

Introduction. Mandibular third molar impaction remains a current topic of dentistry due to the frequent complications it causes and contradictions in treatment behavior.

Aim of the study. The aim of the paper is to establish the attitude and tactics of surgical treatment of lower molar inclusion. According to Rock and Elsey third mandibular molar impaction meets 73% of young people. Many theories of inclusion of mandibular M3 have been proposed: phylogenetic, mendelian, nodin, endocrine, but the most popular is the insufficient development of retromolar space. Some authors claim that M3 extraction should only be performed when complications may occur, others say that M3 should be extracted if there are no contraindications, but Martin Kunkel is the advocate of the prophylactic extraction of the third molar.

Materials and methods. In order to achieve the proposed goal, the frequency of inclusion of three mandibular molars and their relationship with neighboring anatomical formations was evaluated. There were statistically processed data of medical records and radiographic examination. This study was axed on 565 patients treated in the University Dental Clinic nr.2. Of these, 263 patients were selected: 108 patients with M3 impacted and 156 patients with M3 apparently erupted in the correct position. We noticed that M3 inclusion is most common among young people aged 18-25, predominantly female. The most common complication caused by M3 was pericoronaritis, followed by M2 caries.

Results. This study concluded that prophylactic extraction at a young age leads to the reduction of postoperative complications and faster regeneration of the tissues. Paraclinic examination is indispensable in determining the mandibular M3 ratio with neighboring anatomical elements, correct diagnosis and treatment tactics. The degree of difficulty in extracting mandibular M3 varies greatly: sometimes it is simple as a regular extraction; but sometimes, extraction is extremely difficult due to deep inclusion, bleeding, tooth shape, posterior posture and tooth decay.

Conclusions. We recommend practicing the extraction procedure of M3 only by specialists in domain that possess both practical and theoretical abilities.

Key words: third molar, impaction, extraction

307. DIAGNOSIS AND TREATMENT OF CHRONIC CATARRHAL GINGIVITIS

Author: **Alex Yosupov**

Scientific adviser: **Eni Lidia, MD, PhD, Associate professor, MD; Ciobanu Sergiu, MD, PhD, professor, Department of odontology, periodontology and pathology**

Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

Introduction. The diseases of the marginal periodontium are among the first places in periodontal diseases. The timely detection of these diseases requires imperative implementation of some effective and contemporary diagnostic methods and the choice of an appropriate treatment tactics to prevent relapses.

Aim of study. To make an efficient diagnosis of localized chronic catarrhal gingivitis, mild form and to select the optimal methods of treatment.

Materials and methods. The study included 20 patients with the diagnosis of localized chronic catarrhal gingivitis, mild form. The average age of the patients enrolled in the study was 18-35 years. The patients were subjected to the following methods of investigation: orthopantomogram, bleeding indices test, and determination of soft dental deposits.

The diagnosis-based treatment tactics was: removal of tartar, professional brushing and applications with antiseptics and antimicrobials.

Results. Most patients were identified during dental care-routine check-ups. After the treatment, the gum bleeding was ceased and the inflammatory process was stopped. Professional cleaning

of affected areas was performed and follow-up control over the dental tartar formation was done.
Conclusions. The asymptomatic evolution of the initial stages of inflammatory gum diseases leads to late dental check-ups and professional dental care.

Key words: gingivitis, periodontal disease, dental tartar

308. THE ART OF LATERAL TOOTH RESTORATION

Author: **Mihai Sirbu**

Scientific adviser: Bodrug Valentina, associate professor, MD. Department of Odontology, Parodontology and Oral Pathology

Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

Introduction. Artistic restoration of occlusal surface using modern methods (Stamp technique) and using of SDR (SMART DENTINE REPLACEMENT) for filling of cavities up to enamel-dentine border, followed by sectional modeling of each cusp. Reestablishing of contact point using a custom ring.

Aim of the study. Researching methods of application of composite filling materials and ensuring esthetic conditions in lateral teeth restorations in conformity with anatomical morphology, color and age particularities.

Materials and methods. In conformity with set goals, 12 patients have been examined and treated, age varying from 20 to 45 years, 8 male and 4 female. During examination of these patients, 35 caries were found, superficial caries- 7, medium caries- 20, deep caries- 8. Restoring of Class I cavities with reduced opening was performed using stamp technique. Class II were restored using custom ring and SDR material. Used materials: SDR and Ceram-X -class of nano-ceramics.

Results. The success of restoration mostly depends on the nature of material, consistency of dentine wall next to future restoration and possibility of preventing marginal micro fissures. Modern techniques help reducing operating time and provide better functional and esthetic outcome. Through cleaning the infected dental tissue, performing correctly all techniques for composite application and regular check-up once in 6 months for professional hygiene, the lifespan of restoration can be up to 10 years.

Conclusions. The most efficient technique in restoration of occlusal surface in cavities with reduced opening is using an individualized occlusal form. SDR is a quick filling method, which has fluid consistency and good adhesive capacity to hybrid layer. Can be used as thick as 4 mm, which leads reduced operating time and eliminates errors found in layered approach. After finishing of restoration it should be checked by Ryge criteria, after that it can be considered final if it scores Alpha in all categories.

Key words: SDR, Custom ring, Stamp technique

309. THE USE OF COLLAGEN SPONGE IN SOCKET PRESERVATION

Authors: **Vlad Badan, Marina Cretu**

Scientific adviser: Andrei Mostovei, MD, PhD, Associate professor, Department of Oral and Maxillo-facial Surgery and Oral Implantology *Arsenie Guțan*

Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

Introduction. Due to the development of oral implantology, socket preservation became a widely discussed theme in the professional literature. Different augmentation materials are used for it. The use of collagen sponges as a filler is considered a good alternative for socket preservation with a minimum impact upon bone formation.