

Materials and methods: Were examined 258 children with diabetes hospitalized in the Endocrinology Department of RCH "Emil Coțaga" during September 2013 - March 2014.

Results: Following the clinical examination of children with endocrine pathology, 258 children were suffering from diabetes (69.5%); among them 20 children were newly diagnosed and 10 children showed a prediabetes condition.

Oral disorders were not detected in children with altered basal glucose and in children with new-onset diabetes, except xerostomia (80%) and cheilitis (45%). Patients with type 1 diabetes with history disease of 2 years and more had various manifestations of mouth disorders, some of them of severe forms. Catarrhal gingivitis was detected most frequently (55%), mostly in children aged 5-10. Hypertrophic gingivitis was found in children with decompensated diabetes (32%), especially in children aged 14-16. Reduction of salivary flow in children with diabetes is a risk factor for the occurrence and development of dental caries, so there were multiple dental caries (90%), located particularly in the root or dental neck regions. Temporary tooth decay was frequently located in areas of enamel hypoplasia.

Oral candidosis was present in children with decompensated diabetes (5%). It was detected oral mucosal lesions (70%) such as stomatitis, geographic tongue, benign migratory glossitis, fissured tongue, traumatic ulcers, and lichen planus were detected. Eruption acceleration was observed in dentition until the age of 10 and delay after the age of 10 (especially for the eruption of canines and the premolars).

Conclusions: Diabetes is a chronic metabolic disease which affects the entire organism, disturbing especially the oral health. Oral manifestations related to diabetes mellitus may have a strong inclination to periodontal disease, as well as an increased incidence of dental caries, mucosal lesions, dry mouth, oral infections; they present more severe forms in decompensated diabetes. Health habits are substantial for preventing dental and periodontal diseases and maintaining oral health in children with diabetes.

Keywords: diabetes mellitus, disorders, oral health, children

17. INFLUENCE OF TOOTHPASTES ON ORAL CAVITY MICROFLORA

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Introduction: Most people start their day with personal hygiene i.e. oral hygiene, also this procedure end the day. There are many varieties of oral hygiene, which puts in a confusing situation when the consumer have to choose a specific product for a specific purpose. Many consumers make a subjective and random choice, caused by excessive of advertising. However, the best advice in using a toothpaste or any product for oral hygiene we can find in the dental office. Most consumers do not realize the true significance of its effects both positive and negative of the dental paste. Our task is to recognize certain groups of pasta with a specific effect and mechanism in order to be used rationally. This fact will offer us a better response to treatment based on certain pathologies, as well as their prevention that fact and purpose of oral hygiene.

Purpose and Objectives: To elucidate the problem facing society in choosing an effective dental paste. Testing pasta culture by oral microflora. Identifying the most effective paste in prophylaxis of infectious diseases. Conclusion about dental pastes and their impact on the oral microflora.

Materials and methods: swab from oral cavity from 6 patients, bacteriological nutrient media - blood agar, thermostat, desiccator, 6 types of dental paste.

Results: Dental pastes have proven positive effect following inhibition of culture like as: Parodontax-100%, Blend-a-Med -100%, Лесной бальзам-83.3%, Green Word Herb-83.3%, Sensodyn-66.6% , Biocalcium-50%.

Conclusions: The most obvious effect of inhibition of the cultural growth manifests the dental paste parodontax, that it will have special instructions for prophylaxis.

Keywords: tooth paste, bacteriostatic, oral microflora