

The orthodontic treatment was realized using fixed appliances with .022 slot brackets, Straight Wire Technique, Roth prescription, with individual elements for 41 patients (41, 8%) and with removable and functional appliances for 57 patients (58, 2%). The parodontal therapy included topical administration of 0,1% gel BioR, in the first group (of the research), and in the second group (of reference) - parodontal therapy with routine preparations.

Results: After a course of active orthodontic treatment the results of the complete healing were different -76,3% for the first group and 66,9% for the patients of the second group. The results varied in dependence of the used orthodontic appliances, 83,1% for the patients with fixed appliances and 62,7% for the patients treated with removable appliances.

Conclusion: The complex orthodontic treatment of dento-maxillary anomalies truthfully leads to parodontal healing granting the fixed appliances treatment.

Key words: dento-maxillary anomalie, parodontal disease, complex orthodontic treatment.

REFERENCE INFORMATION ABOUT INFANTILE MELANODONTIE

Beniș Alina, Avornic Lucia, Ciumeico Igor

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

Introduction: Infantile melanodontie or Beltrami disease represents an alteration of the enamel surface of temporary teeth, which is specific for children beginning with the first 12 months of life. It is manifested by disappearance of enamel, which is dissolved or is detached as slabs. The teeth become fragile and brittle similar with glass and less resistant to damage. It causes practical injuries, aesthetic defect and risk of abscesses. The infantile melanodontie is often confused with nursing bottle caries, which differs by a total destruction of tooth crown and root. At the age of 6 years just a dental "stump" stays, in the form of black blades, which emerge from the gum leaving no orifices. Usually, permanent teeth are not affected, but it could present signs of enamel dysplasia.

Materials and Methods: A patient who was consulted at the age of 1 year and 4 months is placed under clinical observations. Further clinical explorations allowed the diagnosis of infantile melanodontie. The conservative treatment is hardly achieved and includes: frequent dental lavage; regular visits to the professional, in order to prevent abscesses: early control and treatment of all injuries, if necessary - the use of antibiotic dressing; attempts to change the oral microflora for obtaining a pH change; vitamin and mineral supplements.

Results: The success realized during three years evidence consists of the lack of periapical abscesses.

Conclusion: The infantile melanodontie is a major problem of child health with consequences on psychosomatic insertion in society.

Key-words: infantile melanodontie, temporary tooth, enamel.