early stage, eliminating major masticatory dysfunctions, additional costs implied, and quality life damage.

Key words: chronic periodontitis, recovery, conservative treatment, individual treatment approach.

393. ACUTE PULPITIS. ETIOLOGY AND TREATMENT METHODS

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Introduction. Dental pulp inflammation (pulpitis) as a result of different local and general factors is positioned through the first places in dental pathologies. The etiology of pulp inflammation is bacterial, a mixed microbial flora, aerobic and anaerobic, living in a true symbiosis. These germs mainly originate from the buccal cavity, from the salivary environment, having as an entrance gate a penetrating carious lesion. Pathogens that can cause acute pulpit may be: 1. External: A) Physical B) Chemical C) Bacterial 2. Internal: A) Dysmetabolism B) Avitaminosis C) Systemic diseases D) Endogenous intoxication. Microorganisms can invade the dental pulp directly, via the pulpo-periodontal and hematogenous pathways. The untreated pulp inflammation may progress into a degree of destruction of the adjacent tissues, evolving from one form to another, and in case the tooth is not treated the patient frequently reaches a dental extraction. At the same time, the pulpit can be an outbreak of infection for the whole body. Early diagnosis and application of appropriate treatment methods minimizes the possibility of a complication. Thus, the deficient, superficial knowledge of this subject is unacceptable.

Aim of the study. The analysis of the etiological factors favoring the appearance of acute pulpit and treatment methods to prevent possible complications.

Materials and methods. A clinical study has been performed on a group of 12 patients, 3 of them female and 9 male, aged between 18 and 35 years old. Of the total amount of 12 treated teeth, 3 were canines, 4 molars and 5 premolars. Following the clinical and paraclinical examination, there were diagnosed 9 patients with acute diffuse pulpitis and 3 patients with acute focal pulpitis. During the treatment we applied the direct capping method or vital pulp extirpation in acute focal pulpitis and the method of vital pulp extirpation in diffuse acute pulpitis.

Results. Following the study and the practical application, each patient was monitored for a period of 6 months. From those 12 people, 9 patients denied any charges after the endodontic treatment, while 3 people treated by the biological method had a moderate sensitivity in the tooth region for up to 5 days. Also , the relapse was observed on 2 patients who were treated by the direct capping method.

Conclusions. The method of vital pulp extirpation resulted in a higher efficiency of the treatment of acute pulpitis, compared to the conservative method. By the surgical method of treatment - positive results had been obtained, without relapses or complications.

Key words: acute pulpitis, direct capping, treatment, vital extirpation.