

bony surface of the maxillary sinus. The subantral distance between points 1 and 2 was measured, drawing a line perpendicular from point 1 to point 2. The data were analyzed in Microsoft Excel and processed with special formulas, to obtain the medium, minimum and maximum values.

**Results.** Following the analysis of the data and the obtained values, it was established that the closest tooth to the maxillary sinus is the 3rd molar (average distance 0.27 mm), followed by the 2nd molar- 0.54 mm, first molar- 0.87 mm, 2nd premolar- 1.36 mm, first premolar- 4.58 mm and canine - 5.47 mm.

**Conclusions.** The data obtained in the present study coincide with the data stipulated by the specialized literature, insignificant differences being expressed in the average values. Analysis of the subantral bone thickness allows to establish the correlation between its volume and the probability of creating an oro-antral communication after dental extraction.

**Key words:** Oro-antral communication, subantral space, mean distance.

### 365. EVALUATION OF DIFERENT SURGICAL APPROACHES IN MYCOTIC SINUSITIS TREATMENT

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**Introduction.** The incidence of mycotic sinusitis in the immunocompetent population has increased in recent decades. This is due to the improvement of diagnostic research, in particular, the new radiographic techniques (CT, MRI) and the increase of conditions that favor fungal infections, corticosteroids and immunosuppressants, radiotherapy, chemotherapy, immunodeficiency disorders. More often in dental practice we will meet with non-invasive maxillary sinus mycosis. The importance of restoring the function of the nasal mucosa after a fungal process is essential in improving the quality of life of our patients.

**Aim of the study.** Analysis of the factors and sources that determine the fungal infection of the maxillary sinuses, effectiveness appreciation of the treatment methods in the maxillary sinuses: Caldwell-Luc radical cure or functional endoscopic surgery.

**Materials and methods..** The study included 36 patients, 16 men and 20 women, with a mean age of 41.3 years, and between 23 and 70 years of age, with a clinical diagnosis of the micotic sinusitis. All the patients in the study have been endodontically treated of the lateral teeth of the upper jaw. The radiological examination confirmed the diagnosis. In all 36 cases, CTs provided the most comprehensive information. The causal teeth were distributed as following: in 20 patients-d. 15, in 9- d. 26, in 2- d.16 and in other 5- the causal tooth was not established because they were extracted previously. The patients in the study were divided into two groups. The first group consisted of 16 patients, who were operated by Caldwell-Luc method and 20 patients operated endoscopically, who made up the second group. The study groups were compared according to the following criteria: postoperative pain, postoperative edema, length of stay in hospital, need for administration of antibacterial treatment.

**Results.** The Caldwell-Luc method doesn't allow the release of the natural ostium, therefore the sinus ventilation and drainage are not restored and often relapsed. We determined that no patients in group 2 required analgesic therapy during the postoperative period, while patients in the first group received analgesics 2-5 days. The average length of hospitalization was 5.33

days in patients gr. 1 and 2.5 days- in gr. 2. No patient in gr. 2 had postoperative edema, patients gr. 1 had edema for 4-7 days. In patients gr. 1 was administered antimicrobial treatment, for prophylaxis of postoperative septic complications, but in patients gr. 2 did not need antibiotic therapy

**Conclusions.** Functional endoscopic surgery of maxillary sinus is the gold standard in mycotic sinusitis with predictable results and minimal trauma.

**Key words:** fungus ball, fungal sinusitis, Cadwell-Luc, functional endoscopic sinus surgery, Aspergillus.

### **366. ALTERNATIVE IMPLANTATION IN THE EARLY REHABILITATION OF PATIENTS WITH UPPER JAW ATROPHY**

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**Introduction.** In the implant-prosthetic rehabilitation of patients, clinicians often meet extremely difficult situations, when the bone support in the lateral areas of the jaws is insufficient for implant insertion. Under these conditions, alternative implantation methods were proposed, which were hardly accepted, but the success demonstrated over time determines the frequent use of the methods.

**Aim of the study.** To enhance the effectiveness of early rehabilitation of patients with maxillary atrophy by using alternative implantation.

**Materials and methods..** This study was axed on 48 patients (21 women and 27 males) aged 28-67 years, conducted between 2016 and 2020 at the SRL "OMNI DENT". CT scans and OPG were taken in all patients before and after implant placement. In 41 cases implants were inserted using "Fast and Fixed" protocol, in other 7 cases zygomatic implants were used.

**Results.** In all 48 cases a high primary stability of implants was achieved and all the patients were rehabilitated with temporary implant supported overdenture on the 4.17-th day in mean (std.dev 1.23). In 3 cases implant supported overdenture fixation was delayed to 10-th and 12-th day. In total 255 implants were inserted, of which 2 was lost during the osseointegration. The success rate of this procedure was 99.2%. In total 21 Zygomatic implants were inserted with 100% success rate.

**Conclusions.** The use of alternative implantation in early rehabilitation of patients, even though, is an effective and predictable method with a high rate of success, is technique sensitive, surgeon has to be experienced based on good preoperative planning. The main advantages are: early rehabilitation, less invasive, avoiding bone grafting procedure, reduced costs, all this helps to raise the patient's quality of life.

**Key words:** alternative, zygomatic implant, early rehabilitation