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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Introduction. The mandibular cranial dysfunctions are pathological entities in which at least one of the components of the dento-maxillary apparatus is not structurally or functionally adapted to its own activity. These disorders include manifestations in the temporomandibular joint or neuro-muscular system and occlusal disharmony manifested in the dento-periodontal component of the dento-maxillary apparatus. Unfavorable occlusal relations causes changes to the fundamental positions of the mandible, resulting in non-physiological forces exerting a negative impact on the periodontium manifested clinically and radiologically through: dental mobility, gingival retraction, periodontal bags, widening of the desmodontal space.
Aim of the study. The purpose of this study was to identify periodontal signs produced by occlusal trauma and to remove potentially harmful paradontm factors by obtaining a mandibular-maxillary relationship that maintains the health of the dento-maxillary apparatus.
Materials and methods. A study based on the clinical, paraclinical and dental treatment of the patients included in the study group was performed. A lot of 20 people with at least one of the following signs considered to be inherited from mandibulo-cranial disorder: dental mobility, pathogenic dental wear, root resorption, widening of the desmodontal space, Stielmann cracks, occlusal parapuncture (bruxism), hypercementhosis , false or true periodontal pockets. The age range most commonly experienced by periodontal suffering from occlusal trauma is between 15 and 45 years with an average of 32.9 years. The study was conducted between 01-02-2016 and 01-02-2018, the ratio of women and men being 16 to 4 in favor of women.
Results. During the study, we were able to highlight that primary or secondary occlusal trauma is a cofactor in the production of periodontal disease. In the absence of microbial plaque, occlusal trauma, does not produce gingivitis or periodontitis, and minor periodontal lesions are reversible.The treatment of dysfunctions of the cranio mandibular system is aimed at: occlusal stability, satisfactory mastication, satisfactory phonation and the absence of signs of marginal periodontal suffering.
Conclusions. Occlusive trauma occurs when one or more teeth are harmful to excess strain, by intensity, duration, frequency, direction. Occlusal trauma is a cofactor in the production of periodontal disease; therefore, treatment should begin early by correctly identifying the causes of occlusal disharmony and removing them.The purpose of the treatment is to establish the morpho-functional integrity of the dento-maxillary apparatus with minimal biological sacrifice.
Key words: cranial mandibular disorders, periodontium, occlusal trauma, occlusal disharmony

336. CEMENTED-RETAINED VERSUS SCREW-RETAINED FIXED IMPLANT-SUPPORTED PROSTHESES

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Introduction. Prosthetic rehabilitation of partial edentulous patients is today a challenge for clinicians and dental practitioners. A satisfying aesthetic result may not only depend on a visually pleasing prosthesis but also to natural surrounding peri implant soft tissue architecture and emergence profile. The application of dental implants in order to recover areas of missing teeth is going to be a predictable technique, however some important points about the implant angulation, the stress distribution over the bone tissue and prosthetic components should be well investigated for having final long term clinical results. There are two different methods of retaining a fixed implant-supported restoration: screw retention and cementation. All of the two restoration techniques give to the clinicians several advantages and some disadvantages.