

Aim of the study. The study aims to evaluate the treatment need of fixed bridges according to the distribution of pontics in dentition, in different age groups and to investigate the primary and late complications and survival of the conventional fixed metal ceramic prostheses, as well as patients' satisfaction with the prosthetic treatment.

Materials and methods. An electronic MEDLINE search supplemented by manual searching was conducted to identify prospective and retrospective cohort studies on FPDs with a mean follow-up time of at least 5 years. The whole material consisted of the patients treated with fixed metal ceramic prostheses at the Department of Dental Propaedeutics, *Nicolae Testemitanu State University of Medicine and Pharmacy*, during the years 2014–2018. Patients had to have been examined clinically at the follow-up visit. The study included 18 patients (6 men and 12 females) with partial edentulism. After clinical and paraclinical examination, patients were divided into two groups: first group consisted of 8 patients with dental bridges fixed on vital teeth. The second group consisted of 10 patients with dental bridges fixed on endodontically treated teeth.

Results. Fixed bridges are most often prepared to replace upper first premolars and lower first molars also in the future. The most usual primary complications related to fixed bridges occurred during preprosthetic endodontic treatment of abutment teeth and during the preparation of the root canals. Patients were satisfied with aesthetics and function of the fixed metal ceramic prostheses. Late complications found in clinical examinations were few, and the survival rate for the fixed metal ceramic bridge prostheses was calculated to be 84 % after 10 years, long fixed bridges having a lower survival than the shorter ones. The treatment need for conventional fixed bridges seems to be highest among patients over 50 years of age in the future. No patients reported adverse reactions to the material.

Conclusions. The success of prosthetic rehabilitation with metal-ceramic fixed partial dentures is the result of a medical reasoning based on theoretical and practical skills. Avoidance of tempestuous preparation, deficitary marginal closing, partial filling of the root canal, crown perforation with interradicular pivots, pushing the filling material by apex can prevent pulpitis, necrosis, gangrene and other severe complications appearance, occurred in the post-prosthetic belated period.

Key words: metal-ceramic, fixed, partial, dentures

298. GENERAL ASPECTS OF DIAGNOSIS OF ORAL MUCOSAL DISEASES OF THE PATIENTS WITH CHRONIC VIRAL HEPATITIS B AND C

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Introduction. Some oral mucosal diseases appear as a result of immunodeficiency of the organism caused by systemic diseases. In recent years, it has been shown that chronic hepatitis B and C infection, in addition to causing liver disease, is also responsible for several extrahepatic manifestations and immune abnormalities. Chronic viral hepatitis B and C was found to be involved in the pathogenesis of some oral diseases. The diagnostic process includes some sequential steps to elucidate the cause itself and to provide an adequate plan of treatment.

Aim of the study. To provide general aspects in diagnosis of oral mucosal diseases of the patients with chronic viral hepatitis B and C using the review from literature.

Materials and methods. The dates found in five scientific articles from different countries were selected in this study. An overview from literature on the diagnosis data of the oral mucosal diseases of the patients with chronic viral hepatitis B and C was done.

Results. The analysis of the methods used to diagnose the oral mucosal diseases revealed the important role of knowing their etiology on establishing the correct treatment plan. Besides the clinical diagnostic, a big importance in diagnosis has the paraclinical examination, which includes: biopsy of the affected tissues, microbiological tests, radiological examinations, immunofluorescence tests. In addition to these examinations, the tests for chronic viral hepatitis B and C have to be done, such as: serologic examination (hepatic markers), molecular-biological and immunologic tests.

Conclusions. According to the five scientific articles, the diagnosis of oral mucosal diseases of the patients with chronic viral hepatitis B and C involves four sequential steps: 1. obtaining of comprehensive overview of the patient's local and general status; 2. evaluation of all the findings to correlate the chief sign of symptoms with the current history, 3. physical findings and medical history; 4. establishment of differential diagnosis.

Key words: oral mucosal diseases, diagnosis, viral hepatitis B and C

299. USE OF CALCIUM HYDROXYDE IN A DEEP CARIOUS LESION- CASE PRESENTATION

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Introduction. Caries remains the most widely spread dental disease. Because of the low rate of addressability and late detection the carious lesions are mostly deep carious lesions. Frequently this leads to losing the tooth vitality. In order to maintain the tooth vitality, we can use the method of direct or indirect pulp capping.

Aim of the study. The aim of this study is to present a case of use of calcium hydroxide in a deep carious lesion.

Material and methods. A clinical study was performed on one patient with the clinical diagnosis: deep carious lesion. The patient was treated by the method of indirect pulp capping using calcium hydroxide.

Results. The usage of calcium hydroxide in deep carious lesions has proven to be a very good material, showed high biocompatibility. The treated tooth showed no post-operative sensibility and vitality of the tooth was preserved.

Conclusions. The usage of calcium hydroxide has a positive effect on new dentine bridge creation in order to maintain the tooth vitality. Moreover, it seems to facilitate the healing process and decrease the risk of postoperative complications.

Key word: calcium hydroxide, tooth vitality, indirect pulp capping, deep carious lesion

DEPARTMENT OF PEDIATRIC ORO-MAXILLO-FACIAL SURGERY, PEDODONTICS AND ORTHODONTICS

300. THE VALUE OF ORTHODONTIC STUDY MODELS FOR TREATMENT PLANNING

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