

Methods: In the bacteriological tube was poured 4 ml of sodium chloride 0,9%, then with bacteriological loop was suspended the Streptococcus β - hemolyticus culture, until the turbidity of 0,5 units according to Mc Farland standard. The obtained suspension was divided into 2 tubes in equal amounts. In the tube nr.2 was introduced a needle of length 100 mm and the diameter cannula of 5 mm, connected through the rubber tube to ozonator. When the needle was introduced simultaneously was set the time of exhibition 2 minutes. After this from both tubes, which was subject to ozonary and which was not subject was done the seeding with bacteriological loop on blood agar in the Petri box divided into 2 sections. The boxes with environments were placed in the thermostat 18-24 hours, temperature $36\pm 1^{\circ}\text{C}$. The recording results were visually performed counting the number of colonies growing from both suspensions (with and without ozone). On the sector without ozone no.1 grew 350 colonies, on the sector with ozone no.2 grew 3 colonies.

Conclusion: Was demonstrated the antimicrobial activity of the ozone. The action time of ozone used by us is sufficient to inactivate microorganisms. The application of physiological ozonated solution in the treatment of chronic apical periodontitis will greatly enhance the effectiveness of treatment.

Keywords: chronic apical periodontitis, the ozone, ozonated physiological solution

6. CONSIDERATIONS IN THE DIAGNOSIS AND MODERN TREATMENT IN IMPACTED CANINES

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Introduction: Dental Inclusion is an eruption pathology that has had a growing incidence in the last years. The anomaly causes different types of disorders because of the tooth absence or the persistence of the temporary ones for more than 3 years after the alleged terms of eruption. Diagnosis and treatment of canine inclusion is complicated because of an abnormal location of the unerupted canines in the dental bone.

Purpose and Objectives: of this project is to rise the efficiency of techniques we use for determining the position of impacted teeth and find an effective technique for moving it on the dental arch with the Kilroy I Spring usage.

Materials and methods: Our work was based on the study of 22 patients, aged 15-24 years, being diagnosed with impacted canines. They were divided into 2 groups: I'st group-12 patients being treated with the usual orthodontic technique; II'nd group-10 patients with Kilroy I Spring usage for tooth extrusion from the alveolar bone. Patients were exposed to Rx, clinical exam and casts biometrical study.

Results: After the surgical exposure and use of fixed orthodontic appliance we have finished 14 cases with one-sided impacted maxilla canine; 6 cases with bilateral impacted superior canines and 2 cases with impacted canines on both dental arches. Kilroy I Spring was used for canine extrusion in 10 patients. We've also noticed a 30% shorter period of tooth recovery and repossession in the dental arch.

Conclusions: (1) On the stage of diagnosis it is important to use the CT, which allows us to determine the impacted tooth correct position in the dental bone and allows us to choose the right surgical exposure technique. (2) The use of Kilroy I Spring shortens the impacted teeth extrusion period. (3) It is very important to have a fixed retention at the end of the treatment for maintaining stable and durable results.

Keywords: Impacted teeth, surgical exposure, Kilroy I Spring