

indexes of oral hygiene and general health. 3. Paraclinical methods included: radiological methods of investigation and study of medical records.

Results: After collection, analysis of data obtained through the completed questionnaire and clinical, paraclinical examination which underlined the interdependence of the clinical expression of non carious affections, involving hereditary and congenital factors.

Conclusion: As a result of theoretical systematization of clinical information about affections of non carious etiology, we conclude that these injuries are the result of symbiosis of both hereditary predisposition as well as neonatal factors, often having repercussions not only at the stomatognathic system and involvement of different organ systems. The correct diagnosis offers the possibility to achieve a qualitative interdisciplinary treatment of non carious affections and not least the organ systems potentially affected.

Keywords: Affections of non carious etiology, hereditary and congenital factors, interdisciplinary treatment

25. MODERN APPROACHES TO TREATMENT OF FLUOROSIS

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Introduction: Dental Fluorosis represents an endemic affection caused by Fluorine intoxication, mostly as consequence of high Fluorine concentration in drinking water. This pathology presents high interest also in Republic of Moldova, as there are many regions with a high Fluorine concentration in drinking water over established international standards, more than 16 mg/L. Fluorosis treatment requires modern approaches, easy to use at home.

Purpose and Objectives: Comparative study of results, obtained after the whitening treatment with Opalescence and Opalescence (PF) systems, at home.

Materials and methods: Modern methods of Fluorosis treatment include home use of gel whitening systems, applied in a tray. Opalescence and Opalescence (PF) whitening methods are easy, conservative and safe to apply at home with the gel concentrations of 10% , 15 % , 20 %. Our study included 12 patients, residents from regions with high Fluorine concentration in drinking water, which were examined and treated in the Stomatological Clinic of USMF. The patients were divided in two groups according to the whitening system applied: Ist group – treated with Opalescence system (6 patients) and IInd group – treated with Opalescence (PF)-(6 patients)

Results: First group of patients treated with vital whitening system Opalescence presented hyperesthesia of the enamel (3 patients), which disappeared after the treatment interruption, while patients from the second group treated with Opalescence PF didn't present these complications.

Conclusion: According to the aim of our study and analysis of the obtained results, we can state that Opalescence system is a modern, safe and easy to apply at home method of local treatment of the Fluorosis, especially Opalescence (PF) system which besides the carbamide peroxide contains also Potassium Nitrate and Fluorine, reducing enamel sensibility to caries, rising it's resistance, and lowering considerably dental sensitivity during whitening procedures.

Keywords: Fluorosis, Opalescence (PF), treatment

26. BIOMATERIALS USED AS BONE GRAFT SUBSTITUTES

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Introduction: In daily practice doctors encounter clinical situations in which patients suffer from insufficient hard and soft tissue volume and quality, caused either by edentation or by different

postraumatic, postoperative defects, congenital malformations, etc. In order to satisfy the ideal goals of dentistry, especially of the implant-prosthetic rehabilitation, bone regeneration procedures are performed. Any implanted material that alone or in combination with other materials promotes a bone healing response by providing osteogenic, osteoinductive or osteoconductive properties is called a bone graft.

Purpose and objectives: Enhancing the efficiency of rehabilitation of the patients suffering from maxillary bone loss, on behalf of literature and histological analysis and dynamic evaluation.

Materials and methods: The study is based on 52 clinical cases, in which patients suffer from different degrees of maxillary atrophies, defects and deformations. The patients were treated using different procedures: autogenous, synthetic or combined autogenous/synthetic bone grafting. Bone samples were taken from 4 of the patients involved in the study, for histological analysis.

Results: The study looked for the analysis of the resorption rate for each of the two grafts. We were able to evaluate only the resorption rate of the augmented autogenous bone. Dynamic clinical evaluation associated with mathematic calculus was made, coming to a result that resorption can grow up till 50% of the total volume of the reconstructed site. The resorption rate of the augmented alloplastic grafts, clinically was impossible to evaluate, because of the changes in volume that occur once the grafts are being placed in the receiving site. As an alternative analysis of the question above, bone samples were taken from patients, for further histological analysis. The histological results - microscopic images at the operational site in a time frame of 4 months, 7 months and 7 years show structures composed of synthesized new bone, medullary spaces and residual alloplastic biomaterial in a different quantity, depending on the range of time elapsed since the surgical procedure was performed.

Conclusion: In order to delimit the ideal bone substitute for each situation, the bone substitute must be selected based on factors like: systemic health of patients, the elected surgical procedure, the osteogenic potential of the host residual bone, the morphology of the defects, etc.

Keywords: implant-prosthetic rehabilitation, augmentation, bone regeneration, autogenous bone, alloplastic graft

27. THE PARTICULARITIES OF ANATOMICAL SHAPE AND STRUCTURE OF NORMAL INTERDENTAL AND INTERRADICULAR SEPTA

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Introduction: Changes in the anatomical structure of interdental and interradicular septa may consist the basic signs of development of different pathologies. Their different shape in dependence of their anatomical situation on dental arch influences differently the appearance of periodontal disease. Also, there are some anatomical particularities that may be treated like being pathology, and vice versa, there are initial changes that should be treated like signs of a specific pathology, but doctors neglect them.

Purpose and Objectives: Studying the anatomical types of shapes of normal interdental and interradicular septa on different groups of teeth, factors influencing the change of their form and structure and also the initial radiologic signs of periodontal disease.

Materials and methods: The project is based on 280 radiographs of both normal and affected septa of people of different age and sex.

Results: There have been identified four major forms of interdental septa: the rounded form, the crescent form, the lance shaped septa, the dissected form. It is also important that in the dissected form, the points of the septa may not be at the same level, in this way results another type which is tread shaped septa. Among the 280 radiograms, just 40 of them were found presenting normal septa, without pathological changes, which consist 14.2%. Consequently, among all the radiograms presenting normal septa there have been detected 156 (46.98 %) of the crescent septa, 79 (23.79 %) of lance shaped septa, 95 (28.61 %) of rounded septa and 2 (0.6 %) of septa having dissected shape. The major factors that influence the shape of septa are: the size and convexity of the crowns of adjacent teeth, the anatomical position of teeth on the alveolar process, the eruption