

dontitisa 33,33% ispitanika imalo je zapreke na radnoj strani, a 50,81% ispitanika imalo ih je u skupini generaliziranoga parodontitisa. Zapreke na balansnoj strani postojale su u 52,38% ipitanika u skupini lokaliziranoga parodontitisa, a 47,54% ispitanika imalo ih je u skupini generaliziranoga parodontitisa.

Hi-kvadrat testom utvrđeno je da ne postoji statistički znatna razlika između pojavnosti okluzijskih zapreka u skupini ispitanika s lokaliziranim parodontitisom u usporedbi sa skupinom ispitanika s generaliziranim parodontitisom. Iako nema statistički znatne razlike, postoji tendencija razlike u frekvencijama ( $p = 0,054$ ) te je vidljivo da u skupini ispitanika s generaliziranim parodontitisom postoji više slučajeva bez zapreka na balansnoj strani (52,45%) u odnosu prema skupini ispitanika s lokaliziranim parodontitisom (47,61%).

Rezultati ovog istraživanja pokazuju da ne postoji statistički znatna razlika u pojavnosti okluzijskih zapreka u skupini ispitanika s lokaliziranim parodontitisom i u skupini ispitanika s generaliziranim parodontitisom.

## Occlusal Interferences in Localised and Generalized Periodontitis

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The significance of occlusal interference in the development and therapy of periodontal disease is very controversial. There are still very vivid discussions going on between experts whether or not interferences cause occlusal trauma, and wath is its role in periodontal disease.

The aim of the study was to investigate whether there i statistically significant difference in the manifestation of occlusal interferences (working side and balancing side) among a group of patients sufferig from localised periodontitis and a group of patients with generalized periodontitis.

Examinees were patients with periodontal disease, classified according to Extent and Severity Index (ESI) into a group with localised periodontitis and a group with generalized peiodontitis.

Movements on the laterotrusion side/contacts in the intercanine segment in protrusion were marked with blue articulation paper 12 $\mu$  thick, while contacts on the mediotrusion side/contacts in lateral segments during protrusion were marked with red articulation paper (12 $\mu$  thick).

Of al patients, there were 45.12% with working side interferences, and 48.78% with balancing side interferences in both examined groups. 33.33% of the examinees in the group with localised periodontitis had working side interferences, and 50.81% of the examinees in the group with generalized periodontitis. Balancing side interferences were found in 52.38% of patients in the group with localised periodontitis, and 47.54% of patients in the group with generalized periodontitis.

Chi-square test showed that there was statistically significant difference between manifestation of occlusal interferences in the group of patients with localised periodontitis compared to manifestation of articulation interferences in the group of patients with generalized periodontitis (chi-square = 3.561;  $p = 0.313$ ). Although there was no statistically significant difference, there was a tendency to difference in frequencies ( $p = 0.054$ ), and it is shown that in the group of patients with generalized periodontitis there were more cases with no balancing side interferences on any side (52.45%), compared to the group of patients with localised periodontitis (47.61%).

Results showed that there was no difference in manifestation of occlusal interferences in localised peiodontitis compared to generalized periodontitis.

## Brusne fasete i znakovi temporomandibularne disfunkcije

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Smatra se da su brusne fasete znak funkcijskih i para-funcijskih aktivnosti, te ih nalazimo na okluzalnim i incizalnim plohama zuba obično kao posljedicu procesa atricije. Brusne fasete razlikuju se opsegom i pozicijom na zubima. Bruksizam, kao parafuncijska aktivnost, smatra se jednim od etioloških čimbenika za nastanak disfunkcije stomatognatoga sustava.