

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

degree of teeth, the thickness of buccal and oral alveolar plates, the anatomy of dental roots, the cervical outline and the relative position of cementoenamel junction.

**Conclusion:** The anatomical form of interdental septa determines the thickness of the cribriform plates, fact that plays an important role in the pathogenesis of a specific pathology. The rarefaction of the radiologic design in the marginal region of the septa is an initial, very important sign of the periodontal disease. There are some features of the radiologic image of normal septa that represent their anatomical particularities, and they show no pathological changes.

**Keywords:** Normal interdental and interradicular septa, periodontal disease, cementoenamel junction

## 28. USING SONIC RETRO TIPS IN THE RETROGRADE ENDODONTIC TREATMENT

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**Introduction:** The retrograde endodontic treatment of periapical periodontal diseases in classical vision shows little chance of success. This is explained by the use of inappropriate tools, inadequate visibility, frequent postoperative complications and failures that resulted in the extraction of the tooth. This changed radically with the introduction of the microscope, of micro tools, sonic and ultrasonic tips and plug biocompatible materials.

**Purpose and Objectives:** To evaluate preliminary clinical results of the use of SONIC retro tips in retrograde endodontic treatment and estimate the surgical access to the root apex and capacity of retrograde cavity preparation.

**Material and methods:** The study included 10 patients who had periapical periodontal disease at one tooth, 10 teeth underwent apical resection. While the clinical and instrumental examination, orthopantomography and dentoparodontal radiography were made, computed tomography in case of necessity.

**Results:** Following clinical examination data, we have set limits of periapical pathology, the condition of neighboring teeth, the condition of mucosa. Access to the operative field was superior in 100% of patients. On postoperative contact radiographs, the length of retrograde obturation and the length of resected tip were counted. During the 6 months period after surgery, 1 from 10 patients was complaining of periodical pains and there was sensibility around the root tip projection on palpation. According to the clinical and radiographic criteria, in 9 patients have obtained good results and only one of 10 has failed.

**Conclusion:** The tips simplify the surgical access to the root apex and have a good capacity of preparation. Preliminary clinical results indicate excellent progress at 6 months postoperatively. With these tips intra and postoperative aspects in apical resection are considerably improved for doctors and patients.

**Keywords:** periapical periodontal disease, retrograde preparation

## 29. TMJ DYSFUNCTION IN PATIENTS WITH MIGRAINE.

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**Introduction:** Temporomandibular joint disorders, or TMD, is a constellation of the group of orofacial pain, that includes masticatory muscle, articular conditions or both. This reference summary