0.65). To evaluate the RED proportion in each subject, these width ratios were compared. The differences of 3% (0,03) or less were accepted.

Results. The Golden proportion was observed in 34% of the perceived width ratios of lateral incisor to central incisor, 0% of the width ratios of canine to lateral incisor, 36% of the width ratios of first premolar to canine and 18% of the width ratios of second premolar to first premolar. The average ratio value was 70%. The RED proportion existed in 16% (22 cases) of the width ratios comparisons (132 comparisons of 176 width ratios) with an average ratio value of 66% in these cases. Only 1 subject from 22 had on left maxillary hemiarch total RED proportion.

Conclusions. The Golden proportion was observed predominantly in width ratios of lateral incisor to central incisor and width ratios of first premolar to canine. In most cases the widths of canines cannot be included in any proportions. These both proportions can be used in reconstructive treatment in maxillary arch, but in conformative treatment the use of fixed constant proportions is limited.

Key words: Dental, Ratio, Golden, Proportions, Teeth.

385. INDICATIONS AND PARTICULARITIES OF THE CLINICAL-TECHNOLOGICAL STEPS OF MANUFACTURE OF TEMPORARY FIXED PROSTHETIC CONSTRUCTIONS

Author: Valeria Lupacescu

Co-authors: Nicoleta Majeriu, Victoria Neamțu

Scientific adviser: Vasile Guţuţui, MD, PhD, Associate Professor, *Ilarion Postolachi* Department of Prosthodontics, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. Crown lesions as well as reduced partial dentation are the most common dental conditions, which require prosthetic treatment. Fixed treatment of crown dental lesions and partial dentation is permanently accompanied by grinding of hard teeth structures and without their manufacture is often impossible (I.Postolachi; V.Gututui 1990).

Aim of the study. The study of the particularities of the clinical picture of the crown dental lesions and of the reduced partial dentation by determining the effectiveness of the contemporary technologies for making the temporary fixed constructions.

Materials and methods.. 25 patients was treated with prosthetic indications, age 22-47 years with coronal and edentulous dental injuries reduced to one or both jaws. The examination of the patients was performed clinico-instrumental, photometric, radiological; the diagnostic models in the articulator were studied. The Luxatemp Star Bisacrylic material was used to make the provisional crowns and bridges, made by the direct method. This is a high performance material by increasing the resistance to tearing and bending, and the grip time is reduced. The co-worker of these material provisional restaurants are aesthetic, durable and stable. Parallel high quality PMMA Bilkim material was also used, which allows the milling method to make fixed constructions of both single crowns and long-lasting dental bridges.

Results. The study argues that the construction of provisional constructions in case of coronal dental lesions and reduced partial dentation contributes to: protection of the dental pulp and gingival tissues from harmful factors (physical, chemical and microbial). It allows the prosthetic doctor to specify the diagnosis and to perfect the treatment plan and its motivation to the patient as well as to transmit some information to the dental technician. We mention that

both the crowns and the provisional dental bridges allow the healing of the post-extraction and peri-implantation remaining tissues, establish the occlusal relationships and the vertical dimension of occlusion, prevent the dental migrations and last but not least, by fixing them with the provisional cement they stimulate the repair processes in the tissue.

Conclusions. The provisional prosthesis in fixed prosthetics has a privileged place. It is true that it raises costs, but in developed countries, it is no longer possible to design fixed prosthetics without provisional prosthetics.

Key words: fixed constructions, provisional prosthetics.

386. PROSTHETIC TREATMENT OF PARTIAL EDENTULISM KENNEDY CLASS III WITH PORCELAIN FUSSED METAL BRIDGES

Author: Efraim Abramov

Scientific adviser: Veaceslav Zuev, PhD, University Assistant, *Ilarion Postolachi* Department of Prosthodontics, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. According to the data of the World Health Organization of September 2018 "oral diseases affects half of the world's population (3.58 billion people)". The oral diseases "are the most common noncommunicable diseases" that "affect people throughout their lifetime, causing pain, discomfort, disfigurement and even death". Among the harmful factors that affect the stomatognathic system which guides to the partial edentulism are the endogenous factors such as metabolism disturbances, endocrine glands dysfunction, hereditary factors and neurodystrophy of hard tissues. As exogenous factors can be pointed out the harmful professional working conditions with acids, alkaline substances and dust. Among the risk factors are some behavioral habits to keep different objects in the mouth and unhealthy diet habits of individuals such as alcohol, tobacco, usage of products with high concentration of acids, or sugars that can provoke carries and can lead to the extractions.

Aim of the study. The purpose of our study was to determine the advantages and disadvantages of prosthetic treatment of partial edentulism III-rd by class Kennedy by PFM fixed partial dentures (porcelain fussed metal).

Materials and methods.. For our purpose, 21 articles were revised and analysis of advantages and disadvantages of III-rd class by Kennedy rehabilitation by porcelain fussed to metal fixed partia denture was made.

Results. In the revised articles, the highest incidence of edentulism was Kennedy class III and it varied from 41.1% to 56.7%, prevailing on the maxilla. Among the advantages of porcelain fussed metal fixed partial dentures we would like to mention: the low cost, preservation of periodontal integrity of abutments, stabilization, restoration of the lost supporting structures and relatively easy fabrication and modification. As disadvantages of this method were marked out the difficulties in maintaining of oral hygiene, undue load on abutment teeth, sometimes changes, or dislodgement of the molar bands and plaque accumulation that can cause periodontal damage.

Conclusions. Taking into consideration the economic point of view and duration of treatment results, treatment by porcelain fussed metal fixed partial dentures of III rd class by Kennedy should be named as one of the most suitable and widely used method.

Key words: treatment, partial edentulism, porcelain fussed metal bridges