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Introduction. Medical insurance is a form of health care based on principles of solidarity, constituted by pre-established payments with the purpose of covering the treatment costs of insured events. By estimating the total risk of a group of people, an insurer can develop a stable funding structure, based on annual/ monthly contributions that will form a budget. It's administered by an organization, such as a government agency, a private business, or a nonprofit organization. Health care has a major relationship with the economic activity of a state. It provides directly healthy workforce and social welfare, depending on the attention given to it. Following the evolution of the insurance system in a state, we can assume how the healthcare reforms will be developed in future. Medicine has a direct influence on the social and economic activity of the Republic of Moldova (RM), which requires a thorough analysis of the evolution of the health system in order to realize once again what stage we are and what should be done.

Aim of the study. To determine the impact of implementation of medical insurance on health indicators of population in the Republic of Moldova.

Materials and methods. We evaluated the evolution of health indicators in RM before and after implementation of medical insurance and reported them to other countries by making a comparative and descriptive analysis.

Results. Before adopting the medical insurance, healthcare budget was totally dependent on the state budget. The last one was weakened because of the instability of economic relations with other states, the closure of factories, migration of population. Under these conditions, the budget allocated to health decreased between 1996-1999 by 31%, per capita being allocated below 10\$. Healthcare expenditure of GDP experienced a surprising drop from 6,69\$ in 1996 to 2,9% in 1999. Following the implementation of health insurance, the medical system raised. RM invested 10% of GDP for health in 2015, even over some European countries. The total health expenditures were 12.36 billion lei, and the total income in the insurance funds was 5.1 billion lei, compared to 361 million lei in 1999. However, the economic crisis caused the massive devaluation of the national currency in 2015 reduced total health spending in dollars by 17.67%. All this happened despite the fact that the budget in national currency has increased.

Conclusions. The health system after the implementation of the medical insurance has made a significant progress but has always been negatively influenced by the low economic development of the country. What again emphasizes the interdependence between economic, social and medical factors. Positive evolution of health budget should always be reported to an international currency, in order to avoid mistakes of interpretation due to fluctuations of the local economy.

Key words: Health insurance, health indicators, budget evolution

DENTAL MEDICINE

DEPARTMENT OF ORAL AND MAXILLO-FACIAL SURGERY AND ORAL IMPLANTOLOGY *ARSENIE GUȚAN*

283. INFLAMMATORY ODONTOGENIC CYSTS: ETIOLOGY, DIAGNOSIS AND TREATMENT

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Introduction. A cyst is defined as a pathological cavity lined with epithelium and odontogenic or non-odontogenic origin, showing fluid or semi-solid contents inside. Odontogenic cysts are the most common osteolytic lesions (90% to 97% of reported cysts) in the oral region. Its growth is slow, from remnants of odontogenic epithelium of Malassez. The inflammatory cysts can be classified as: inflammatory periapical cyst (apical radicular cyst and lateral periodontal cyst or apical), residual cyst and cyst paradental. All odontogenic cysts, with the exception of inflammatory periapical cyst and lateral radicular cyst should be treated with surgical intervention. The periapical cystic lesions are usually treated by conservative endodontic treatment (periapical curettage) or surgical treatment (enucleation, marsupialization and decompression). Some inflammatory periapical cysts are reversible only with endodontic therapy. The prognosis is also good, when the inflammatory periapical cyst is removed by surgery because of periapical tissue repair occurs.

Aim of the study. The current study mainly aims to deepen the knowledge regarding the types of inflammatory odontogenic cysts, describing its characteristics and main aspects and highlighting the importance of the differential diagnosis for the treatment of these lesions.

Materials and methods. For the study were selected 499 patients with different kind of cysts in oral and maxillo-facial region in the OMF surgery department from 2010 till 2014. Among them 268 were men and 231 were women of different age.

Results. Following this study, we noticed that women are less affected than men, so it has been found that the maxilla is also more often affected than the mandible. The analysis of the treatment methods applied to the jaw cysts patients showed an increased rate of use of cystectomy (90%).

Conclusion. The inflammatory odontogenic cysts are interosseous lesions that affect the regions of maxilla and mandible. Although asymptomatic and benign, due to its continuous increases, these lesions can become destructive, because they affect and infect the adjacent bone and thus should be treated appropriately. In this sense, it is crucial for diagnosis and treatment planning usually requires a detailed analysis of the clinical, radiological and histopathological examinations.

Key words: odontogenic, inflammatory, cyst

284. THE MINIMAL-INVASIVE APPROACH IN ILIAC CREST HARVESTING FOR ALVEOLAR BONE RECONSTRUCTION IN THE CONTEXT OF IMPLANT-PROSTHETIC REHABILITATION. CASE REPORT

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Background. The implant-prosthetic rehabilitation in conditions of bone atrophy supposes a bone augmentation surgery with biomaterials of various origins. The optimal mixture of grafting material is considered to be a mixture of 50/50% of autogenous and xenogenic bone. Often the necessary quantity of autogenous graft is difficult or impossible to harvest from intraoral sites. The iliac crest represents a very important bank of bone tissue for reconstructions, from quantitative and qualitative points of view. The classic method of iliac crest bone harvesting consists in making of an extended incision, of 5-7 cm, with its dissection and exposure, in order to harvest the cortico-cancelous blocks, used in the reconstruction itself or milled. This invasive method has an increased risk of complications such as pain, gait disturbance, sensitivity disorders, hernia of abdominal organs, hematoma, iliac crest fracture etc.