

Aim of the study. Determining the effectiveness of anti-inflammatory medication after extraction in reducing the risk of complication, reducing the Celsian signs of inflammation and in the same time to avoid systemic use of antibiotics.

Materials and methods. This study is a prospective record based study of the patients with symptomatic impacted mandibular third molars that were treated during 2017 and up to January 2018. The 60 panoramic radiographs and the patient's clinical record files were retrieved for evaluation. To systematize the diagnosis and establish the difficulty degree of the surgery, there were taken measurements of the radiological space formed by the distal surface of the second molar and the temporal crest of the mandibular ramus. Also it was measured the mesio-distal diameter of the inferior third molar crown by introducing panoramic radiographs in Adobe Photoshop and making their digital analysis. The patients were divided in two research groups, according to the collected data. In 30 patients was performed lower third molar extraction with systemic use of antibiotics and in the other 30 patients were prescribed only anti-inflammatory drugs after the tooth extraction.

Results. According to the obtained data at the end of the study, it was found that the impaction degree influences the surgical extraction method, as it determines the post-operative antimicrobial indications. In addition, there are no significant differences between the results of the two groups.

Conclusions. The use of systemic anti-inflammatory therapy reduce the risk of complications, reduce postoperative swelling, reduce the trismus, but it does not have the same side effects of systemic administration of antibiotics, such as increasing resistance of microorganisms and intestinal flora disruption.

Key words: third molar, anti-inflammatory medication, antibiotic

333. TECHNIQUES AND PROCEDURES OF ISOLATION OF THE WORK FIELD IN DENTAL TREATMENT

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Introduction. In the contemporary dental literature we find very often questions about isolation dental technique. When performing dental restorations with hydrophobic composite materials there are problems with biological fluids like: saliva, gingival fluid, blood, condensation of vapors from the exhaled air. Some of this issues might be avoided by using wool rolls, saliva vacuum cleaners, gingival retraction yarn, thread but when the issue is about condensation of vapors from the exhaled air the only solution is high quality isolation of teeth. To have best isolation of operative field the best choice is to use rubber-dam isolation system.

Aim of the study. Argumentation of the importance of using the rubber-dam isolation system and familiarization of dentists with the particularities, components and methods of using this system.

Materials and methods. The study was based on a complex of questions given to dentists from different areas of the Republic of Moldova. A total of 140 doctors were questioned out of which 95 doctors were from Chişinău and 45 doctors were from the North and the South of the country. The questions they answered were:

1. Do you know about the isolation rubber-dam system?
2. Do you use this system in your daily work?
3. Are you satisfied with the quality of the operative field with this system?
4. The quality of isolation of the operative field?

There were three options of answers: yes, no, other answer. Positive answers have the following percentage: 1- 97,7%; 2- 86,2%; 3-90,8%; 4-75,9%.

Results. After the study was completed, we determined that most of the dentists from the country know about this isolation system and they are using it in daily work being satisfied about its quality and results. Even if the cost of the system and the instruments used for it is high, 90% of specialists prefers to bear these costs in favor of good quality of work and also in favor of patients safety.

Conclusions. After a detailed study of the dental methods of isolating the working field from the biologic fluids, the rubber-dam isolation system appeared to have more advantages, if compared to the wool rolls, vacuum cleaners and other methods. Also, the doctor has the possibility to apply the working technique depending on the clinical case and doctor's skill.

Key words: isolation, rubber-dam, contemporary, comfort, dentist

334. PARTICULARITIES OF ATYPICAL DENTAL EXTRACTIONS

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Introduction. Dental extractions are the most frequent procedures in oral surgery, which interest future rehabilitation with prosthetic or implanto-prosthetic treatment. Therefore, we pay attention to atypical dental extractions in order to preserve soft tissues, minimizing traumatic effect in order to facilitate prosthetic or implant-prosthetic rehabilitation.

Aim of the study. The aim of study is to analyze the efficiency of different techniques of teeth extractions.

Materials and methods. A clinical study has been performed to evaluate the following teeth extractions techniques: with Periotome, Piezotome, Benex Root-Control and Shield technique. The efficiency of each device has been analyzed regarding the working time, difficulty of manipulation and traumatic effect.

Results. The usage of Periotome, Piezotome, Benex Root-Control and Shield techniques, appeared to be effective procedures in atypical extraction to monoradicular teeth with minimal traumatic effect, preserving soft and hard tissues. However, the upper mentioned techniques are not suitable alone for the molars with divergent roots, due to the necessity of roots separation before extraction. A combination of drilling burs and extractions devices are necessary in such cases.

Conclusions. The usage of different devices for minimally invasive teeth extractions has a positive effect upon soft and hard tissues healing and creates the possibility of immediate implant inseration in particular cases. A combination of techniques is necessary in case of molar extractions. Further studies are necessary to evaluate the efficiency of shield technique.

Key words: atypical extraction, Periotome, Piezotome, Benex root control

335. PERIODONTAL MANIFESTATIONS IN MANDIBULAR CRANIAL SYNDROME

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