collagen sponge has been applied after antiseptic preparation of the socket. In order to maintain the sponge in the socket, X sutures has been applied. The healing process was evaluated during 3 months. Clinical and radiographical examinations were performed to appreciate the healing process.
Results. The usage of collagen sponge for socket preservation appeared to be a good support for the stabilization of the formed blood clot. No complications occurred during healing. Clinical and radiographic evaluation during healing process revealed a good integration of the sponge.
Conclusions. The usage of Collagen sponges can be considered a good alternative for socket preservation. However, in case of bone walls defects, further studies are necessary in order to assess the volume maintaining with this method.
Key words: collagen Sponge, socket preservation, tooth extraction

318. ROOT CANAL IRRIGATION DURING ENDODONTIC TREATMENT

Authors: **Cristina Boronciuc, Lucia Ciobanu**
Scientific adviser: Ciobanu Sergiu, MD, PhD, Professor, Department of odontology, periodontology and pathology
Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

Introduction. Root canal irrigation aims to clean and disinfect root canal system by removing organic tissue, smear layer and microorganisms. The most commonly used irrigants are: NaOCl 0,5-5,25%, EDTA 17%, MTAD, CHX (0.2%, 1%, and 2%), citric acid (10%).
Aim of the study. To monitor over the time the effectiveness of endodontic treatment using different irrigants in combination with sonic and ultrasonic activation systems.
Materials and methods. The study was based on the treatment of 15 patients with pulpitis and periapical processes who were subjected to endodontic treatment of 9 single rooted teeth and 10 multiple rooted teeth. The irrigation protocol of pulpitis treatment entailed: 2,5%NaOCl; 17%EDTA;5,25%NaOCl; final irrigation: 5,25%NaOCl+ultrasonic activation;17%EDTA+sonic activation; distilled water; drying and filling. In the treatment of patients with periapical processes, the root canals were irrigated as follows: 5,25%NaOCl ;17% EDTA ;2%CHX, temporary filling with calcium hydroxide for 10 days. The second visit entailed removal of the temporary filling, irrigation with 17%EDTA; distilled water; 2%CHX drying and filling, X-ray.
Results. The patients were examined at 3, 6 and 12 moths. The study showed that treatment by using different irrigants in combination with sonic and ultrasonic activation had a high rate of success (95-97%).
This protocol of irrigation was selected in treatment of pulpitis and periapical lesions due to the properties of each irrigant: NaOCl has bactericidal cytotoxicity, dissolves organic material, it has no effect on the smear layer. EDTA effectively removes the smear layer by chelating the inorganic components of the dentine. It does not have any antibacterial activity and does not dissolve the organic tissues. CHX has a wide antimicrobial spectrum and is effective against Gram-positive and Gram- negative bacteria, especially against E.faecalis.
Conclusions. Successful endodontic treatment depends on the correct use of the irrigants, respecting the consecutivity, concentration and application time of each irrigant and also a tridimensional filling of root canal.
Key words: NaOCl, EDTA, CHX

319. NURSING CARIES. INCIDENCE STUDY

Authors: **Cristina Hmelnițcaia, Lucia Avornic, Catalina Petrasco, Corina Mihailovici**
Scientific adviser: Ciumeico Igor, MD, PhD, Aassociate professor, Department of Maxillo-Facial Surgery, Pedodontics and Orthodontics