

We have studied 2 cases with local hypoplasia, 6 with systemic hypoplasia spotty form and 4 cases with systemic hypoplasia erosive form. We have applied to our patients with diagnosis of hypoplasia the new methods of treatment such as: microabrazion technique and realization of veneers, as a result we have obtained a smooth recovery of teeth.

Results: Following the study, each patient received suitable treatment: in spotty form was realized microabrazion technique and remineralization therapy, in erosive form was applied remineralization therapy and veneers in association with microabrazion technique. Finally, all patients were taken to record for 12 months.

Conclusion: Although, the new methods of treatment of systemic and local hypoplasia such as: remineralization therapy, microabrazion technique and realization of veneers, are difficult and need a lot of time, they are much more better than classical technique of treatment, and as a result they are so interesting not only for doctor but also for patient.

Key words: hypoplasia, microabrasion, remineralization, veneers.

DIAGNOSIS, PREVENTION, AND TREATMENT OF PERI-IMPLANT INFECTION

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Introduction: Implantology is becoming increasingly routine in the rehabilitation of partially or fully edentulous patients. So, we describe some of the complications involved with this technique, such as periimplant disease and, within this category, periimplantitis, an inflammatory reaction in which there is a loss of the bony support of the implant accompanied by inflammation.

The **purpose** of research is prevention and treatment of peri-implant infection by using curative and preventive methods. Research objectives are: studying literature, determine the oral hygiene indices of patients with dental implants, radiographic assessment, determine the methods of prevention and treatment.

Methods: In this order we have examined patients with dental implants by using instrumental methods such as probing and percussion. Also we took a periapical and a panoramic radiograph, blood analysis, determined the hygienic indices and periotest measurement.

Results: We expected the cooperation of the patient, in order to learn him basic rules of implant hygiene. The successful treatment of the patients with peri-implant infection.

Conclusion: Oral implants are anchored in the jawbone and yet penetrate the mucosa, reaching the highly contaminated environment of the oral cavity. So, in order to maintain it the patient has to learn and to follow special techniques of oral hygiene. Patients that do not respect this, would show a low level of the basic indices of oral hygiene. Due to implant placement and occlusal forces it is normal to expect 1.5 mm of bone loss in the first year of implant placement and 0.2 mm each year thereafter. A periapical radiograph should be taken after placement of the permanent prosthesis to: verify full seating of prosthesis and establish baseline bone level, first year implant evaluation, evaluate the implant for bone level changes annually from years 2-5; biannually thereafter. Preventive procedures have to be rendered in a well-organized recall program to assure adequate supportive therapy for a lifetime. Depending on continuing diagnosis during maintenance, developing peri-implant lesions should be treated adequately.

Keywords: Peri-implantitis, prevention, treatment, diagnosis, etiology.