

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

skills for each posture allowed to establish the most comfortable postures having the minimal muscle strain and maximal working time.

Conclusion: The most comfortable postures are at 10, 11 and 12 o'clock. Postures at 8 and 9 o'clock are less comfortable for the patient, because the right forearm of the dentist is placed above the chest. The proper use of neutral postures will allow the students to get the right working skills, to enhance the techniques and working quality, to keep and maintain their well-being even from the onset of the practice.

Keywords: neutral posture, patient

22. MODIFICATIONS OF DENTAL PULP ACCORDING ON AGE

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Introduction: The pulp is a sensitive and richly vascularized tissue which occupies the central cavity, consisting from the chamber, the coronal part and pulp canals, in the teeth roots. The pulp has the defense, nutrition and innervation function. During the life, pulp suffers some modifications which requires the therapeutic approach attention in old patients.

Material and methods: Includes accurate and verifiable facts, selected from literature.

Results: According to the study were observed a number of morphological changes. Besides the reduction in volume, the structural changes in the dental pulp in old patients have been revealed. Emphasized was observed the crossing from richly vascularized and innervated tissue to one with a very poor vascularization and innervation, which was reflected in its accomplished functions. Essentially, aging pulp is similar with aging of connective tissue that leads to sclerosis and progressive atrophy, nutrition and defense loss role. Fibroblasts are transformed in fibrocytes, cells have less cytoplasm and fewer organelles and cytoplasmic extensions. Fibrocytes number progressively decrease according to the age. At odontoblasts level have been determinate the numerical reduction, dystrophic changes occurrence and interruption of "palisade". Cells decreases their volume, the nucleus becomes small, compact and intercellular space increases. Decrease the cell number increases and collagen fibers increases.

Conclusions: Ageing dental pulp represents a complex physiological process, which concerns all the structural components, depending on the tooth is exposed during life. Elderly tooth pulp has a slow metabolic activity, a defense potential and reduced repair power. It is difficult to strictly delimit the pulp changes determination of aging and those which are induced by external factors. In this way partial loss of pulp activity will be taken into consideration during the dental treatment and it requires great caution in the tooth vital prognosis establishment.

Key words: Dental pulp, morphological changes, odontoblast

23. GINGIVITIS IN PREGNANCY

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Introduction: Changes in female sex hormone levels during pregnancy are related to the increased sensitivity to gingival inflammation. This phenomenon, also named *pregnancy-related gingivitis*, *Gingivitis Gravidarum*, usually occurs with an association of dental plaque, and develops more severe forms, in comparison to plaque-induced gingivitis in non-pregnant women.

Purpose and Objectives: Determining the prevalence and severity of gingival inflammation at different period of gestation, estimating Oral Hygiene Indexes.

Materials and methods: The study was based on the examination of periodontal state of 30 pregnant women (18 – 35 years old). The sample was divided according to the trimesters into 3 subgroups: