven the evolution of plenty of techniques for rehabilitation. Selection of a proper surgical technique often causes difficulties. The closer the flap donor site is to the defect; the less morbidity is associated with the reconstructive surgery. The RPPCTF technique present a multilateral application. It can be used in closure of the alveolus after immediate implant placement, complete socket closure, increasing soft-tissue volume, papilla reconstruction, defects and dehiscence repair, closure of oro- antral communication (OAC).

Aim of the study. Evaluation of the soft tissue reconstruction technique for covering defects associated with maxillary region.

Materials and methods.. This study was axed on 7 patients which represent the different types of soft and bone tissue defects in maxillary aesthetic zone. In 3 cases this technique was performed to complete socket closure and postponed implant placement. Closure of oro-antral communication was performed at 1 patient, closure of the alveolus after immediate implant placement was performed in 3 cases. After local anesthesia and a minimally invasive extraction of tooth, the socket was curetted and inspected. The dimensions of the socket were measured and considered for RPPCTF technique preparation. A single palatal incision (Hurzeler MB, Weng D.) design was placed, pedicle graft was prepared leaving the mesial side attached, then is checked for freedom of movement, rotation and placement. The pedicle graft is rotated and positioned over the edentulous area and onto the buccal surface. After that the flap are sutured using horizontal mattress and simple interrupted sutures. The donor site remains primarily covered.

Results. During treatment with this method partial flap necrosis did not occur. All patients showed a significant improvement over the preoperative condition. In all cases we got a large volume of soft tissue, excellent esthetic results, primary socket closure. RPPCTF can help to