

Introduction: Pathology of the third molar (3M) is a current topic of stomatology because it causes frequent complications. In the medical literature there are many contradictions regarding the treatment conduct.

Purpose: Improving the rehabilitation of patients with 3M pathology by establishing attitudes and treatment conduct.

Material and methods: Incidence of complications of 3M pathology was evaluated depending on various factors. The medical records and radiological examination data were statistically processed. The first study group comprised 486 patients with complications caused by 3M, treated in the in-patient department, the second group-167 patients treated in the out-patient department. I assisted in the treatment and check-up of 34 patients with complications caused by 3M.

Results: Of 486 patients with complications caused by 3M, 436 (89.7%) had inflammatory complications (30.0% of the total number of inflammatory processes in the oro-maxillo-facial region). Abscesses and phlegmons were recorded in 333 patients (68,4%). The phlegmon caused by 3M was complicated by severe sepsis in 12 patients (2.5%). Most patients presented on 3rd day of onset of the disease (30.0%) and the phlegmons` frequency increased with the number of days. The highest incidence of 3M complications was in patients between 20-27 years (43%). Complications caused by the lower 3M developed in 89% cases. A frequent cause of severe post-extractional inflammatory complications was immediate 3M extraction at patient`s presentation with an inflammatory process. The second group included 167 patients with 3M pathology treated in the out-patient department (56.0% of the whole lot). Pericoronitis was found in 94 patients (56.3%), simple and complicated caries of the II molar caused by 3M-23(13.8%), 3M impaction-53(31.7%), Wassmund crescent sign-20 (12.0%). Post-extractional inflammatory complications were not detected, because the extraction was performed after resolving the phase of acute inflammation.

Conclusions: 1. Inflammatory 3M complications have a significant frequency, which argue in favor of expanding indications to extraction; 2. Reduction of the frequency of severe inflammatory complications can be obtained by extraction of 3M only after resolving the acute inflammatory process; 3. 3M eruption is the period of increased risk of complications and patients` late presentation increase their severity, so it is necessary to train young patients to consult the doctor as early as possible; 5. Affection of the II molar caused by 3M is quite common, it being an argument for the expanding indications to extraction; 6. Drawing general dentists` attention especially those tending to ignore the indication to extraction to 3M problem can help to reduce the complications rate; 7. Improvement of medical records to increase the 3M problem study extent and accuracy by young researchers is recommendable.

Keywords: third molar, complications, extraction, inflammatory process.

LE FORT I OSTEOTOMY AND V-Y CLOSING IN PATIENTS WITH SEQUELAE AFTER LABIO-MAXILLO-PALATAL CLEFTS

Ababii Rares-Costinel, Pantea Ioana-Alexandra

Academic adviser: Melian Gabriel, M.D., Ph.D., Professor, University of Medicine and Pharmacy "Gr T. Popa", Iasi, Romania

Introduction: It is known that patients with cleft jaw have a hypoplastic jaw mainly due to surgery during the first years of life. The lowering and the advance of the jaw after Le Fort I osteotomy corrects the occlusal layer and vertical dimension of the face and also repositions soft parts, nose included. The lack of development of the upper lip, requires surgical procedures, V-Y Plasty is the recommended procedure.

Purpose: Our goal was to evaluate the value of the lowering and the advance of jaw surgery, associated or not with surgery of the mandible, and stability in time of occlusion and the new facial harmony.

Materials and methods: The study was conducted on a group of 9 patients, including 6 girls and 3 boys, who were hospitalized in the last 3 years in Iasi OMF (Oro-Maxillo-Facial) Surgery, sequelae after complete unilateral or bilateral clefts, with ages between 16 and 32. Of these only 2 patients received surgery for the Mandible. The remaining 7 underwent only Le Fort I osteotomy. 5 patients underwent V-Y plasty to lengthen the upper lip.

Results: Measurements made on lateral cephalometric to assess the advance (average 7 mm) and lowering the jaw (average 6 mm). Height of the upper lip increased by 3 mm. Measurements were performed one week preop and one week postop. Measurements made one year postop showed in average a relapse of 3 mm for the advance and 2 mm in rising of the jaw. Results of facial harmony and soft tissue remained constant.

Key words: Le Fort I, osteotomy, V-Y plasty, cleft jaw.

CLASSIC vs. MODERN TECHNIQUES ON OVER-PROSTHESIS

Forna Doriana

Academic adviser: Forna Norina, M.D., Ph.D., Professor; Vasluianu Roxana Ionela, M.D., Assistant, University of Medicine and Pharmacy "Gr T. Popa", Iasi, Romania

Introduction: On the concept of establishing the treatment plan there are a series of principles aimed at restoring stomatognathic system functions by modern or traditional prosthetic ways.

Purpose: The purpose of this study is to determine, according to clinical parameters, the prosthetic version of choice according to patients, requiring over-prosthetics, in relation to the degree of local involvement and loco-regional and what type of over-prosthetics will be required.

Materials and methods: Edentulous patients, aged 45-60 years were divided into 2 groups depending on treatment option chosen: over-prosthesis in the remaining teeth (L1) and the miniimplants overprosthesis or implants (L2). Establishing the therapeutic option individualization of the treatment, according to the clinical and overall edentulism has been considered.

Results and discussion: In all clinical cases of oral rehabilitation a complete functional restoration has been achieved, choosing one of the two therapeutic options. The treatment plan consisted of a whole process of pre-prosthetic and pro-prosthetic procedures, which has been competed in achieving a proper treatment with or without general rehabilitation.

Conclusions: A treatment plan in each case must be established, on the basis of the diagnosis; prevention and curative measures eliminating the adverse effects of edentations and future prostheses.

Keywords: over prosthetic, remaining teeth, implants.

MODERN METHODS OF PREVENTION AND TREATMENT OF EARLY CARIOUS LESIONS

Harabagiu Diana

Academic adviser: Stepco Elena, M.D., State Medical and Pharmaceutical University "Nicolae Testemițanu", Chisinau, Republic Moldova