

preserve or restore the natural ridge contours. In addition to providing graft containment, the RPPCTF can also serve as a barrier membrane during bone regeneration.

**Conclusions.** The rotated pedicle palatal connective tissue flap is a relatively simple technique for soft tissue coverage without excessive tension. It is an excellent technique that can be used to improve the vertical and horizontal thickness of soft tissue. It can be employed to improve aesthetic soft-tissue structure around the tooth, implants and intraoral defects.

**Key words:** Rotated pedicle, soft-tissue, socket, regeneration.

### **373. DENTAL EXTRACTION - IMMINENT SOLUTION IN CROWN-ROOT FRACTURE – CASE REPORT**

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**Background.** Complicated crown-root fractures represent 5-8% of all dento-periodontal cases of trauma, some being on the borderline between therapeutic conservative and radical surgical treatment. Despite being the last option in any treatment method, tooth extraction serves in some cases as the only solution to improve the clinical situation.

**Case report.** Patient B.A. addressed 11 months ago with the following complains: pain and tooth 21 mobility as a result of a trauma produced at home. Initially the goal was to preserve the tooth, so we opted for and performed endodontic treatment and rigid immobilization. The patient was monitored in time, but came again with the same accusations, and more than that, with the presence of fistula with periodic purulent eliminations in the projection of the tooth 21 apex. By the clinical examination and the analysis of the complementary radioimaging (OPG, CBCT), the diagnosis established was: Crown-root fracture of the tooth 21. Chronic granulomatous periodontitis of the tooth 21 associated with fistula at the level of the apex projection. As a result, the extraction of both the coronal and root fragments was performed, the post-extraction alveolar socket was examined, noting the absence of the vestibular wall (type 3 alveolar socket). The creation of the Vascularized Interpositional Periosteal Connective Tissue flap (VIP-CT) from the palate (single incision technique – Zuhr), allowed to omit the use of other types of bone grafts to cover and restore the bone defect of the vestibular wall. After the suture of the post-extractional alveolar socket and of the palatal flap, a Maryland temporary bridge was made. Subsequently, dental implantation was planned using the virtual surgery technique, with the creation of the template for guided insertion of the implants according to the "fully guided" method. The simulation of the surgery was performed on the 3D printed composite models, at the same time making the provisional crown. After the period of 10 months since the tooth extraction, type 4 postponed implantation was performed with the use of the connective tissue graft taken from the tuberosity, followed by the immediate loading of the implant with the screw retained temporary crown.

**Conclusions.** A good result was achieved, the dental extraction proving to be in this case the safest and most effective method of treatment, and the regeneration potential of the body allowed to rectify the defect even without the use of additional biomaterials.

**Key words:** extraction, fracture, trauma, guided surgery