

neck infections due to the serious and potentially life-threatening nature of these infections. The purpose of this study is to review our recent experience with maxillofacial inflammatory processes and emphasize the importance of appropriate treatment selection in those patients.

**Methods:** The case history of 108 patients treated for maxillofacial inflammatory processes at the Department of Dentistry of Ternopil University Hospital during the 2011 were retrospectively reviewed. Their demography, symptoms, etiology, seasonal distribution, bacteriology, radiology, site of maxillofacial inflammatory processes, durations of the hospital admission and hospital stay, treatment, complications, and outcomes were evaluated. The findings were compared to those in the available literature.

**Results:** Dental infection was the most common cause of maxillofacial inflammatory processes (63.6%); cause of skin infections (10.7%) and lymphadenitis (6.9%) were the other most common causes. Pain, odynophagia, dysphagia, and fever were the most common presenting symptoms. Radiologic evaluation was performed on almost all of the patients (98.3%) to identify the location, extent, and character (cellulitis or abscesses) of the infections. The most commonly - involved site was the submandibular space (34,8%). In 39.5% of cases, the infection involved more than one space. All the patients were given intravenous antibiotic therapy. Surgical intervention was required in 95 patients (87.9%), whereas 13 patients (12,1%) were treated with intravenous antibiotic therapy alone. 105 patients (97,2%) were discharged in stable condition.

**Conclusions:** Despite the wide use of antibiotics, maxillofacial inflammatory processes are commonly seen. Although surgical drainage remains the main method of treating maxillofacial inflammatory processes, conservative medical treatment is effective in selective cases.

**Key words:** inflammatory processes, therapy, antibiotics, treatment.

## FURUNCLES AND CARBUNCLES OF MAXILLO-FACIAL REGION

**Chihai Dorina**

*Academic adviser:* Șerbatiuc D. I., M.D., Ph.D., Professor, State Medical and Pharmaceutical University "Nicolae Testemițanu", Chisinau, Republic Moldova

**Introduction:** The data from modern literature shows a steady increase in the number of patients with purulent inflammatory diseases of the maxillofacial region and neck, including furuncles and carbuncles, which are accompanied by an increasing percentage of the serious forms of diseases, characterized by the espousal of complications such as facial vein thrombophlebitis, cavernous sinus thrombosis, septic pneumonia, sepsis, mediastenitis, meningitis, meningoencephalitis, etc.

Mortality in complicated forms of purulent-inflammatory diseases of maxillofacial area, varies between 30-40% and has no downward trend.

The development of septic complications is accompanied not only by hemodynamic and metabolic disorders, but also by immune disorders. They often occur in the form of immune deficiency with different levels of severity.

**Purpose** of this work is to enrich theoretical knowledge and practical skills in the diagnosis, treatment and prevention of furuncles and carbuncles.

Another objective of the work is to study the clinical course of disease occurring in patients who have furuncles and carbuncles in the maxillo-facial region. The other one is to carry out clinical and epidemiological analysis of morbidity in patients who have furuncles and carbuncles in maxillo-facial region according to data from the National Center for Maxillo-Facial Surgery and Public Health from Chisinau

Emergency Hospital in 2011. And the third objective is to study the diagnosis and treatment methods of furuncles and carbuncles in the oro-maxillo-facial region.

**Materials and methods** of study used in this purpose: To achieve these objectives, a complex treatment was made of 45 patients with furuncles in the Oro-Maxilo-Facial region and of another 2 patients with carbuncles in the same OMF region in the National Center for Maxillofacial Surgery and Public Health of the Chisinau Emergency Hospital, from September 2011 till December 2011. 24 patients were males, and 23 females, so that the ratio of males and females was 51.06% and 48.93% respectively. The average age of patients without any diseases was 18-23 years.

A furuncle in the infiltrative phase was registered in 4 patients (8.51%), furuncle (carbuncle), and in necrosis and suppuration phase, was registered in 43 patients (91.49%).

**Results:** The complex treatment, including also the therapy of immunomodulation (sol. Imunofani), independent of the purulent infection allows to increase the rate of favorable evolution even in patients with severe clinical forms.

Use of the produced algorithm for the choice of methods diagnosis and treatment in patients with furuncles and carbuncles of the face and neck has allowed to optimize the process of diagnosing and complex treatment of these patients.

**Key words:** furuncles, carbuncles, complex treatment, immune disorders, therapy of immunomodulation.

## NEW TREATMENT TACTICS BASED ON RECENT FINDINGS IN THE ETHIOPATHOGENESIS OF BURNING MOUTH SYNDROME. A CLINICAL CASE REPORT

**Bulat Radu, Potângă Maria**

*Academic adviser:* Moldovanu Ion, M.D., Ph.D., Professor, State Medical and Pharmaceutical University "Nicolae Testemitanu", Chisinau, Republic Moldova.

**Introduction:** Regardless of all the effort made in studying the Burning Mouth Syndrome, described as a chronic oro-facial pain condition, it still remains an enigma. It was regarded as a psychogenic, endocrine or neurologic disease. But the discoveries of the latest years made possible a significant progress in understanding the nature of this relatively common pathology. In this study we tried to use these recent findings in the treatment of a patient with BMS.

**Methods:** The patient presenting classical BMS symptoms (burning at the tip of tongue, xerostomia and dysgeusia), was investigated for excluding other conditions causing secondary BMS. After confirming the diagnosis of idiopathic BMS, the patient was questioned using the specially adapted for neuropathic pain McGill Short Form Pain Questionnaire (SF-MPQ-2) and a Visual Analogue Scale (VAS). After obtaining specific results, the patient underwent few treatment courses with alpha lipoic acid, gabapentin, clonazepam, SSRI antidepressants, separately or in combinations. After this, the investigations using SF-MPQ-2 and VAS were repeated.

**Results:** The results for SF-MPQ-2 and VAS varied depending on the treatment applied, but none of the used drugs led to a significant improvement.

**Conclusion:** In spite of the numerous studies which advocate the use of one of the mentioned drugs as an ultimate treatment with good results, our study found no confirmation for that. Nevertheless, this study is surely not enough for a final judgement. Thus, a perspective of a more complex study involving more patients, possible a blinded trial, remains.

**Keywords:** Burning mouth syndrome; glossodynia; glossopyrosis; glossalgia; stomalgia; stomatodynia; alpha lipoic acid; gabapentin, clonazepam.