

THE TREATMENT OF MANDIBULAR CONDYLE FRACTURES

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Introduction: Mandibular condyle fractures (MCF) in specialists' opinion are some of the most difficult, given the anatomical complexity and complications that may arise. Currently neither the conduct in the election of the optimal conservative or surgical treatment nor many other questions in this section are determined.

The aim of this work is to improve the rehabilitation of patients with mandibular fracture in the region of the articular process by establishing treatment indications and tactics depending on the severity of fracture, terms of patient's presentation and motivation. Research objectives were used to determine the treatment conduct and results of conservative-orthopedic (CO) and surgical treatment in patients subjected to the study.

Material and methods: The study material consisted of a group of 472 patients, 78(16.5%) females and 394(83.4%) males, examined, operated and treated in the Department of Oro-maxillo-facial Surgery of the National Scientific and Practical Center of Emergency Medicine in Chisinau, within years 2001-2010. Patients' age ranged between 16-67 years (34.33 ± 0.576). Of the total number of hospitalized patients, 302 patients (64.0%) underwent CO treatment, 170 patients (36.01%) were subjected to operation for osteosynthesis. For this purpose medical records data were analyzed and synthesized.

Results: The highest incidence of MCF was revealed at the age of 22-27 years (25.8%). Depending on the etiological factor we obtained: aggression-in 123 patients (26.05%), patients who fell at home-73(15.46%), road accidents-27(5.7%). Of the 472 examined patients, 242 had bilateral fractures (51.2%), 192 unilateral fracture (40.6%), 28 triple fractures (5.93%), 3 double fractures (0.63%) and one case of multiple fracture (0.2%). The number of MCF with dislocation was estimated in 232 patients (49.1%), with condylar luxation-12(2.5%), without dislocation-22(48.3%). 396 patients (83.9%) presented in the first three days, within 3-7 days-46 patients (9.74%) and in more than 7 days-30(6.35%) patients.

Motivation of 27 patients to an early rehabilitation in case of insignificant dislocation was considered for the indication to osteosynthesis fixation, as well as refuse of 52 patients to undergo surgical treatment in case of absolute indications for it.

Conclusions: 1. CO treatment provides reposition of the fragments and their maintenance in the right position, only in cases of MCF without dislocation or with an insignificant displacement. 2. Patients rehabilitation and restoration of occlusion relationship in case of MCF with marked dislocation, multi-splinters, old forms, with dislocation, are possible only by surgical treatment. 3. Surgical treatment requires a sufficiently stable fragments' fixation, which allows postoperative immediate removal of the immobilization with early restoration of the mandible function.

Keywords: fracture, mandibular condyle, complications, osteosynthesis.

THIRD MOLAR: ATTITUDE AND CONDUCT

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Introduction: Pathology of the third molar (3M) is a current topic of stomatology because it causes frequent complications. In the medical literature there are many contradictions regarding the treatment conduct.

Purpose: Improving the rehabilitation of patients with 3M pathology by establishing attitudes and treatment conduct.

Material and methods: Incidence of complications of 3M pathology was evaluated depending on various factors. The medical records and radiological examination data were statistically processed. The first study group comprised 486 patients with complications caused by 3M, treated in the in-patient department, the second group-167 patients treated in the out-patient department. I assisted in the treatment and check-up of 34 patients with complications caused by 3M.

Results: Of 486 patients with complications caused by 3M, 436 (89.7%) had inflammatory complications (30.0% of the total number of inflammatory processes in the oro-maxillo-facial region). Abscesses and phlegmons were recorded in 333 patients (68,4%). The phlegmon caused by 3M was complicated by severe sepsis in 12 patients (2.5%). Most patients presented on 3rd day of onset of the disease (30.0%) and the phlegmons` frequency increased with the number of days. The highest incidence of 3M complications was in patients between 20-27 years (43%). Complications caused by the lower 3M developed in 89% cases. A frequent cause of severe post-extractional inflammatory complications was immediate 3M extraction at patient`s presentation with an inflammatory process. The second group included 167 patients with 3M pathology treated in the out-patient department (56.0% of the whole lot). Pericoronitis was found in 94 patients (56.3%), simple and complicated caries of the II molar caused by 3M-23(13.8%), 3M impaction-53(31.7%), Wassmund crescent sign-20 (12.0%). Post-extractional inflammatory complications were not detected, because the extraction was performed after resolving the phase of acute inflammation.

Conclusions: 1. Inflammatory 3M complications have a significant frequency, which argue in favor of expanding indications to extraction; 2. Reduction of the frequency of severe inflammatory complications can be obtained by extraction of 3M only after resolving the acute inflammatory process; 3. 3M eruption is the period of increased risk of complications and patients` late presentation increase their severity, so it is necessary to train young patients to consult the doctor as early as possible; 5. Affection of the II molar caused by 3M is quite common, it being an argument for the expanding indications to extraction; 6. Drawing general dentists` attention especially those tending to ignore the indication to extraction to 3M problem can help to reduce the complications rate; 7. Improvement of medical records to increase the 3M problem study extent and accuracy by young researchers is recommendable.

Keywords: third molar, complications, extraction, inflammatory process.

LE FORT I OSTEOTOMY AND V-Y CLOSING IN PATIENTS WITH SEQUELAE AFTER LABIO-MAXILLO-PALATAL CLEFTS

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Introduction: It is known that patients with cleft jaw have a hypoplastic jaw mainly due to surgery during the first years of life. The lowering and the advance of the jaw after Le Fort I osteotomy corrects the occlusal layer and vertical dimension of the face and also repositions soft parts, nose included. The lack of development of the upper lip, requires surgical procedures, V-Y Plasty is the recommended procedure.