

Background. In the context of modern orthodontics, standardized clinical documentation represents a fundamental step in establishing an accurate diagnosis and developing an effective treatment plan. The digital photoprotocol enables detailed recording of dentoalveolar and facial characteristics, contributing to both aesthetic and functional analysis of the patient. The use of intraoral and extraoral images facilitates the initial evaluation, monitoring of treatment progress, and assessment of final outcomes, thus becoming an indispensable tool in contemporary dental practice.

Objective of the study: To evaluate the importance of the digital photoprotocol in the diagnostic process and orthodontic treatment planning in patients with dentoalveolar malocclusions.

Material and methods. The study included a sample of 50 patients aged between 18 and 25 years, diagnosed with various forms of dentoalveolar malocclusions. For each patient, a standardized photoprotocol was performed, including both intraoral and extraoral images. In total, approximately 1000 digital photographs were obtained and used to analyze occlusal relationships, facial profile, and dentofacial symmetry. The images were digitally archived and longitudinally compared at different stages of treatment.

Results. The analysis of digital photographs enabled detailed identification of dentoalveolar anomalies and morphological changes occurring throughout orthodontic treatment. The photoprotocol contributed to improved interdisciplinary communication among the specialists involved and increased patient compliance by allowing visualization of treatment progress.

Conclusions. The digital photoprotocol represents an essential tool in the diagnosis and planning of orthodontic treatment, providing objective and reproducible information. Its integration into clinical practice optimizes therapeutic decision-making and contributes to achieving stable and predictable results.

Keywords: photoprotocol, malocclusion, diagnosis, orthodontic treatment planning, digital imaging.

SINDROMUL DE GURĂ ARZÂNDĂ: CRITERII CLINICE ÎN VIZIUNEA CONCEPTULUI NOCIPLASTIC

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Introducere. Conceptul de gură arzândă, conform viziunilor moderne este un fenomen de durere nociplastică. Conceptul nociplastic include fenomene clinice, neurofiziologice, psihologice. Evidențierea semnelor clinice necesită un studiu profund pentru optimizarea procesului diagnostic și terapeutic.

Scopul lucrării. De analizat manifestările clinice la pacienții cu sindromul gurii arzânde în vederea atribuirii lor la criteriile durerii nociplastice.

Material și metode. Au fost studiați 50 de pacienți cu sindromul gurii arzânde, 50 de gen feminin cu vârsta cuprinsă între 20-60 ani. S-au aplicat criteriile clinice ale durerii nociplastice conform recomandărilor internaționale.

Rezultate. Frecvența manifestărilor durerii nociplastice conform criteriului I (durerea): durata peste 3 luni – 100%; distribuția regională – 66%; absența semnelor de durere nociceptivă – 20%; absența semnelor de durere neuropatică – 30%. Conform criteriului II (hipersensibilitate la durere evocată): alodinie mecanică statică – 25%; alodinie mecanică dinamică – 46%; alodinie la cald sau rece – 85%; post-senzație dureroasă –

78%. Conform criteriului III (istoric de hipersensibilitate): sensibilitate la antigene – 49%; la presiune – 37%; la mișcare – 35%; la căldură sau frig – 89%. Conform criteriului IV (comorbidități): sensibilitate la sunet, lumină sau miros – 70%; tulburări de somn – 60%; oboseală – 22%; diminuarea atenției și memoriei – 54%.

Concluzii. Manifestările clinice în sindromul gurii arzânde reflectă frecvența înaltă (> 70%) a unor semne nociplastice: criteriul I (cronicitatea); criteriul II (alodinie la cald sau rece, post-senzație dureroasă); criteriul III (sensibilitate la cald sau frig); criteriul IV (sensibilitate la sunet, lumină sau miros). La pacienții cu sindrom de gură arzândă pentru o diferențiere mai eficientă a durerii neuropatice versus nociplastice este importantă evidențierea semnelor mai frecvent întâlnite.

Cuvinte-cheie: gură arzândă, durere nociplastică.

BURNING MOUTH SYNDROME: CLINICAL CRITERIA FROM THE PERSPECTIVE OF THE NOCIPLASTIC CONCEPT

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Background. According to modern perspectives, burning mouth syndrome is considered a nociplastic pain phenomenon. The nociplastic concept includes clinical, neurophysiological, and psychological phenomena. Identifying clinical signs requires in-depth study in order to optimize the diagnostic and therapeutic process.

Objective of the study: To analyze the clinical manifestations in patients with burning mouth syndrome in order to classify them according to the criteria of nociplastic pain.

Material and methods. Fifty patients with burning mouth syndrome were studied, all female, aged between 20 and 60 years. The clinical criteria of nociplastic pain were applied according to international recommendations.

Results. The frequency of nociplastic pain manifestations according to Criterion I (pain) was as follows: duration longer than 3 months – 100%; regional distribution – 66%; absence of signs of nociceptive pain – 20%; absence of signs of neuropathic pain – 30%. According to Criterion II (hypersensitivity to evoked pain): static mechanical allodynia – 25%; dynamic mechanical allodynia – 46%; thermal allodynia (heat or cold) – 85%; after-sensation of pain – 78%. According to Criterion III (history of hypersensitivity): sensitivity to antigens – 49%; to pressure – 37%; to movement – 35%; to heat or cold – 89%. According to Criterion IV (comorbidities): sensitivity to sound, light, or smell – 70%; sleep disturbances – 60%; fatigue – 22%; reduced attention and memory – 54%.

Conclusions. Clinical manifestations in burning mouth syndrome reflect a high frequency (>70%) of certain nociplastic signs: Criterion I (chronicity); Criterion II (thermal allodynia and post-pain sensation); Criterion III (sensitivity to heat or cold); Criterion IV (sensitivity to sound, light, or smell). In patients with burning mouth syndrome, identifying the most frequently encountered signs is important for a more effective differentiation between neuropathic and nociplastic pain.

Keywords: burning mouth syndrome, nociplastic pain.