

jaču osjetljivost. Bol se obično javljala neposredno nakon uporabe ultrazvuka, ali je trajanje boli bilo razmjerno kratko.

## Dental Hypersensitivity as a Consequence of the Initial Course of Periodontal Treatment

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Dentin hypersensitivity is a common and painful condition, which can occur on different kinds of provocation factors. Dental hypersensitivity is characterized by short sharp pain arising from exposed dentine in response to stimuli typically thermal, evaporative, tactile, osmotic or chemical and which cannot be ascribed to any other form of dental defect or pathology (Addy M, 2002). Until today this pathological condition is still unclear but should be deferred from dental caries, chipped teeth, fractured restorations, marginal leakage around restoration, palatogingival fissures and grooves. The only similarity to the dentin hypersensitivity is teeth sensitivity, which follows the professional initial course of periodontal therapy. The frequency of dentin hypersensitivity varies from 3 - 57% (Verzak Ž et al, 1998, Röss JS 2000), while sensitivity in periodontal diseases could reach a higher percentage: 72-98% (Chabanski MB et al 1996).

60 randomly selected patients from our Clinic were included in the study. All patients were divided into 4 groups according to the grade of pathological periodontal condition. Dental hypersensitivity was investigated by tactile and by cold air/water provocation factors before and after initial periodontal treatment using ultrasound scaling. Pain was scored by 0 - 3 scoring system (0 - no pain, 1 - mild pain, 2 - moderate pain, 3 - severe pain).

Teeth hypersensitivity was most pronounced if cold air was used as the provocative factor. Regardless of the sort of provocative factor the pain subsided gradually within one week.

Ultrasound usage in periodontal treatment may cause teeth hypersensitivity. The hypersensitivity was provoked by mechanical or physical provocative factors. The most painful sensation was related to cold air. The pain started early after treatment and lasted for a relatively short period of time.

## Kliničke značajke poremećaja temporomandibularnih zglobova kuvajtske populacije

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Poremećaji temporomandibularnih zglobova manifestiraju se znacima i simptomima koji ne zahvaćaju samo čeljusne zglobove nego i žvačnu muskulaturu i okolna tkiva. Najčešći znaci i simptomi jesu: bol u zglobovima i mišićima, poremećaji mandibularnih kretanja, zvučne senzacije, hipertrofija žvačnih mišića, glavobolja i vrtoglavica. Ranija su istraživanja pokazala da 70% stanovništva ima bar jedan znak ili simptom poremećaja temporomandibularnih zglobova. No to je klinički potvrđeno kod samo 38% slučajeva (Mc Neill 1993, Nouralch H et al 1998).

U naše istraživanje uključili smo 144 pacijenta s poremećajima u području temporomandibularnih zglobova (102 žene i 42 muškarca). Pacijenti su bili podijeljeni u dvije skupine: lokalno stanovništvo (60,4%) i stranci (39,6%).

Od ukupnoga broja pacijenata šezdeset četiri postotka žalilo se na smetnje pri otvaranju usta. No klinički je potvrđeno da takve smetnje ima samo 37,5% naših slučajeva. Zvučne senzacije bile su čest nalaz, koji je klinički potvrđen kao škljocanje u 88% slučajeva i kao kreptacije u 11,2% pacijenata. Razmjerno mali broj pacijenata imao je bruksizam (12,5%), a artritis 11,1%. Mi smo također utvrdili da je glavobolja u oboljelih ispitanika bila čest klinički simptom (50,2%).