degree of teeth, the thickness of bucal 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, ortho-pantomography 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 complaning 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 constelation of the group of orofacial pain, that includs musticatory muscle, articular conditionsor both. This reference summary

explains signs of temporomandibular joint disorders. It reviews the symptoms, causes and diagnosis of TMD in pacients with migraine.

Purpose and Obiectives:examination of patients with migraine and recognizing the temporomandibular dysfunction of them,determine the signs of TMD and analyzing theobtained results.

Masterials and methods: We investigated 15 patients, aged 18-40 years with a diagnosis of migraine, previously confirmed neurologists. Patients were applied personality tests: SCL-90, Beck and Spilbergher to analyze the psycho-emotional status of these patients and for detecting temporomandibular dysfunction questionnaire was applied type "screening" proposed by McNeill.

Results: Investigated in 15 patients with migraine, 6 patients(one man and five women) showing signs of TMD. By clinical examination and investigation of patients with questionnaire type "screening" proposed by McNeill, we determined following clinical signs of TMD:

- joint noises (clicking, popping, grating, or crepitation);
- masticatory muscle pain (palpation)
- pain in the TMJ;
- pain when chewing, wide opening of the mouth and during yawning.

All patients who experienced these signs of DTM had migraine on the same side.

Conclusion: Migraine and temporomandibular disorders (TMD) are highly prevalent conditions that frequently coexist in the same patient. The relationship between migraine and TMD is complex. Migraineurs often have pain in the TMD area; TMD sufferers, in turn, often experience headaches in addition to the pain in the jaw. Finally, migraine and TMD are comorbid, and the final phenotype of patients with the comorbidity may represent the aggregated contribution of both.

Keywords:temporomandibular joint dysfunction(TMD), signs and symptoms of TMD, migraine