392. ASSESSMENT AND RECOVERY OF PATIENTS WITH CHRONIC PERIODONTITIS THROUGH AN INDIVIDUALIZED APPROACH

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Introduction. Periodontitis is a chronic multifactorial inflammatory disease associated with dysbiotic plaque biofilms and characterized by progressive destruction of the tooth-supporting structures. It is a major public health problem due to its high prevalence, as well as because it may lead to tooth loss and disability, attesting that, periodontitis accounts for the most teeth extractions being performed, thus leading to a substantial proportion of edentulism, and masticatory dysfunction. By negatively affecting chewing function and aesthetics, it becomes a source of social inequality, which damage the quality of life. The primary features of the disease imply visual inflammation, the loss of periodontal tissue support, manifested through clinical attachment loss (CAL) and radiographically assessed alveolar bone loss, furcations, presence of periodontal pocketing, gingival bleeding, and possible tooth mobility. Thus, detecting and assisting early reversible stages, in order to provide an conservative treatment, should be prioritized to rescuing compromised teeth in advanced stages of periodontitis, which as a fact, results in significant dental care costs, has a negative impact on general health, and doesn't necessarily ensue a successful result.

Aim of the study. The analysis of the possible efficient methods to be used in assessing the clinical manifestations of chronic periodontitis and recovery of patients with chronic periodontitis, through individual treatment adaptation, towards a maximized positive outcome. **Materials and methods..** A clinical study has been performed on a group of 9 patients, 5 of them female and 4 male, aged between 24 and 56 years old, which, following a thorough examination according to the clinical criteria assigned to chronic periodontitis, 4 were diagnosed with a slight chronic periodontitis. Thus, after determining the extension of the inflammation, the clinical attachment loss, probing depths, presence of bleeding on probing, assessing the radiographic bone loss, each patient followed a professional hygienic treatment, under medicinal remedies, comprising of individual procedures, namely supra and subgingival scaling, root plaining, gingival curettage and, guided bone and tissue regeneration through a periodontal flap approach procedure in the severe forms of periodontitis.

Results. Following the research and clinical praxis, patients were observed for a period of 6 months. In four patients, those diagnosed with a slight periodontitis, after receiving treatment and educational information upon oral hygiene at an early stage, the inflammation has stopped from progression and partially reversed. In patients with moderate type, it has notifiable subsided, oral health and gingival aspect improved, while gingival bleeding is occasionally present. Two patients with severe periodontitis, showed a positive outcome, with significant decrease in tooth mobility, substantial tissue support as the general oral health improved and inflammation stopped progressing.

Conclusions. Individual treatments applied at the moment of each patients distinct condition, diagnosed properly according to the set clinical criteria, both in early and advanced stages, had positive results, without complications, the outcome being more positive when assessed at an

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.