between 20 and 35 years old, including 18 women (72%) and 7 men (28%). All patients were divided into 2 groups: first group were the patients who choose home teeth whitening; and the second group were the patients who choose office teeth whitening, First patients group included 18 persons. Second group included 7 persons. The algorithm for investigation of patients included: clinical examination, photostatic examination, vitality and sensitivity tests of the teeth. Following the study, each patient received adequate treatment, choosing one of the proposed whitening methods.

**Materials and methods..** Home whitening was accomplished through individual trays and gel "Opalescence PF" (Ultradent, USA) - 15%. Office whitening was performed using the "Opalescence Boost" - 40%. The most powerful aesthetic effect is obtained by the method of whitening in the office, using the "Opalescence Boost", being important the active substance concentration, also duration of whitening sessions and overall duration of the whitening treatment.

**Results.** Whichever method is chosen, whatever home or office whitening, treatment caused color modifications at all 25 patients included in the study. It is very important to use proper whitening materials, patients training and their supervision by the doctor.

**Conclusions.** Teeth whitening are required so as women and men, first being students, single persons and people with higher education. Currently there are many whitening methods and choice of any of them will give positive results, assuming the task for the dentist to choose the best method for each patient individually.

Key words: whitening, Opalescence PF, Boost

## 390. USE OF FLUID COMPOSITE MATERIALS IN DENTAL RESTORATIONS, FRONTAL TEETH

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**Introduction.** Flowable resin composites were developed and introduced to the world as a revolutionary restorative biomaterial in 1996. These first-generation flowable formulations were designed to simplify the placement technique and to expand the range of clinical applications for resin composites. These biomaterials were marketed by manufacturers for a wide range of applications, which included all classifications of anterior and posterior composite restorations, block-out materials, composite repair, core buildup, crown margin repair, cavity liners, pit and fissure sealants, anterior incisal edge repair, preventive resin restorations, provisional repair, tunnel preparation restorations, adhesive cementation, restoring enamel defects, air abrasion cavity preparations, and void repairs in conventional resin composite restorations.

**Aim of the study.** Comparative study of adheration to hard dental tissues of fluid composite materials by dental recontouring microscopy in areas of dental tissue-composite interaction **Materials and methods..** A clinical study has been performed in three patients with different clinical diagnosis: abrasion, dental crown fracture, restoring enamel defects. These patients were treated using standard treatment and using fluid composite materials.

**Results.** The obtained results allowed us to systematize data regarding the particularities of the direct aesthetic restorations, their harmonious integration into the entire dento-maxillary system, as well as a faithful imitation of the natural aspect

**Conclusions.** In conclusion we can say that fluid composite materials have a good thermal insulation, low level of wear and handling, easy application and restore the natural appearance of the tooth. In designing and achieving a treatment plan, compliance with aesthetic criteria plays an important role in achieving the best and lasting outcome.

Key words: Direct aesthetic restorations, fluid composite, abrasion, crown fracture, enamel.

## **391. THE IMPORTANCE OF THE PERIODONTAL STATUS IN THE DIAGNOSIS OF PERIODONTAL DISEASE**

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**Introduction.** Periodontal disease is one of the current problems of modern dentistry. Despite the efforts made by the researchers and clinicians to identify the etiological factors, the pathogenetic mechanism of debut and evolution of the periodontal disease, this issue remains an enigma. As a result, the treatment and prophylaxis techniques do not have the expected outcome. The individual assessment of the periodontal status plays a major role in diagnosing and carrying out the treatment plan of periodontal disease. The latter represents a quantification of the health status or the affliction of the superficial (gum) or the deep (radicular cementum, desmodontium, alveolar bone) marginal periodontium, which support, maintain and secure the tooth in the dental alveolus.

Aim of the study. To establish a correct and complete diagnosis, based on a complex examination, including the assessment of the periodontal status.

**Materials and methods..** The study comprised 27 patients with periodontal disease (gingivitis, marginal periodontitis with varying degrees of affliction), of which 11 women and 16 men between the ages of 19 and 68 years. The patients received a complete clinical and paraclinical examination, as well as having their periodontal status assessed, which was then recorded in the zmk-Bern University type periodontal record, used at both the diagnosis and reassessment stage. The values of the periodontal status of the patients, together with the radiological images (OPG, CT, CBCT) were the basis for establishing a complete and correct diagnosis.

**Results.** The examination of the patients with periodontal disease using the data from the periodontal status allowed us to establishment a correct diagnosis and to outline the complex treatment plan for all the patients in the study. At the same time, it is the most efficient way of monitoring the patients over time. Thus, periodontal disease was stopped and stabilized in all the patients, who are then registered and monitored.

**Conclusions.** The values of the periodontal status have an important role in the diagnosis, the development of the treatment plan, monitoring the evolution of the disease, as well as in the health education of the patients with periodontal disease.

Key words: Periodontal status, Periodontal disease, Radiological examination.