

have been identified as key factors in prosthetic planning of full edentulous cases whose ignorance can lead to complete failure of aesthetical and functional aspects.

**Results.** To have predictable and functional results, the patients must be investigated by the prosthodontist to identify their needs and expectancies. The key indicative factors are position of incisal edge of upper frontal incisors, restorative space, lip support, smile line and lip length, contour and profile emergence, contact with soft tissues, and occlusal scheme.

**Conclusions.** The prosthetic planning of complex cases in full mouth rehabilitation is essential for aligning the treatment plan along with patient's expectations. By missing out the key planning factors, unpredictable and unfavorable results for both the doctor and patient could occur.

**Key words:** dental implants, prosthetic planning, tilted implants

## DEPARTMENT OF ONCOLOGY

### 295. DIAGNOSIS OF LOWER LIP CANCER

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**Introduction.** Lower lip cancer is a visual form and can be evaluated for many years in precancerous forms such as chronic fissures, ulcers, oral leucoplakia, papillomas, keratoacanthomas, Bowen's disease, Cheilitis Manganotti, hyperkeratosis. Depending on the microscopic growth patterns, cytological and histological methods of diagnosis can be applied.

**Aim of the study.** Establishing modern methods of lower lip cancer diagnostics; applying modern diagnostic imaging methods at different stages of lower lip cancer.

**Materials and methods.** The research was performed on a group of 58 patients who were investigated and treated in the Head and Neck, Microsurgery Department of of the MPHI Oncological Institute of the Republic of Moldova in the period 2015-2017 with the diagnosis of lower lip cancer. The most informative method in establishing the diagnosis was tumor biopsy. The imaging methods used were USG, Chest X-ray, CT, scintigraphy, orthopantogram.

**Results.** The histopathological results found at patients with inferior lip cancer were of two types: squamous keratinized carcinoma in 43 cases (74.1%) and non-keratinized cacinoma in 15 patients - 25.8%. To assess the spread of the malignant process, cervical lymph node status, the USG examination of the cervical region was performed in 58 patients, of which in 6 patients (10.3%) enlarged lymph nodes were detected. X-ray of the affected region and chest X-ray were carried out in 100% of cases and lung Mt were diagnosed in two case, or 3.4 %. TC was performed on 17 patients - 29.3% and bone scintigraphy in 12 cases, or 20.6%. In stages II, III and IV, the orthopantogram in two projections was performed on 40 patients or 68.9%.

**Conclusions.** The diagnosis of lower lip cancer is based on the biopsy of the tumor with the histopathological examination. Diagnostic imaging tests are important in assessing the spread of malignant process.

**Key words:** cancer, oncogenes, squamous keratinized carcinoma, lymph nodes

## DEPARTMENT OF ODONTOLOGY, PERIODONTOLOGY AND ORAL PATHOLOGY

### 296. ACUTE PULPITIS. ETIOLOGY AND TREATMENT

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