# 18. THE STABILITY OF THE SKELETAL MOBILIZED PARTIAL DENTURES – CONTEMPORARY ASPECTS

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**Introduction**: The prosthetic treatment, no matter of the construction of the used dentures, has as a goal the recovery of the morphological aspect and functional-biological aspect of the stomatognathic system. In the case of the treatment with the help of the skeletal mobilized partial dentures, the realization of these objectives can be achieved by the construction of the prosthetic piece in correspondence with the individual peculiarities of the protein field, thus assuring its integration in biological and functional aspect with all the components of the stomatognathic system.

**Purpose and Objectives:** The evaluation of the factors that determine the stability of the skeletal mobilized partial dentures and the argumentation of the indirect maintenance means.

Material and methods: It was created a database having as a support the observation sheets of the patients with the partial bimaxillary edentation or unimaxilary and an individual questionnaire, which contains the results of the instrumental-clinical exam, diagnosis, the treatment plan, and the results of the treatment by the skeletal mobilized partial dentures.

Results: It was confirmed that the individualization of the construction of the mobilized partial dentures presents more aspects which need careful evaluation of the clinical picture peculiarities, partial protein field, and knowing the stabilization mechanism of the partial dentures. The mobilization of the partial dentures, including and those skeletal, are determined by a range of factors: occlusal forces, gravity, traction of the sticky elements, the mobility of the soft tissue around the protein field. Displacement of the dentures has a complex character and produce according to a straight or circular trajectory. For the contraction and limitation of the amplitude of these displacements as is it possible, there are used systems of maintenance, support and stabilization with the direct action as the indirect means of maintenance.

Conclusion: Planning the means of maintenance with direct and indirect action and their topographical location is based on the evaluation of the biomechanics of the partial denture displacement, on one hand, and morphological conditions of the protein field characteristic for this case.

Keywords: SMPD (skeletal mobilized partial dentures), stabilization, tipping, indirect means.

## 19. POSTCOMBUSTIONAL SCAR DEFORMITIES OF THE HEAD AND NECK AT CHILDREN Buta Elena

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Introduction: Burnings represent severe trauma injuries both through the development of the skin restitution process and scarring sequelae, often manifested for the rest of the life. A current problem of the pediatric combustiology department is justifying the effective rehabilitation tactic of post-burn convalescent individuals. The vast majority of patients (75%) who suffered from serious burn injuries need conservative treatment, every second patient requiring different reconstructive-restorative surgical interventions. The reconstructive and esthetic pediatric surgery at children with postcombustional scar deformities are based on various surgical treatment methods.

**Purpose and objectives:** The assessment of treatment methods applied in removing post-burn scars of the head-neck region at children and estimation of their clinique efficiency.

Materials and methods: In this study was analized and investigated a sample of 50 childrens' medical records with burn injuries with ages ranging from 0-18 years hospitalized in the Public Clinical Hospital "Emilian Cotaga".

Results: The purpose of the reparatory surgical treatment consists in restoring the anatomic structures and creating the optimal physiological conditions for an intact functionality. The

treatment techniques depend on precise knowledge of the facial muscles and esthetics, the healing and scarring injury principles, the assessment of the psychological damage as well as an accurate physical examination. The facial scar correction is an unique procedure in the facial-reconstructive surgery due to its unpredictable post-trauma development. For a functional and esthetic effect, at the head-neck region, the following dermatoplasty methods were applied: intact skin grafts plasty, medium-sized dermal splitted transplants, adjacent or distant pedicled flaps plasty. The surgical repair of the dermal defects of the face and neck require a special tactique. In certain cases, the skin transplant and the distant pedicled flaps can be replaced by special treatment methods which use adjacent intact tissue, such as: pedicled flap transposition plasty, expanded tissular flaps plasty of the soft tissues. Following the base surgical principles in the pediatric field is of a high importance. In this way, choosing the adequate surgical method for a specific segment, given its functional and esthetic place, the avoidance of tension stiches are some among other important steps that determine the successful completion of a high quality treatment.

Conclusion: At pediatric ages, the chosen reconstructive surgical method of tissular defects does not depend on the patient's age, but rather on the localization and nature of the defect, as well as the requirements regarding the functional effects of the respective segement. In most of the cases, in the functional-active regions, methods such as full thickness skin grafts plasty using adjacent intact tissue are applied.

Keywords: postcombustional scar, pediatric surgery, dermalplasty, flap, graft

### 20. ACTUAL ETHICAL TOPICS OF DENTAL IMPLANTOLOGY

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Introduction: Despite of chosen professional branch, medicine imposes certain ethical principles in medical activity providing moral values of doctor's daily activity behavior and attitude. In such a way, the professional ethics sets up a system of standards and rules of conduct, which reflect some social functions of medicine: doctor—patient, doctor—doctor and doctor—society relations etc. Stomatology—is a vast profession with high ethical standards, thus stomatologists must be able to face many difficult situations, being based on moral thinking and high ethical norms. During the working process in dentistry, between doctor—patient and other relations many "banal" conflicts have already appeared. These misunderstandings could be solved keeping up respecting certain established bioethical principles.

**Purpose and Objectives:** to elucidate some values and principles of medical Bioethics, their impact on Dentistry and Implantology, making evident the scientific achievements in these fields of Stomatology and finally to solve bioethical problems.

**Materials and methods:** published monographs, articles and statistical data. There were used sociological, historical—medical and bioethical methods.

Results: Medicine—is a socio—human domain, in which a doctor has a big significance doing his job day by day: as a practician, as a psychologist, as a teacher and many others. In different medical fields doctor works with the people and for the people, he or she is called "The right hand of the God". In Dental Implantology the doctor has the same functions and this medical field has its special rules and risks. Many difficulties may appear caused by both sides: by the doctor or patient. On doctor's side they may be: many risks in anaesthesiology caused by the lack of knowledge in this domain, the incompatibility of the patient and anaesthesiological substances, the risk to be infected with venereal diseases caused by inadequate and insufficient sterilization and also the superficial knowledge in this area, the guarantee of the final result for personal boost and reclamation (advertising), technological difficulties which are caused by the incompatibility between tissue and implant (tissue incompatibility). As we know there are 2 types of implants: the first method "In one step" when the tooth is implanted completely without osteointegration; in such