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### 374. BONE RECONSTRUCTION OF THE UPPER JAW WITH SEVERE ATROPHY BY INTERPOSITION OF AUTOGENOUS BONE GRAFT FROM THE ILIAC CREST. CASE PRESENTATION.

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**Background.** After tooth extraction, the alveolar ridges undergo a more pronounced resorption in the absence of physiological mechanical stimuli on the alveolar bone, but due to non-physiological forces, they lead both to horizontal and vertical bone loss, resulting in bone atrophy. Evaluation of the bone reconstruction method by autogenous graft interposition for implant-prosthetic rehabilitation of patients with severe upper jaw atrophy.

**Case report.** The patient B.A., 38 years old, non-smoker, with satisfying oral hygiene and mean smile line, was diagnosed with Bimaxillary retrognathism with obstructive sleep apnea syndrome, class I subclass I edentation after Kennedy at maxilla, combined bone defect in the region teeth 1.2-2.2. This diagnosis was established following the standard clinical and paraclinical examination: photographic examination, analysis of study models, CBCT, profile telerradiography, based on which the surgical guides for the repositioning of the jaws were manufactured. The surgical treatment consisted in the Le Fort I osteotomy of the upper jaw with the application by interposition of the granulated xenograft mixture with autogenous bone graft of iliac crest harvested by the minimal-invasive technique and its immobilization with osteosynthesis plates in the normo-cephalometric position. The lower jaw was also advanced, after bilateral sagittal osteotomy, in accordance with the upper jaw. As a result of the bone reconstruction by interposition of autogenous graft from the iliac crest, a sufficient bone volume was obtained both in width and in length for insertion of dental implants of optimum dimensions, which allowed the patient's rehabilitation from the morphological, functional and aesthetic point of view.

**Conclusions.** Reconstruction of the upper jaw with severe atrophy can be performed by the technique of interposition of autogenous bone graft from the iliac crest in combination with xenograft. This method offers a good possibility of morpho-functional and aesthetic rehabilitation with a high degree of predictability.

**Key words:** bone reconstruction, interposition graft, iliac crest graft.

### 375. MICROBIOLOGY OF MANDIBULAR THIRD MOLAR PERICORONITIS

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**Introduction.** Pericoronitis is an inflammatory and infectious condition that may accompany the eruption of teeth, especially the third molar, the microbial flora that develops in the distally located pseudopocket is the major etiological factor. This flora consists of obligate anaerobes, anaerobic and aerobic streptococci. Therapeutic management usually involves a combination of conservative and surgical treatment.

**Aim of the study.** To establish the predominant microorganisms involved in the etiology of acute pericoronitis for a targeted antibiotic therapy.

**Materials and methods..** This explorative study was conducted in the Department of Oral and Maxillofacial Surgery and Oral Implantology „Arsenie Guțan” in collaboration with three private laboratories of medical investigations during October 2018 - December 2019. Pericoronal pockets of mandibular third molars from 23 patients showing symptoms of acute pericoronitis were sampled and subjected to microbiologic analysis.

**Results.** In the majority of cases (15/23), the anaerobic flora predominated. Obligate anaerobes were present in 19 of the 23 samples. The bacteria most commonly detected were alpha-hemolytic streptococci (23/23), Prevotella (12/23), Veillonella (12/23). Amoxicillin and Cefixim were the most active in reducing the anaerobic cultivable counts. Besides obligate anaerobic bacteria, a predominantly pathogenic aerobic microflora was cultivated: Streptococcus viridans (78% of samples), Stomatococcus salivarius (71%), and Rothia dentocariosa (57%).

**Conclusions.** These results highlight the diversity of the microflora associated with pericoronitis and their susceptibility can vary even within a species. As the anaerobic flora predominates, beta-lactame or any penicillins are highly recommended.

**Key words:** pericoronitis, microflora

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### 376. CANNABIDIOL (CBD): AN ALTERNATIVE APPROACH IN GUM DISEASE MANAGEMENT

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**Introduction.** Periodontal diseases are one of the most common diseases in the oral cavity- as the statistics given by the American Academy of Periodontology (AAP) suggest over forty-seven percent (64.7 million adults) of Americans over the age of thirty suffer from severe manifestations of periodontitis. The symptoms of periodontal disease include redness of the gums as well as gingival inflammation, formation of periodontal pockets, and the destruction of supporting tissue. Recent studies demonstrate that cannabidiol may have positive effects on reducing or in some cases ceasing gum disease by its anti-inflammatory, analgesic, ability to interact with CB2 receptors and antibacterial properties. It is necessary to demonstrate the effects of CBD and it's counteraction against these diseases.

**Aim of the study.** The effects of cannabidiol on the treatment of symptoms associated with periodontal disease.

**Materials and methods.** The design of our study and the scoping review involves a systematic exploration of various research however does not indicate an analysis of the methodological quality of studies. This review presents an analysis of the available articles in literature by providing a prospectus of existing content that is setting the future for research paths and