

and periodontal disease. Alveolar bone status was determined according to the TCH (Tooth-Cervical-Height Index). On the 281 Krapina Neanderthal teeth no carious lesions were found whereas resorptive changes in the infra and intraalveolar pockets were noticed. Therefore, periodontal disease has been present for longer than caries. The prevalence of carious lesions continuously progresses from the first, through tenth until the twentieth century.

Ortognatska kirurgija - kako mi to radimo

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Ortognatska kirurgija spada u skupinu estetsko-funkcionalnih operacija. Većina naših bolesnika dolazi na prvi pregled zahtijevajući promjenu izgleda. Prvi pregled je razgovor s bolesnikom i na njemu se uvijek nazočni ortodont i maksilofacijalni kirurg. Uzimaju se otisci fotografija an face i profila te telerendgen snimke. Na osnovi dobivenih podataka stvara se okvirni plan liječenja. Na drugome pregledu iznosi se plan liječenja i potanko se objašnjavaju postupci ortodontskog i kirurškog liječenja i moguće komplikacije. U razgovoru se rabi baza podataka ortognatskih zahvata i računalna simulacija. Bolesnici donose konačnu odluku te se na trećemu pregledu dogovara liječenje. Aktivno liječenje rijetko počinjemo prije sedamnaeste godine. Ovisno o planu, uključuje se oralni kirurg i počinje se s ortodontskim tretmanom. Kada je priprema za zahvat završena, ponavlja se razgovor s bolesnikom i dogovara se termin primitka. Bolesnik dolazi na bolničko liječenje pripremljen i s obavljenim anesteziološkim pregledom. Operacija je najčešće na dan primitka, a bolesnik u bolnici boravi 3 do 5 dana. Na primjerima vraćanja i izvlačenja donje i gornje čeljusti te bimaksilarnih zahvata prikazati ćemo naš pristup ortognatskoj kirurgiji.

Orthognathic Surgery - Our Concept

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Orthognathic surgical treatment is both functional and esthetic. For most of our patients the reason for the first visit is esthetics. The first appointment is made in the combined maxillofacial and orthodontics clinic. During the first appointment we talk to the patient to get a general idea of his/her wishes and medical photographs, jaw models and X-rays are taken. After collecting all data a general plan for the treatment is made. During the second appointment we discuss our treatment plan together with details of both orthodontic and surgical therapy with the patient. In this discussion we use photographs from our data base and computer simulation.

After the final patient's decision is made, we start with the treatment. Depending on the treatment plan, it starts with either oral surgery or orthodontics. For most of the patients we do not start with treatment before seventeen years of age. After presurgical treatment is finished, we again discuss details of the operation with the patient and a hospital appointment is made. The operation is usually performed on the day of admission, and the hospital stay is 3 to 5 days. We discuss our treatment concept based on patients with the different types of skeletal deformities.

Odnos između okluzije i temporomandibularnih poremećaja

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Etiologija temporomandibularnih poremećaja i može bitini utjecaj nisu potpuno razjašnjeni.

Svrha istraživanja bila je utvrditi utjecaj okluzijskih odnosa na funkciju stomatognatoga sustava.