41. METHODS OF MAKING TEMPORARY PROSTHETIC CONSTRUCTIONS AND THEIR APPLICATION IN DENTAL PRACTICE

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Introduction. An important issue for patients with bulky coronal dental lesions is the emotional and aesthetic impact of coronal lesions, which can influence a person's self-confidence and social interactions.

Aim of study. Studying the importance and particularities of provisional prosthetic constructions in the pre-prosthetic preparation stage.

Methods and materials. In the elaboration of this new thesis we used the information resources of the Medical Scientific Library of the *Nicolae Testemitanu* State University of Medicine and Pharmacy, which included publications from peer-reviewed journals in the searchable base of electronic library sources PubMed, Medline, MedScape, Google Scholar, Wikipedia and Hinari.

Results. Depending on the indication and the expected time in clinical service, there are a variety of materials and manufacturing techniques available. Depending on the fabrication technique provisional prosthetic constructions (PPC) can be divided into direct and indirect restorations. The different technologies have an influence on the individual wearing time of PPC. Fabricated using the direct technique are recommended for a wearing period between one and three months, while PPC fabricated using indirect techniques can be in service for up to two years. Particularly in clinical settings requiring changes in the vertical or horizontal dimension of the occlusion of all the materials needed to construct a provisional prosthetic construct by the direct method the most common is light-curing composite material, but by the indirect method – CAD/CAM polymers based on polymethyl methacrylate (PMMA) resins. According to some authors, the choice of material for fixation of provisional restorations is of little clinical importance; however, the use of a suboptimal cement can lead to a number of complications, including increased marginal permeability, development of secondary caries, loss of fixation of the restoration, displacement of restored, adjacent and antagonizing teeth, and fracture of the restoration; therefore, the following factors should be considered when selecting a cement: clinical conditions, caries index, preparation form, mechanical stresses, type of preparation, and the type of cement used in the restoration. To prevent the complications described above, special attention must be paid for each patient individually when selecting the optimal cement for fixation of provisional restorations.

Conclusion. A provisional prosthetic construction is necessary to protect the denture-ready teeth against thermal and chemical irritation, bacterial invasion (a risk factor), to reduce dentin sensitivity, as well as to prevent mechanical defects and ensure a healthy periodontium.