

## Third Molar Endodontic Space

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Third molar morphology was described as impermissible, and extremely complex in a 3 dimension analysis, although endodontic manipulations of this teeth are very important so they can be used as anatomo-morphological entity. Analysis of endodontic space has a major clinical, statistical and anthropological importance. Methods. A total of 56 third molars were analyzed (30 mandibular, 26 maxillary) with a range of years from 15 to 67 years. In the aim of their analysis we used macroscopically sections of the third molars, dental retro alveolar radiography and ortopantomogramic radiography, macroscopically analysis of right away extracted teeth in compilation with radiologic findings, and the most important one, which gave us the most informative data were the clearing of the extracted teeth. We used our own method of clearing: Extracted teeth were kept for 24h in H<sub>2</sub>O<sub>2</sub> and another 24h in formaldehyde. Afterwards scaling and further access cavity was prepared. Once the orifices of the canals were evident or a thin canal to the pulp chamber was achieved, the needle of the syringe was introduced in it and glued for 3 h. China Ink was introduced in it under high pressure, until it was pouring out of the major and lateral canals. Further teeth were kept in sulfuric solution of progressive concentration of 50, 60, 70, 80, 90% for five days. After five days their were washed in a continuous water flow for 24h. After wards they were kept in benzoic acid until were completely transparent and no signs of opacity was present. At the end all of them were related to Vertucci's classification. Results. Number of roots related to maxillary teeth: 1,8% - 4 roots, 83,9% - 3 roots, 5,4% - 2 roots, 8,9 - 1 root; mandibular: 44% - 2 roots, 56% - 1 root. Number of canals of maxillary teeth: 10,7% - 4 canals, 75% - 3 canals, 7,1% - 2 canals, 7,1% - 1 canal; mandibular: 90% - 3 canals, 10% - 1 canal. Root canal deviation frequency was 78% in the upper and 84% in the lower teeth. 12% of the upper and 2% of the lower teeth presented significant, large lateral canals. Average canal length of maxillary teeth was 17,98mm, of mandibular 18,9 mm. Discussions. Similar articles analysis of data around the world present close proximity to them. However differences between data from Asia are quite evident but only in the means of number canals in the lower molars. Differences in the anatomy of the third molars related to the rest of the molars are not so different in the number of canals, but the manifest sometimes very bizarre forms, frequently hard do see. However most of them are not that hard to instrumentation and obdurate if right tools and isolation is performed. The most problematic issue is the access and the apical anatomy of the teeth. In cases when there are a major factor problem solving the worth the time effort and consuming.

## Stability Evolution of Alfa Gate Bioactive Coating® Implants During Healing

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To investigate the early outcome of a dental implant with bioactive Calcium-phosphate (CaP) coating in the first 6 week of usage in mandibular clinical situations, for determenatin if it is possible early prosthetic loading by measurements with Osstell and resonance frequency analysis (RFA), and bone density. Materials and methods: Study of the 6 weeks function of 16 oral implants in 6 patients, in the mandibular clinical situations we have evaluated the clinical and paraclinical parameters to