374. BONE RECONSTRUCTION OF THE UPPER JAW WITH SEVERE ATROPHY BY INTERPOSITION OF AUTOGENOUS BONE GRAFT FROM THE ILIAC CREST. CASE PRESENTATION.

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Background. After tooth extraction, the alveolar ridges undergo a more pronounced resorption in the absence of physiological mechanical stimuli on the alveolar bone, but due to non-physiological forces, they lead both to horizontal and vertical bone loss, resulting in bone atrophy. Evaluation of the bone reconstruction method by autogenous graft interposition for implant-prosthetic rehabilitation of patients with severe upper jaw atrophy.
Case report. The patient B.A., 38 years old, non-smoker, with satisfying oral hygiene and mean smile line, was diagnosed with Bimaxillary retrognatism with obstructive sleep apnea syndrome, class I subclass I edentation after Kennedy at maxilla, combined bone defect in the region teeth 1.2-2.2. This diagnosis was established following the standard clinical and paraclinical examination: photographic examination, analysis of study models, CBCT, profile teleradiography, based on which the surgical guides for the repositioning of the jaws were manufactured. The surgical treatment consisted in the Le Fort I osteotomy of the upper jaw with the application by interposition of the granulated xenograft mixture with autogenous bone graft of iliac crest harvested by the minimal-invasive technique and its immobilization with osteosynthesis plates in the normo-cephalometric position. The lower jaw was also advanced, after bilateral sagittal osteotomy, in accordance with the upper jaw. As a result of the bone reconstruction by interposition of autogenous graft from the iliac crest, a sufficient bone volume was obtained both in width and in length for insertion of dental implants of optimum dimensions, which allowed the patient's rehabilitation from the morphological, functional and aesthetic point of view.
Conclusions. Reconstruction of the upper jaw with severe atrophy can be performed by the technique of interposition of autogenous bone graft from the iliac crest in combination with xenograft. This method offers a good possibility of morpho-functional and aesthetic rehabilitation with a high degree of predictability.
Key words: bone reconstruction, interposition graft, iliac crest graft.

375. MICROBIOLOGY OF MANDIBULAR THIRD MOLAR PERICORONITIS

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Introduction. Pericoronitis is an inflammatory and infectious condition that may accompany the eruption of teeth, especially the third molar, the microbial flora that develops in the distally located pseudopocket is the major etiological factor. This flora consists of obligate anaerobes, anaerobic and aerobic streptococci. Therapeutic management usually involves a combination of conservative and surgical treatment.