

Material and method: A 32 year old patient presents to clinic with the desire in prosthesis the maxillary and mandibular discoloration. After clinical and paraclinical examination, we decided a complete restoration taking into consideration occlusal rebalancing and the determination of an optimal intermaxillary centric relationship. The focus is on complex restoration ceramic system with porcelain veneers, and metal-ceramic.

Result: The design of the esthetic crowns and porcelain veneers allows us to use a prosthetic restoration with all the benefits of dental aesthetics and harmony thanks to the adjustment and created access to each odonto-periodontal unit and for prophylaxis procedures. Final appearance is acceptable esthetical and the dispensary of patient a week later can prevent unpleasant events.

Conclusions: Therefore, with minimal modifications of a conventional metal-ceramic prosthetic restoration can get more long term benefits. Further studies are recommended with a longer time dispensary. In conclusion, we believe that in some cases, the disadvantages caused by the existence of an impediment in polish the occlusal surface which is a high risk for fracture of ceramics are outweighed by advantages given by the existence of a glaze liquid for ceramic by enabling to achieve an optimal, smooth, glossy surface for esthetic purposes. This method can be indications of use in following situations: uniform prosthetic restorations on implant, large bridges expanses with implant aggregation, unidentare or pluridentare prosthetic restorations.

Key words: aesthetics, harmony, amplitude discolored restoration.

METHODS OF TREATMENT OF HYPOPLASIA OF PERMANET TEETH IN CHILDREN

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Most common anomalies in primary and permanent dentition are abnormal formation of enamel or hypoplasia that is a deficiency in enamel thickness which may be caused by: systemic metabolic stress, hereditary anomalies, and localized trauma, caused by defects in matrix secretion. The percentage damage of permanent teeth of enamel hypoplasia among children is from 3 to 50% in different countries.

Clinical dental hypoplasia in the permanent teeth comes in the form of white spots (opacities) and/or as morphological changes (ditches or large lesions). These spots formed during development are called lesions or hypoplasia hypocalcificated, the color of these spots can be white, milky, yellow or brown, which can appear on a single tooth (local hypoplasia) or on a group of teeth (systemic hypoplasia). This type of defect may cause tooth sensitivity, may be unsightly or may be more susceptible to dental cavities.

Treatment of teeth with enamel hypoplasia must be determined on an individual basis in consultation with the child's pediatric or family dentist. Now, treatment of enamel hypoplasia tend to obtain aesthetic aims and psycho-emotional, and includes local and general treatment. General treatment of dental hypoplasia aims normalization of mineralization processes in general metabolism and needs child's pediatric consultation, while local treatment includes utilization of remineralization therapy, a technique of microabrazion, and realization of veneers.

The aim of our work is to study the evolution and manifestation of hypoplasia of permanent teeth at children, as well as review the effectiveness of modern methods of prophylaxis, local and general treatment at patients with hypoplasia.

Our study is based on data obtained as results of treatment of 12 patients (9 female and 3 male) at 12-20 age.

We have studied 2 cases with local hypoplasia, 6 with systemic hypoplasia spotty form and 4 cases with systemic hypoplasia erosive form. We have applied to our patients with diagnosis of hypoplasia the new methods of treatment such as: microabrazion technique and realization of veneers, as a result we have obtained a smooth recovery of teeth.

Results: Following the study, each patient received suitable treatment: in spotty form was realized microabrazion technique and remineralization therapy, in erosive form was applied remineralization therapy and veneers in association with microabrazion technique. Finally, all patients were taken to record for 12 months.

Conclusion: Although, the new methods of treatment of systemic and local hypoplasia such as: remineralization therapy, microabrazion technique and realization of veneers, are difficult and need a lot of time, they are much more better than classical technique of treatment, and as a result they are so interesting not only for doctor but also for patient.

Key words: hypoplasia, microabrasion, remineralization, veneers.

DIAGNOSIS, PREVENTION, AND TREATMENT OF PERI-IMPLANT INFECTION

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Introduction: Implantology is becoming increasingly routine in the rehabilitation of partially or fully edentulous patients. So, we describe some of the complications involved with this technique, such as periimplant disease and, within this category, periimplantitis, an inflammatory reaction in which there is a loss of the bony support of the implant accompanied by inflammation.

The **purpose** of research is prevention and treatment of peri-implant infection by using curative and preventive methods. Research objectives are: studying literature, determine the oral hygiene indices of patients with dental implants, radiographic assessment, determine the methods of prevention and treatment.

Methods: In this order we have examined patients with dental implants by using instrumental methods such as probing and percussion. Also we took a periapical and a panoramic radiograph, blood analysis, determined the hygienic indices and periotest measurement.

Results: We expected the cooperation of the patient, in order to learn him basic rules of implant hygiene. The successful treatment of the patients with peri-implant infection.

Conclusion: Oral implants are anchored in the jawbone and yet penetrate the mucosa, reaching the highly contaminated environment of the oral cavity. So, in order to maintain it the patient has to learn and to follow special techniques of oral hygiene. Patients that do not respect this, would show a low level of the basic indices of oral hygiene. Due to implant placement and occlusal forces it is normal to expect 1.5 mm of bone loss in the first year of implant placement and 0.2 mm each year thereafter. A periapical radiograph should be taken after placement of the permanent prosthesis to: verify full seating of prosthesis and establish baseline bone level, first year implant evaluation, evaluate the implant for bone level changes annually from years 2-5; biannually thereafter. Preventive procedures have to be rendered in a well-organized recall program to assure adequate supportive therapy for a lifetime. Depending on continuing diagnosis during maintenance, developing peri-implant lesions should be treated adequately.

Keywords: Peri-implantitis, prevention, treatment, diagnosis, etiology.