

as the lip line of the smile, the negative space and the symmetry of the smile. The aesthetic examination methodology in all its complexity needs to be supplemented with the examination of the dento-maxillary and phonetic relationships. The way of pronouncing some sounds as well as the qualitative and quantitative values of the parameters of anterior guidance need to be evaluated and correlated with the aesthetic criteria, within the oral rehabilitation.

Aim of the study. Development of a diagnostic procedure and treatment for functional disorders of the anterior group of teeth.

Materials and methods.. Were examined and selected 7 patients between the ages of 30 and 55 years who showed signs of wear of the upper anterior group. The clinical and instrumental examination was completed with imaging methods and digital photography. The curative objectives followed the morphofunctional rehabilitation of the stomatognathic system.

Results. Following the complex clinical examination, were determined the qualitative and quantitative parameters of the aesthetics, occlusion and phonetics. The complementary examinations confirmed some aspects of the existing morphofunctional disorders. The correlation of the values of the parameters listed above in the context of physiology, bio aesthetics and biomechanics served as an indication in the elaboration and realization of the complex treatment plan.

Conclusions. The morphofunctional rehabilitation of the anterior group of teeth after dental wear, requires a complex examination, with the elaboration and realization of a sequenced treatment plan with multi-aspect curative objectives.

Key words: Dento-facial relationship, morphofunctional, anterior group of teeth, aesthetics.

380. DIAGNOSIS AND TREATMENT OF ANTERIOR DENTAL CROSSBITE

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Background. Anterior dental crossbite is a common problem in the primary and mixed dentition and needs early intervention to prevent further damage to occlusion. According to its origin, it can be differentiated into skeletal and dental crossbite. Dental anterior crossbite is a more localized problem and more easily managed. Simple dental crossbite show a frequency of 3% to 12% cases. Crossbite usually do not self-correct with age. As Tausche et al. reported anterior crossbite show progression in severity in the permanent dentition. The aim of the study is to evaluate the effectiveness of early diagnosis and interceptive treatment of anterior dental crossbite removable Hawley appliance.

Case report. In the study were included 10 consecutive patients according to the following criteria: mixed dentition, anterior crossbite, no extreme functional shift, no posterior crossbite, no previous orthodontic treatment. The patients with anterior dental crossbite in the mixed dentition were treated with a removable Hawley appliance with occlusal coverage and a single finger spring. Patients were followed until a minimum of 6 months post-treatment. Results, Active treatment of the successfully treated cases lasted 2,5 months. Crossbite correction of central incisors were achieved by forward movement and buccal inclination of the crowns. Results remain stable during follow-up period without using any retention regime. No other important adverse events were reported by the patient except moderate to severe discomfort during mastication.

Conclusions. Correction of dental anterior crossbite is a simple approach in mixed dentition, which has high success rates and requires minimum level of compliance. Based on the results, this approach can be suggested for anterior crossbite as an early orthodontic treatment in mixed dentition.

Key words: dental anterior crossbite, treatment, removable appliance, mixed dentition.

DEPARTMENT OF PROSTHODONTICS *ILARION POSTOLACHI*

381. CLINICAL ASPECTS AND PARTICULARITIES OF PROSTHETIC TREATMENT OF COMPLETE BIMAXILLARY EDENTULOUS

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Introduction. Considered a physical impairment that affects more than 158 million people globally, complete edentulism compromises the oral function and esthetic aspect, negatively influencing the quality of life. The main objectives of the treatment are: 1. Rehabilitation of the affected functions of the stomatognathic system- esthetics, mastication, phonation (principle of homeostasis). 2. To ensure the denture`s stability during function (principle of biomechanics). 3. Stimulation of trophicity of supporting tissues and avoidance of injury due to masticatory pressures, contact of the prosthesis with the soft tissue or modification of the oral chemistry (prophylactic and biological principles). Despite all the advances made in the last years in the field of dental prosthetics, biomaterials and implantology, the treatment of complete edentulism through a total prostheses remains a relatively simple, non-invasive and relatively inexpensive solution. Even if, conventional prostheses do not ensure a full rehabilitation, since the comfort and function are influenced by lots of factors- retention, supporting tissues status and stability, it is a good option for patients who present adequate bone supply but for reasons of general health or because of the high price, cannot benefit from an implant-prosthetic treatment.

Aim of the study. The study of clinical aspects and particularities of prosthetic treatment of complete bimaxillary edentulous through total prostheses to obtain a state of functional balance.

Materials and methods.. The study included 7 patients (5 women and 2 man), aged between 65-72 years, who addressed themselves at the University Dental Clinic of the USMF “Nicolae Testemitanu” for prosthetic treatment. The criteria for inclusion in the study were: the presence in patients of total bimaxillary edentations, with medium to severe atrophies, carrying classical total prosthesis. The clinical and paraclinical examination was performed for the whole group, and the patients received total prostheses, followed by functional tests and evaluation of the patients` perception after 2 weeks.

Results. All 7 patients reported a high level of satisfaction, after 2 weeks using total prostheses. Functional tests showed good results during testing retention and stability.

Conclusions. When both practitioner and dental technician respect all clinical and technical aspects, total prostheses still represent a very good and comfortable option of treatment for complete bimaxillary edentulous patients.

Key words: completely edentulous, total prostheses, intermaxillary relationships.