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**Introduction.** Dental pulp inflammation (pulpitis) represents a totality of functional and structural biochemical reactions and processes, having an adaptive, compensatory and restorative character and evolving in a succession of phases due to the pathogen action. All acute and chronic diseases of the pulp and periodontium are the cause of the formation of odontogenic inflammatory processes, which cause pain and serve as foci of infection, either exacerbating or triggering general or systemic illnesses. Dental pulp diseases are treated in a well-established order, taking into account all the aspects, such as etiology, epidemiology, prophylaxis, diagnosis and treatment. The success in pulp diseases depends on the ability to choose the optimal methods and techniques for each type of diagnosis and clinical picture. In the case of non-qualitative endodontic treatment, the organism sensitization occurs and in some cases complications develop, such as: massive destruction of bone tissue, which can trigger septicemia, meningitis, sinus thrombosis, endocarditis, mediastinitis etc. It is unacceptable to have bad or superficial knowledge of topographic anatomy of teeth, by the endodontist. It is also worth noting that besides the knowledge of endodontic instruments and materials, it is of great importance to know the techniques of mechanical and medicated preparation as well as the root canal filling.

**Aim of the study.** To determine the most rational and effective methods of treatment of acute pulpitis.

**Materials and methods.** Ten patients (4 women and 6 men) aged 19-40 years (10 teeth - 1 canine, 5 premolars and 4 molars) were subjected to complex examination and treatment. Following the clinical and paraclinical examination, 4 patients with acute diffuse pulpitis and 6 patients with acute focal pulpitis were diagnosed. In the treatment we applied the direct capping method, vital pulp amputation and extirpation in acute focal pulpitis and the method of vital pulp extirpation in diffuse acute pulpitis.

**Results.** Of all the cases with the diagnosis of acute focal pulpitis, the relapse was observed only in patients who were treated by the direct capping method (2 patients). In the case of the other patients, both acute focal pulpitis and acute diffuse pulpitis were treated by surgical methods (vital pulp amputation and extirpation), positive results being obtained, without relapses or complications.

**Conclusions.** The method of vital pulp amputation and extirpation resulted in a higher efficiency of the treatment of acute pulpitis, compared to the conservative method.

**Key words:** pulpitis, treatment, relapse, direct capping

## DEPARTMENT OF DENTAL PROPEDEUTICS *PAVEL GODOROJA*

### 297. CLINICAL EVALUATION OF METAL-CERAMIC FIXED PARTIAL DENTURES.

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**Introduction.** Edentulism - a pathological condition characterized by the absence of one or more teeth in the dental arch - is a major health problem regardless of societies, regions, ethnicities and social stratification. A fixed bridge (called also as fixed bridge prosthesis, bridge or fixed partial denture) is attached to remaining teeth to replace a missing tooth, and teeth serving as attachments for a fixed bridge are called abutments. The part of the fixed bridge, which veneers the abutment tooth is called a retainer and the part which replaces a missing tooth is called a pontic.

**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.