Dental Medicine Section

Medical Rehabilitation of Children with Isolated Cleft Palate

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The purpose of this study is to increase the efficacy on rendering a specialized medical aid to children with isolated cleft palate. With a view to organizing, planning and forecasting of therapeutic and preventive care for children with cleft palate in the Republic of Moldova was conducted epidemiological study with the definition of the frequency of this defect and trends of indicators in the period 2005-2009. Their incidence in Moldova was 1, 32:1000 live-borns. The highest incidence was noted in the southern and central regions of the republic. The increase of incidence up to 0,31:1000 live-born in comparation with the period 1987- 2000. The incidence of separate cleft lip (CL) decreased 0,04 and incidence of cleft lip and palate (CLP) increased 0,08 and the incidence of cleft palate (CP) increased 0.17 per 1000 live-born, that rezulted in the change of the ratio between the certain form of lip and palate clefts (CL:CLP:CP) from 1:1,3:1,2 to 1:1,8:2. This means the increase of the abnormality severity. It is noted the predominance of isolated cleft palate. The prerequisite for the full oral rehabilitation and social adaptation of cleft palate patients is a consistent, comprehensive care system, providing a well organised integration of preventive and interceptive measures, as well as close cooperation between the various specialised disciplines. The paper describes in detail the etiology, pathogenesis, and modern methods of prenatal diagnosis, clinical and early rehabilitation of these patients in a specialized centre. In children with isolated cleft palate, palate repair is generally performed before 1 year of age. Early restoration of the anatomical structures of the palate creates the conditions for speech production and integration of the child in society according to age.

Particularities of the Prosthetic Treatment by Using Modified Dowel - Cores in Case of Small Prostheti

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Particularities of the prosthetic treatment by using modified dowel-cores in case of small prosthetic abutments in side areas The essence of the subject is in using modified dowel-core in order to increase the contact surface with the future prosthetic construction which will reduce the risk of decementation and increase retention of the construction. For herewith subject-matter research was used the comparison method of analysis. The comparison was acted upon the dimensions of contact surfaces with future prosthetic construction in case of using standard dowel-core and the modified dowel-core with occlusal depression proposed and described in this paper. After calculation it was found that using modified dowel-core total surface increased by approximative 25%, and occlusal surface in comparison with the standard one by 95%. The particularity of modified dowel-core is also presented in clinical case. In dental practice a frequently met problem is that the prosthetic treatment becomes difficult or even impossible because of bad retention connected with insufficient height of the abutment. Such situations lead to decementation of the prosthesis as well as cause insufficient

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