

323. THE IIIRD MOLAR POSTEXTRACTIONAL COMPLICATIONS' THERAPEUTICAL AND SURGICAL PROPHYLAXIS

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Introduction. Wisdom tooth pathology remains an issue in oral surgery and general dentistry because of multiple complications and contradictions regarding its treatment. According to Canopkene's research (2004), from 785 patients aged 16-90 years with various inflammatory processes in oral-maxillofacial region, the inflammatory process of 48.2% was caused by M3. The extraction of impacted third lower molars is a common procedure in oral surgery. It involves trauma of soft and hard tissues accompanied by edema, limited mouth opening, pain, postsurgical complications etc. This is a serious impact on the quality of life. This study was done to evaluate the therapeutic effect of corticosteroids when administered two hours before surgery.

Materials and methods. The study was based on clinical and paraclinical results of 23 patients (aged between 20-35 years) including 14 men and 9 women with pathology of the lower IIIrd molar. They were then divided into two groups: the study group who received oral administration of prednisolon (10 mg) and the control group who did not receive medication. To evaluate the edema, two measurements were performed pre and post surgery. The first one was the distance between the corner of the mouth and the ear lobe, and the second one was the distance between the lateral angle of the eye and the angle of the jaw. To determine the mouth opening limitation due to the muscular postoperative contraction, the initial opening of the mouth (measured with the callipers) was compared to the postoperative condition.

Discussion results. After comparing the 2 groups, the study group demonstrated a significant reduction of edema and pain without limiting the mouth opening comparing to the control group.

Conclusion. Anti-inflammatory steroids inhibit the prostaglandin synthesis, the thromboxanes and the conversion of phospholipids into arachidonic acid, which helps to reduce the transudate. Thus, corticosteroids should be used before surgery in order to reduce the post surgical discomfort and swelling.

Key Words: Wisdom Teeth, Extractions, Corticosteroids.

324. CRANIO – FACIAL ASSOCIATED TRAUMAS

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Introduction. Facial Associated traumas generate a range of social problems, with an important economic damage. All these justify the recent study of facial Associated traumas treatment problems,

by specialist doctors, however, the elaboration of new curative-diagnostic algorithms remains a priority in the modern traumatology.

The aim of the work: The evaluation of comparative observational descriptive study of cranio – facial Associated traumatic injuries.

Materials and methods: In order to reach the set aim, during 2011 medical assistance was offered to patients with facial traumatic injuries at the Oro-Maxilo-Facial surgical clinic (OMFSu). 153 patients with facial Associated traumas have been monitored and took part in a retrospective epidemiological study which included the frequency of the cranio-facial Associated trauma allocation.

Results and discussion: Facial Associated traumatic injuries constitute of 13,38% from the total number of patients treated at the OMFSu division. Cranio facial traumatism leading with a total of 87,58% cases out of the patients with Associated traumatism. Concussion occupied 75,37% incidents out of the patients with cranio-facial traumatism, followed by cerebral contusion with 3,73% incidents. Cranial bones fractures consisted of 5,22% compared to the soft tissue injuries which consisted of 32,08% of the incidents out of the patients with cranio-facial traumas.

Conclusion:

1. Cranio-facial traumatism consisted of 87,58% cases out of the total number of patients with facial Associated traumatic injuries;
2. Concussion constituted of 75,37% incidents out of the total number of patients with cranio-facial traumatism;
3. Soft tissue injuries comprised 32,08% instances out of the total number of patients with cranio-facial traumatism.

Keywords: facial Associated traumatic injuries, diagnostics, treatment

325. SECONDARY ALVEOLAR BONE GRAFTING IN CLEFT LIP AND PALATE PATIENTS

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Introduction After the primary surgeries cleft lip and palate patients need a recovery of the alveolar process defect with osteoplasty using autogenous bone grafts also combined with xenogeneic and alloplastic materials. The primary objective of secondary alveolar bone grafting in patients with cleft lip and palate is to provide bone tissue for the cleft site. That later will permit the placement of osseointegrated implants into the cleft area.