

DENTAL CARIES IN TEMPORARY TEETH. A STUDY OF ITS INCIDENCE AND INTENSITY

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Introduction: Spread of dental caries in children comprises: 55.8% in preschool children and 68.5% in school children in Chisinau (Sturza T., 2010), 80-90% aged 6-7 years (Godoroja P., Spinei A., Spinei Iu., 2003), 61.5-73.9% aged 6-7 years in Bucharest, Romania (Luca R., 2003), 75% aged 5-6 years with the fissure caries prevalence in permanent and deciduous teeth (Курякина Н.В., Савельева Н.А., 2003), 76-91% (E. Cura, 2000). In recent decades a worsening of the caries pattern has been revealed through occurrence of the explosive forms of caries with an accelerated development and with a trend of expansion on the teeth with the caries resistant surfaces.

Purpose and objectives: Assessment of incidence and intensity of caries in deciduous teeth in children.

Materials and methods: To achieve the proposed purpose 71 children from Primary School no. 82, Ciocana district, in Chișinău were examined in the study. Mean age of patients within the study was 7.71 ± 0.4 years with a range between 6 and 9 years. Examination was performed according to the WHO methodology, by direct and indirect inspection using the dental mirror and by palpation using the dental probe. Inspection findings and observations were recorded in dental health records (Form no. 43/e).

Results: Of the 71 examined subjects, 69 school children (97.18% of cases) had dental caries in deciduous teeth. Evaluation of the dental caries intensity index in deciduous teeth (co), in the examined subjects has determined the mean value of 4.83 ± 0.59 .

Conclusions:

1. Incidence of the temporary tooth caries in children aged 7.71 ± 0.4 years is high and it constitutes 97.18% in the study.

2. The temporary tooth caries intensity (co) in children aged 7.71 ± 0.4 years is high and constitutes 4.83 ± 0.59 in the performed study.

Keywords: dental caries, incidence index, intensity index.

CONSERVATION TREATMENT OF CHRONIC GRANULAR APICAL PERIODONTITIS IN CHILDREN

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Introduction: Nowadays the treatment of periapical pathologies has a fundamental importance. Their treatment is essential for the healing process of periapical area. The frequency and complications of chronic periapical processes in children, especially the primary teeth have important problems at pediatric dentistry. Evaluating carefully all the treatment methods of chronic periapical process, will lead to the prevention of many complications.

The quality and success depends on the proper materials and methods used.

Purpose: To analyze the efficacy of conservation methods treatment for chronic granular apical peri-

odontitis in the temporary teeth and the increased or decreased percent in the number of patients with post-treatment complications.

Materials and methods: The study was based on the clinical assessment examinations and dental radiographs in 53 patients of 5-11 years old and we estimated only the treatment of temporary teeth, which are treated for one year period. Then we made statistic analysis related to clinical forms of chronic granular apical periodontitis, to the method of treatment and its results.

Results: We have treated 13 temporary teeth with chronic apical periodontitis using the conservative method. According to our analyses 3 teeth were considered failures; teeth were extracted because they remained less than two years before the eruption of permanent teeth. In 9 cases we observed regeneration bone, in one case tooth bud damages due to periodontal abscess.

Conclusions: The main objective in treatment of temporary teeth with chronic apical periodontitis is keeping the tooth from preventing dental migrations and prevention with orthodontic treatment. Apical periodontitis results suggest that successful therapy in children with deciduous teeth is due to root canal treatment and effective materials.

Keywords: treatment, periapical, pathologies, processes, children, chronic.

MAINTAINING PULP VITALITY AFTER A TRAUMATIC INJURY

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Introduction: For an optimum patients' care we need to understand the impact of trauma on the pulp and the importance of pulp vitality for the tooth development, the type of injury, stage of the root development and the level of infection these are factors that effect the circulation to the injured area and impact of the pulp vitality. Traumatic dental injuries may result in endodontic complications. Endodontic therapy generally involves removing the pulp to save a tooth, but for young people keeping the pulp alive will help the tooth survive. Treatment strategies for traumatized immature teeth are based on preserving pulp vitality to ensure further root development and tooth maturation.

Purpose: The aim of this study is to prove that keeping the pulp alive after a traumatic injury in an immature permanent tooth is important for the apexogenesis of the tooth. When the tooth is mature, the therapeutic aims will also be directed towards preserving pulp vitality, especially as the patient is young.

Case report: A 9-years-old boy who had suffered a concussion injury to the maxillary anterior teeth he fractured his tooth and exposed the pulp, immediately after injury the. Radiographs reveal that the injured tooth has an immature root with an open apex. The apical opening is greater than 1 mm, the pulp chamber had been accessed. Vitality testing will not be useful in determining the status of the tooth pulp. Maintaining pulp vitality is a primary concern in the treatment of an immature tooth.

The goal in this case will be to allow the apex to mature and the dentin walls to thicken sufficiently to permit successful root canal therapy. The patient's pulp exposure is large and there has been bleeding. His injury requires a shallow pulpotomy to remove contaminated pulp tissue. After anesthesia, the tooth is isolated with a rubber dam. The exposed dentin is cleaned and any extruding pulp tissue is removed with a spoon excavator. The pulp tissue is gently removed to a depth of about 2 mm below the exposure. Wet cotton pellets are used to stop hemorrhage, and a hard-setting calcium hydroxide dressing is placed over the exposed pulp. The fractured tooth surface is acid etched and restored using a bonded resin composite.