

treatment techniques depend on precise knowledge of the facial muscles and esthetics, the healing and scarring injury principles, the assessment of the psychological damage as well as an accurate physical examination. The facial scar correction is an unique procedure in the facial-reconstructive surgery due to its unpredictable post-trauma development. For a functional and esthetic effect, at the head-neck region, the following dermatoplasty methods were applied: intact skin grafts plasty, medium-sized dermal splitted transplants, adjacent or distant pedicled flaps plasty. The surgical repair of the dermal defects of the face and neck require a special tactique. In certain cases, the skin transplant and the distant pedicled flaps can be replaced by special treatment methods which use adjacent intact tissue, such as: pedicled flap transposition plasty, expanded tissular flaps plasty of the soft tissues. Following the base surgical principles in the pediatric field is of a high importance. In this way, choosing the adequate surgical method for a specific segment, given its functional and esthetic place, the avoidance of tension stiches are some among other important steps that determine the succesful completion of a high quality treatment.

Conclusion: At pediatric ages, the chosen reconstructive surgical method of tissular defects does not depend on the patient's age, but rather on the localization and nature of the defect, as well as the requirements regarding the functional effects of the respective segement. In most of the cases, in the functional-active regions, methods such as full thickness skin grafts plasty using adjacent intact tissue are applied.

Keywords: postcombustional scar, pediatric surgery, dermalplasty, flap, graft

20. ACTUAL ETHICAL TOPICS OF DENTAL IMPLANTOLOGY

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Introduction: Despite of chosen professional branch, medicine imposes certain ethical principles in medical activity providing moral values of doctor's daily activity behavior and attitude. In such a way, the professional ethics sets up a system of standards and rules of conduct, which reflect some social functions of medicine: doctor-patient, doctor-doctor and doctor-society relations etc. Stomatology-is a vast profession with high ethical standards, thus stomatologists must be able to face many difficult situations, being based on moral thinking and high ethical norms. During the working process in dentistry, between doctor-patient and other relations many "banal" conflicts have already appeared. These misunderstandings could be solved keeping up respecting certain established bioethical principles.

Purpose and Objectives: to elucidate some values and principles of medical Bioethics, their impact on Dentistry and Implantology, making evident the scientific achievements in these fields of Stomatology and finally to solve bioethical problems.

Materials and methods: published monographs, articles and statistical data. There were used sociological, historical-medical and bioethical methods.

Results: Medicine-is a socio-human domain, in which a doctor has a big significance doing his job day by day: as a practician, as a psychologist, as a teacher and many others. In different medical fields doctor works with the people and for the people, he or she is called „The right hand of the God”. In Dental Implantology the doctor has the same functions and this medical field has its special rules and risks. Many difficulties may appear caused by both sides: by the doctor or patient. On doctor's side they may be: many risks in anaesthesiology caused by the lack of knowledge in this domain, the incompatibility of the patient and anaesthesiological substances, the risk to be infected with venereal diseases caused by inadequate and insufficient sterilization and also the superficial knowledge in this area, the guarantee of the final result for personal boost and reclamation (advertising), technological difficulties which are caused by the incompatibility between tissue and implant (tissue incompatibility). As we know there are 2 types of implants: the first method „In one step” when the tooth is implanted completely without osteointegration; in such

a way all the risks are related to the patient. The second method is „In two steps” the tooth implant is fixed into maxillary bone for osteointegration during 3-6 months. After this period of time the doctor must decide if this method is suitable for patient. In such a way only doctor assumes the highest risks concerning successful final result. The secondary difficulties shown by the patients may be: infringement of doctor’s prescriptions before and after the treatment, avoidance to respect personal hygiene and healthy conditions of social surroundings, the great wish of patients for implants without being concerned about contra-indications of this method of Implantology. According to all these facts presented above the large majority of risks are assumed by the doctor. As a solution to solve the main problems, to avoid the conflicts between both parts, to insure the stomatologist and patient against future complications, Bioethics offers some principles. One of them is to sign a special document (an agreement), which confirms that the patient accepts voluntarily the treatment after first-hand acquaintance with professional medical information. An “Informed Agreement” can help us to solve the problems which may appear between the doctor and patient. The lack of this agreement, as a starting point created by the freedom of patient’s self-determination and doctor’s obligations to carry out patient’s wishes, established the arbitration for medical treatment, which in its turn may have penal consequences.

Conclusion: In medicine will always exist the risks and successes concerning the treatment. Dental Implantology is a medical branch with high risks in which the doctor must pave the way for success and provide healthy conditions for each patient, but it may generate some embarrassing positions and conflicts by ethical nature. Bioethics as well as its moral values and principles can solve half of these problems, that’s why practicing this job—being a stomatologist—we must respect the principles of ethical code. Thanks to wisdom and high-level of professionalism many people can smile and they may be happy again and again.

Keywords: Bioethics, stomatology, implantology, ethical conflicts, agreement

21. THE NEUTRAL POSITION OF THE DENTIST DURING THE PROFESSIONAL ACTIVITY AND THE CONSEQUENCES OF BREAKING IT

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Introduction: A work-related musculoskeletal disorder is an injury affecting the musculoskeletal, peripheral nervous and neurovascular systems. It is caused by prolonged, repetitive, forced and awkward movements, poor posture, equipment that doesn’t suit the requirements, overloaded program, stress and insufficient resting time. Dentists are exposed to a huge risk of developing a musculoskeletal disorder because of repetitive movements combined with forced movements, poor posture during the work, big efforts, stressing and lack of rest. Probably the most important risk factor is the poor posture. Researchers have found the presence of poor postures in the neck, back, shoulders, hands and wrists. Poor postures may appear because of improper seating of the doctor, improper seating of the patient and poor work techniques. Injuries to the muscles, tendons and nerves can be prevented in many cases. Neutral posture is the perfect posture of the body during work, associated with the lower risk of musculoskeletal trauma. For most joints a neutral posture is the posture when the joints are being used almost at half of their full range of motions.

Purpose and Objectives: To establish the neutral postures during the work with the proper, comfortable and efficient seating of the dentist and the patient.

Materials and methods: During the study there were compared advantages and disadvantages of practicing patient’s and dentist’s postures. Students applied the theoretical knowledge during their practicing on phantoms.

Results: The efficiency of neutral postures was studied on the base of practical activity of the students on phantoms within 2 hours and completing surveys afterwards. The evaluation of the