

338. STRUCTURE AND FORM PARTICULARITIES OF INTERRADICULAR AND INTERDENTAL SEPTA

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Introduction: Interdental and interradicular septa represents anatomical structures that reference in different types of pathologies like: marginal periodontitis, paradontosis and dental migrations. In literature does not exist enough information about the structure and form varieties of interalveolar septa. We can mention next forms of septa: sharp lance form, dome form, crescent form and dissected form which is divided in: dissected properly and dissected in steps. All this types of forms have a different influence on pathological appearance on the bone structure. Another particularity is an cortical difference that may be not so pronounced at some persons, while to others it is more pronounced. Also a particularity is in the structure of cancellous bone where we can see the distance between bone trabeculae. By time in some pathological conditions we attest changes in interdental and interradicular septa - thinning the cortical at septa's peaks, outbreaks of spongy bone tissue thinning etc.

Purpose: Studying varieties of form and factors that influence their changes at interdental and interradicular septa's level in normal and pathological cases.

Material and methods: Were studied 132 radiograms of patients that received medical help in USMF, „Nicolae Testemitanu” dental clinic and in private dental clinic, „Parodent Prim” SRL from Chisinau city. Radiographic clichés were analyzed at fluoroscopy. For study we used Новик И.О. classification. The method of collectioning the information was by selective method-were selected only radiograms that corresponded our classification criteria. Therewith we used the method of observation and analyze of types of interdental and interradicular septa in norm and pathological disease.

Discussion results: Anatomical structures of interdental and interradicular septa are in strong relation with various factors: tooth anatomy of teeth and their position in the dental arch, type of vascularization, local physico-chemical conditions and local systemic factors. The interdental septum protrude at alveolar level and is more massive in relation with vestibular and oral alveolar wall. Interradicular septum are perforated by multiple holes, through which nerves and blood vessels pass. Cortical thickness is reduced at maxillary level than at mandibula. Normally the anatomical structure of septum is not standart, it has individual particularities (of shape, bone density).

39%) of cases was detected with normal structure interdental and interradicular septa in young persons - 16-35 years. From this numbers, dome shaped septum - 27,2 %; sharp lance - 25,3 %; halfmoon - 46,72% and dissected shape - 0,78%.

Conclusion: 1. The analysis of data from speciality literature that confirms the four types of interdental septum: dome shaped, halfmoon, sharp lance and dissected shape. 2. The basic factors that influence the shape of septa are: the teeth anatomy and their position in arch, the functional occlusal forces that are transmitted, type of vascularization, physico-chemical conditions of individual local and systemic factors. 3. Obtained results are in relationship with results from speciality literature that refers

to the form of septum: dome-27,2%; sharped lance- 25,3%; halfmoon-46,72% and dissected form-0,78%. 4. Pathological condition mostly appears molars region where prevail the dome shaped septa.

Key words: Septum, dome, radiogram, halfmoon, lance, structure.

339. MILD FORM OF LOCALIZED CHRONIC CATARRHAL GINGIVITIS. DIAGNOSIS AND TREATMENT

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Introduction: Gingivitis is an inflammatory disease of the gums caused by the influence of unfavorable local and general factors. It evolves without affecting periodontal ligaments.

Periodontal disease can be prevented by regular oral hygiene, correct tooth brushing, removal of dental plaque, defective fillings in the interdental papilla, incorrect dentures, and orthodontic appliances etc. Gingivitis, by its manifestation, can be mild, moderate and severe, but by the degree of the inflammatory process extent, it may be localized, affecting the gums in the region of one or a few teeth, and generalized, affecting one or both jaws.

Purpose: To study the etiology, clinical picture, diagnosis of chronic catarrhal gingivitis and the choice of a rational treatment.

Material and methods: This study was performed on six patients diagnosed with localized chronic catarrhal gingivitis, mild form. All patients were subjected to local treatment to remove both the subgingival and supragingival tartar. In addition to the local treatment, the patients also followed the general treatment. As a result, we managed to remove the causal factors that can lead to severe complications, which allowed us to keep the teeth on the dental areola, thus ensuring their functionality over a long period of time.

Results: The bleeding of gums and inflammatory process were stopped after the treatment was carried out, thus achieving a stable health level, optimal conditions of cleaning the affected areas, and the possibility to keep the bacterial plaque under control.

Conclusions: Chronic catarrhal gingivitis as part of marginal chronic periodontitis requires the proper treatment to be performed correctly.

Key words: Gingivitis, inflammatory process, local treatment.