

skills for each posture allowed to establish the most comfortable postures having the minimal muscle strain and maximal working time.

Conclusion: The most comfortable postures are at 10, 11 and 12 o'clock. Postures at 8 and 9 o'clock are less comfortable for the patient, because the right forearm of the dentist is placed above the chest. The proper use of neutral postures will allow the students to get the right working skills, to enhance the techniques and working quality, to keep and maintain their well-being even from the onset of the practice.

Keywords: neutral posture, patient

22. MODIFICATIONS OF DENTAL PULP ACCORDING ON AGE

Frasineanu Doina

Academic adviser: **Marcu Diana**, M.D., Associate Professor, Faculty of Dentistry, USMF "Nicolae Testemitanu", Chişinău, Republic of Moldova

Introduction: The pulp is a sensitive and richly vascularized tissue which occupies the central cavity, consisting from the chamber, the coronal part and pulp canals, in the teeth roots. The pulp has the defense, nutrition and innervation function. During the life, pulp suffers some modifications which requires the therapeutic approach attention in old patients.

Material and methods: Includes accurate and verifiable facts, selected from literature.

Results: According to the study were observed a number of morphological changes. Besides the reduction in volume, the structural changes in the dental pulp in old patients have been revealed. Emphasized was observed the crossing from richly vascularized and innervated tissue to one with a very poor vascularization and innervation, which was reflected in its accomplished functions. Essentially, aging pulp is similar with aging of connective tissue that leads to sclerosis and progressive atrophy, nutrition and defense loss role. Fibroblasts are transformed in fibrocytes, cells have less cytoplasm and fewer organelles and cytoplasmic extensions. Fibrocytes number progressively decrease according to the age. At odontoblasts level have been determinate the numerical reduction, dystrophic changes occurrence and interruption of "palisade". Cells decreases their volume, the nucleus becomes small, compact and intercellular space increases. Decrease the cell number increases and collagen fibers increases.

Conclusions: Ageing dental pulp represents a complex physiological process, which concerns all the structural components, depending on the tooth is exposed during life. Elderly tooth pulp has a slow metabolic activity, a defense potential and reduced repair power. It is difficult to strictly delimit the pulp changes determination of aging and those which are induced by external factors. In this way partial loss of pulp activity will be taken into consideration during the dental treatment and it requires great caution in the tooth vital prognosis establishment.

Key words: Dental pulp, morphological changes, odontoblast

23. GINGIVITIS IN PREGNANCY

Ionişel Ina

Academic adviser: **Chetruş Viorica**, Associate Professor, Faculty of Dentistry, Department of Therapeutic Dentistry, University „Nicolae Testemitanu”, Chişinău, Republic of Moldova

Introduction: Changes in female sex hormone levels during pregnancy are related to the increased sensitivity to gingival inflammation. This phenomenon, also named *pregnancy-related gingivitis*, *Gingivitis Gravidarum*, usually occurs with an association of dental plaque, and develops more severe forms, in comparison to plaque-induced gingivitis in non-pregnant women.

Purpose and Objectives: Determining the prevalence and severity of gingival inflammation at different period of gestation, estimating Oral Hygiene Indexes.

Materials and methods: The study was based on the examination of periodontal state of 30 pregnant women (18 – 35 years old). The sample was divided according to the trimesters into 3 subgroups:

- Group 1: includes 6 women at 1st trimester.
- Group 2: includes 11 women at 2nd trimester.
- Group 3: includes 13 women at 3rd trimester.

A questionnaire was taken from all pregnant women. The examination was done in a dental clinic using periodontal probe and dental mirror, estimating oral hygiene index "OHI" G. Green, J. Wermillion, gingival index by Loë H. and Silness, papillary bleeding index (Mühlemann).

Results: It was revealed that the prevalence of gingivitis was 63,3 % (19 persons) in the studied sample. It was determined that the severity of the inflammation is exacerbating during the 2nd month of pregnancy reaching a peak at the 8th month. Gingival bleeding occurred in 52,6% of cases in the first trimester, and in 47,4 % in the second trimester. The results showed that 31,5% of the total sample had gingival recession and that the affected teeth are upper and lower incisors and canines. Regarding the tooth surface, it appears that facial surface was more affected than the gingival or palatal surfaces. The prevalence of plaque was 73% among all subgroups with non-significant differences. The direct relationship between the frequency of brushing and the incidence of gingivitis gravidarum shows that the condition can be minimized by better oral hygiene. The pregnant women were instructed to use a dentifrice with 0.30% triclosan, an antimicrobial compound. Self-performed tooth brushing with a triclosan/copolymer-containing toothpaste improves the daily plaque control and reduces the gingivitis formation significantly.

Conclusion: The importance of local factors in gingivitis in pregnancy cannot be minimized, but the role played by systemic disturbances due to changes in hormonal balance must be considered. The local treatment in a preventive oral hygiene program from early pregnancy is very important to prevent further progression of any inflammation.

Keywords: pregnancy-related gingivitis, gingivitis gravidarum, prevalence

24. AFFECTIONS OF NON CARIOUS ETIOLOGY AT CHILDREN WITH DISABILITIES

Lozovan Mariana

Academic adviser: **Ciobanu Sergiu**, M.D, Ph.D., Associate Professor, State Medical and Pharmaceutical University "Nicolae Testemițanu", Chișinău, Republic of Moldova

Introduction: Affections of non carious etiology are a large group of hard tooth structure damage, which either acts as a separate nosologic unit or combined with various addictions of development and functioning of organs and organ systems. The development of dental tissue injuries are dictated by both endogenous and exogenous harmful factors, as well as certain dysfunctions of dental development that is mainly of a genetic trait. It is necessary that the affections of non carious etiology to be viewed through the prism of the hereditary and acquired anomalies which manifests varied polymorphism in terms of both local clinic and general level. Thus the most vulnerable and most affected group of patients is, unfortunately, children with physical and mental disabilities. They also often are questioned and examined superficially due to the difficulty of working with them or because of ignorance and indifference. R.M. statistics on children diagnosed with primary disability aged under 18 years, namely the category of congenital malformations, deformations and chromosomal abnormalities have been shown to increase from 0.4% to 0.69% in 1000 children, since 2000 until 2012. This statistics emphasizes once again the need to know the interdependence of oral manifestations and dental hard tissue injuries and increased possibility of various affections of organs and child body systems. So non carious affections remain current with their frequency increasing, the peculiarities of development and manifestation of the various groups of patients through specialized assistance system and the lack of universal and effective methods of treatment.

Materials and Methods: For the study, research sample included 24 children with various general and dental disorders (8 children from day center "Dorința", of city Călărași, 7 children from special boarding school of deaf children in the village Hîrboveț, Călărași city, 8 children from special children school with poliomyelitis and infantile paralysis, of Ialoveni). The study used the following research methods: 1. Methodology of journal literature. 2. Clinical methods that include subjective clinical examination, with its parts (accuse, life history), clinical objective, evaluation