

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

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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

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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

individual splints, individual prostheses, devices intra-, or extra oral devices, made by the doctor or laboratory. If reducing movement and fixing of fragments in the correct position is impossible by orthopedic means, recourse is made to surgical methods of treatment of mandibular fractures. Mandibular osteosynthesis in articular condyles region is hardly feasible, and condylar osteosynthesis with medial dislocation is considered by the experts one of the most difficult surgeries.

Purpose and Objectives: To study the efficacy of the method of osteosynthesis of the mandible in condilian process fracture with dynamic dislocation.

Materials and methods: In the 2002-2004 periods were surgically treated 9 patients with condylar fractures with dislocation and displacement of it in the infratemporal fossa. Age of patients varied between 18 and 43 years. After establishing the diagnosis (clinically and radiographically) patients were applied dental splints and the mandible was fixed in centric occlusion. In the days immediately after admission patients underwent surgical treatment under general anesthesia with endonasal intubation. On the 3rd day after the trauma, surgery was performed in 4 cases in 4 -1 -1 at the 5th to 6th -1, 9th -1 to and a patient underwent the operation at the 37th day after the trauma. The prevailing typologies of trauma are the ones from falls - 5 cases, aggression - 2, car accident - 2. Isolated condylar fractures were in three patients of which two on both sides. In three cases bilateral condylar fracture in other three cases unilateral condylar fractures were associated with fractures of the mandibular body (chin -2, paramedian-3, angular - 1). In 8 patients the fracture was intracapsular and one - extracapsular. In 1 patient fracture was open (fracture of bone wall of the external acoustic meatus).

Results: For the synthesis of dislocated condyle, the fragment obtained by osteotomy was used in 4 cases each with two titanium screws, in another case, the fracture being low subcondilian low, the condyle was fixed with a miniplate by titanium screws.

Therefore in 5 patients condyle was preserved. In 4 comminuting intracapsular fracture patients, condyle synthesis was not possible to perform. In 2 cases condyle fragments, were removed and the wound sutured in layers. In the other two cases vertical osteotomy was performed, and the upper end of the fragment obtained by osteotomy was shaped imitating the condyle. The obtained fragment was displaced into glenoid fossa and fixed by the branch thus preventing the shortening of branch and occlusion disorders. Difficulties in separation and preparation of the dislocated condyle occurred in the patient operated on the 37th day after the trauma. During Operation: TMA scar, a fibrous callus between the internal cortical of mandible ramus and internally dislocated condyles, previously with angulation of more than 45°. Repositioning the condylar dislocation was possible after vertical osteotomy on both sides by the method described above. To restore TMA function is required early resumption of mandibular movements during the postoperative period. In patients with unilateral fracture, immobilization was of short duration - 7 days. In patients with condylar fractures associated with fractures in other parts of the mandible, with no surgical intervention, bimaxilar immobilization was suppressed over 21 to 28 days. Clinical and radiographic examination of patients on time showed the following: In the 5 patients with intact condyle, palpation through external auditory canal, determine the trip of the articular head, sometimes crepitation and crackles. Occlusion was maintained; radiologically condyle was located in the correct position. In the two patients with unilateral removed condyle, occlusion was disordered and jaw movements with deviation to the injured party. In two patients with removed condyle and shaped fragment of branch on palpation of TMA, trip if condyle was attenuated, occlusion was impaired. In patients operated bilaterally appeared a small vertical inclusion space in frontal region. This is due to osteolysis of fragments edge with shortening the branch. Current examination results showed that "transplant" is in the correct position and integrates to the mandible. The fate of this "transplant" remains to be determined at further control examinations.

Conclusion: The method of osteosynthesis of condylar fractures with pronounced internal dislocation and displacement facilitate the anatomical restoring of condylar processus and prevents the appearance of stiffness.

Keywords: osteosynthesis, mandibular condyle, TMA, stiffness