

**Purpose and Objectives:** The evaluation of the factors that determine the stability of the skeletal mobilized partial dentures and the argumentation of the indirect maintenance means.

**Material and methods:** It was created a database having as a support the observation sheets of the patients with the partial bimaxillary edentation or unimaxillary and an individual questionnaire, which contains the results of the instrumental-clinical exam, diagnosis, the treatment plan, and the results of the treatment by the skeletal mobilized partial dentures.

**Results:** It was confirmed that the individualization of the construction of the mobilized partial dentures presents more aspects which need careful evaluation of the clinical picture peculiarities, partial protein field, and knowing the stabilization mechanism of the partial dentures. The mobilization of the partial dentures, including and those skeletal, are determined by a range of factors: occlusal forces, gravity, traction of the sticky elements, the mobility of the soft tissue around the protein field. Displacement of the dentures has a complex character and produce according to a straight or circular trajectory. For the contraction and limitation of the amplitude of these displacements as is it possible, there are used systems of maintenance, support and stabilization with the direct action as the indirect means of maintenance.

**Conclusion:** Planning the means of maintenance with direct and indirect action and their topographical location is based on the evaluation of the biomechanics of the partial denture displacement, on one hand, and morphological conditions of the protein field characteristic for this case.

**Keywords:** SMPD (skeletal mobilized partial dentures), stabilization, tipping, indirect means

## 9. REHABILITATION PARTICULARITIES OF COMPLETELY MANDIBULARY EDENTULOUS PATIENTS WITH OVERDENTURES SUPPORTED BY IMPLANTS

**Mostovei Mihail, Gumeniuc Aureliu, Mostovei Andrei**

*Academic adviser:* **Solomon Oleg**, M.D., Ph.D., Department of Prosthetic Dentistry "I. Postolachi", State Medical and Pharmaceutical University "Nicolae Testemitanu", Chişinău, Republic of Moldova

**Introduction:** Prosthetic constructions with a muco-oseus support have a small performance, lead to a faster atrophy of the bone and anatomical elements cannot provide adequate stability of the prosthetic construction during function. The McGill Consensus (2002) cites that conventional prosthesis isn't anymore the optimal treatment modality for completely edentulous patients. That's why nowadays the overdentures popularity is rapidly increasing. The huge variety of elements for prosthesis anchorage, support and stabilization allows its application in different clinical situations.

**Purpose and Objectives:** The treatment evaluation of completely mandibulary edentulous patients with removable overdentures supported by 2 and 4 two stage dental implants and comparative analysis of the methods reported to the literature data.

**Materials and methods:** Two completely mandibulary edentulous patients have been included in the study. Both cases have been solved initially by removable prostheses. Because of poor stability and speaking difficulties, the removable prostheses have been transformed into implant supported overdentures at 8 weeks after surgery. The first case has been solved by an overdenture supported by 2 dental implants the second patient –phased, only two implants have been loaded after the second stage, the other two had special releasing holes in the prosthesis. They were connected only after 8 weeks, to create a time for patient adaptation to the prosthesis. The following steps were performed in both cases: impression obtaining with silicone material, determination of intermaxillary positions, ball-attachment fixation, occlusal adjustment, periodic control. The following values have been monitored for one year: Mombelli plaque indices measured on the o-ring, implant stability (Periotest Classic, Siemens AG, Bensheim, Germany), the status of denture and anchorage system.

**Results:** Because of a small implant number, the two implants supported overdenture is less stable during function and accelerates the bone resorption from the lateral regions of mandible and stabilization system wearing. 4 implants supported overdenture provided a better stabilization and lesser wearing of the o-ring. Both patients had second degree plaque deposits (Mombelli) during the control visit after 3 months from prosthetic delivery. After a short instructing in oral hygiene the

plaque indice the following visit was 1(Mombelli). The secondary stability values were -6 for 5 implants and -7 for 1 implant.

**Conclusion:** The choice of one or another method depends mostly from bone volume, arch form, the demands and possibility of patients. The use of overdentures supported by two and four dental implants have a better stability than conventional prosthesis, provide a good esthetic appearance, improve the function of masticatory system.

**Keywords:** Overdenture, complete edentulism, ball-attachment

## 10. BENIGN MIGRATORY GLOSSITIS. ETIOLOGY. CLINICAL FINDINGS. DIAGNOSIS. TREATMENT

**Popusoi Cristina**

*Academic adviser:* **Sârbu Sofia**, M. D., Ph. D., Associate Professor, Faculty of Dentistry, Department of Therapeutic Dentistry, University „Nicolae Testemițanu”, Chișinău, Republic of Moldova

**Introduction:** Geographic tongue or benign migratory glossitis is a condition that can be observed at any time in life. The occurrence appears to be spontaneous and only occasionally associated with a physical, chemical, or environmental exposure. Since the manifestations are often subtle and without symptoms, an exact prevalence remains unknown, but could involve as many as 10% of a population. Once geographic tongue occurs, it usually remains in a chronic or cyclic form indefinitely.

**Purpose and objectives:** Secondary glossitis are a topic of discussion in many literature, but in many cases the information is not so wide, therefore, we aimed to study more details about geographic tongue, based on bibliography and own clinical cases.

**Materials and methods:** In the current study we examined 55 patients. The clinical examination and anamnesis was completed with photostatic method.

**Results:** We examined 55 patients, of which 5 were diagnosed with benign migratory glossitis, which is 8%, of which 2 are children, two women and one man. Changes were detected accidentally on clinical examination of the oral. Although geographic tongue is one of the most prevalent oral mucosal lesions, there are virtually no studies available with the objective to elucidate the etiology behind this disorder. In our cases heredity has been reported, suggesting the involvement of genetic factors in the etiology, and also in one case the etiology is supposed to be related with gastrointestinal diseases. There are classic clinical findings of depapillation of the filiform papillae on the dorsum of the tongue, causing erythematous configurations that can be variable in size, shapes, and number. These areas are bordered by a slight increase in the surrounding filiform papillae, forming a white-appearing, narrow, peripheral margin. We did the differential diagnosis with others Surface tongue lesions that are generally asymptomatic include candidiasis, lichen planus, and lupus erythematosus. In addition, the clinician must be aware of the possibility of premalignant dysplasia. No treatment is required in asymptomatic cases, but in other cases is indicated. Symptoms are treated empirically.

**Conclusion:** It is important for patients to be insured that although this is a chronic or cyclic condition, benign migratory glossitis does not represent a neoplastic, infectious or contagious disease.

**Keywords:** Benign migratory glossitis, chronic, heredity, asymptomatic

## 11. THE TREATMENT OF MANDIBULAR CONDYLE FRACTURES

**Sali Eugeniu**

*Academic adviser:* **Sirbu Dumitru**, M.D., Ph.D., Associate Professor, State Medical and Pharmaceutical University “Nicolae Testemițanu”

**Introduction:** Mandibular condyle fractures, as seen by specialists in the field, are some of the most difficult, given the anatomical complexity and complications that may arise. There are two basic methods of treatment of mandibular condyle fractures - conservative – orthopedic and surgical. In most cases, treatment is conservative, using different procedures and orthopedic devices like, standard or