percentage of success and prognosis of endodontic treatment depends directly on the ability of the filling to seal all communications of the canalicular system with the desmodontal space **Conclusions.** Following the study of the national and international literature and the practical application of the modern methods of filling the endodontic complex, we found that we can obtain a good and stable three-dimensional seal. The results obtained from the study have shown that we can achieve the elimination of root canal content using a correct treatment technique, by using of the medicinal materials and substances present at this time, and not least by the correct choice of the method of filling the endodontic space at the final stage. Compliance with the clinical protocol in the activity helps us to obtain an efficient, three-dimensional filling, without post-treatment complications

Key words: Endodontic system, three-dimensional obturation, modern methods

378. FORDYCE GRANULES IN ORAL MEDICINE

Author: Olivia Maniuc

Co-authors: Irina Ivasiuc

Scientific adviser: Diana Uncuța, MD, PhD, Associate professor, Department of Stomatological Propaedeutic, *Pavel Godoroja*, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Background. Fordyce granules are whitish-yellow ectopic sebaceous glands found within the oral mucosa that can occur on the edge of the lips or inside of the cheeks. They usually develop as isolated or symmetrically distributed ectopic sebaceous glands and tend to became obvious after puberty, however they might sometimes cluster together. They can be white, yellowish-white, slightly raised papules on the buccal mucosa and vermilion of the upper lip.

Case report. Clinical examination was carried out on 3 patients in order to identify Fordyce granules and determine the sites of predilection on the buccal mucosa. The patients did not undergo any treatment. The research findings have shown that these harmless spots can cause complaints due to their appearance but do not present any health risks.

Conclusions. -Fordyce granules is a particular condition. -They are not infectious. -The normal character of Fordyce Granules do not cause any untoward effects.

Key words: -Identification. -Treatment.

379. FUNCTIONAL CHARACTERISTICS OF DENTO-FACIAL RELATIONSHIPS

Author: Vlad Badan

Co-author: Fala Valeriu

Scientific adviser: Diana Uncuța, MD, PhD, Associate professor, Department of Stomatological Propaedeutic, *Pavel Godoroja*, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. Extent of exposure of the frontal teeth in the postural rest position is variable and is influenced by the dimensions and the position of the teeth, by the conformation of the dental arches, by fullness of lips and the facial muscular tonus. Studies oriented towards the perception of aesthetics in the field, have shown certain correlations in this regard. The aesthetic analysis of the dento-facial relationships in the smile includes other components such

as the lip line of the smile, the negative space and the symmetry of the smile. The aesthetic examination methodology in all its complexity needs to be supplemented with the examination of the dento-maxillary and phonetic relationships. The way of pronouncing some sounds as well as the qualitative and quantitative values of the parameters of anterior guidance need to be evaluated and correlated with the aesthetic criteria, within the oral rehabilitation.

Aim of the study. Development of a diagnostic procedure and treatment for functional disorders of the anterior group of teeth.

Materials and methods.. Were examined and selected 7 patients between the ages of 30 and 55 years who showed signs of wear of the upper anterior group. The clinical and instrumental examination was completed with imaging methods and digital photography. The curative objectives followed the morphofunctional rehabilitation of the stomatognathic system.

Results. Following the complex clinical examination, were determined the qualitative and quantitative parameters of the aesthetics, occlusion and phonetics. The complementary examinations confirmed some aspects of the existing morphofunctional disorders. The correlation of the values of the parameters listed above in the context of physiology, bio aesthetics and biomechanics served as an indication in the elaboration and realization of the complex treatment plan.

Conclusions. The morphofunctional rehabilitation of the anterior group of teeth after dental wear, requires a complex examination, with the elaboration and realization of a sequenced treatment plan with multi-aspect curative objectives.

Key words: Dento-facial relationship, morphofunctional, anterior group of teeth, aesthetics.

380. DIAGNOSIS AND TREATMENT OF ANTERIOR DENTAL CROSSBITE

Author: Roni Kayam

Scientific adviser: Postaru Cristina, PhD, University assistant, Department of Stomatological Propaedeutic, *Pavel Godoroja*, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Background. Anterior dental crossbite is a common problem in the primary and mixed dentition and needs early intervention to prevent further damage to occlusion. According to its origin, it can be differentiated into skeletal and dental crossbite. Dental anterior crossbite is a more localized problems and more easily managed. Simple dental crossbite show a frequency of 3% to 12% cases. Crossbite usually do not self-correct with age. As Tausche et al. reported anterior crossbite show progression in severity in the permanent dentition. The aim of the study is to evaluate the effectiveness of early diagnosis and interceptive treatment of anterior dental crossbite removable Hawley appliance.

Case report. In the study were included 10 consecutive patients according to the following criteria: mixed dentition, anterior crossbite, no extreme functional shift, no posterior crossbite, no previous orthodontic treatment. The patients with anterior dental crossbite in the mixed dentition were treated with a removable Hawley appliance with occlusal coverage and a sinfle finger spring. Patients were followed until a minimum of 6 months post-treatment. Results, Active treatment of the successfully treated cases lasted 2,5 months. Crossbite correction of central incisors were achieved by forward movement and buccal inclination of the crowns. Results remain stable during follow-up period without using any retention regime. No other important adverse events were reported by the patient except moderate to severe discomfort during mastication.