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**CURRENT TRENDS  
AND ADVANCES IN  
DENTISTRY**

**ABSTRACT  
BOOK**

**FIRST EDITION**

\*The second edition with correction of all unintentional, technical errors and deficiencies  
will be available by 09.09.2023



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# ORAL PRESENTATIONS



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which have the ability to degrade extracellular matrix components.

**Aim:** to determine the correlation between the MMPs -1 concentration in the inflammatory gingival bounding tissues at aggressive periodontitis patients, with the clinical parameters.

**MATERIAL AND METHODS:** A total of 28 patients (male and female), mean age <35 were included. Clinically were noted the dental plaque index IDP (Silness-Loe), gingival inflammation index (Loe-Silness), clinical attachment loss (CAL) and Miller-Pelzer index of bone resorption. For setting the concentrations of MMPs-1, quantitative enzyme method was used, with the commercial set: SensoLyte MMPs-1 ELISA Kit Colorimetic, AnaSpec. The protocol for this study was approved by the Ethical committee for medical-dental investigations of the Faculty of Dentistry at the "Ss Cyril and Methodius" University, Skopje.

**RESULTS:** Average values of the IDP were  $\bar{x}=1,07$ , IGI were  $\bar{x}=2,27$ . CAL was  $\bar{x}=6,57$ . The index of the bone resorption was  $\bar{x}=4,53$ . Concentrations of the MMP-1 were  $\bar{x}=658,35$ . We appointed presence of positive correlation between IDP and MMP-1 ( $r=0,76$ ). Important, positive correlation was present between IGI and MMP-1 ( $r=0,68$ ). CAL and alveolar bone resorption were strongly correlated with MMP-1 ( $r=0,75$  and  $r=0,42$ ).

**CONCLUSION:** The microorganisms from the biofilm initiate the production of the collagenase-MMP-1 and their concentrations rise with the development of the inflammatory processes, leading to the loss of attachment and resorption of the alveolar bone.

**Key words:** MMP-1, aggressive periodontal disease, biofilm, inflammation.

#### OP-125

#### THE NEW NORMAL - DENTISTRY AND PATIENTS WITH AUTISM SPECTRUM DISORDER (ASD)

<sup>1</sup>Elena Radeska, <sup>2</sup>Elizabeta Gjorgievska, <sup>1</sup>Jasna Simonoska, <sup>2</sup>Aleksandar Dimkov, <sup>3</sup>Bruno Nikolovski, <sup>2</sup>Efka Zabokova-Bilbilova

<sup>1</sup>University Clinic for Pediatric and Preventive Dentistry, University Dental Clinical Centre, St. Pantelejmon", Skopje

<sup>2</sup>University Clinic for Pediatric and Preventive Dentistry, Faculty of Dentistry, UKIM, Skopje

<sup>3</sup>University Clinic for oral surgery and Implantology, Faculty of Medical Sciences, UGD, Shtip

**INTRODUCTION:** Autism spectrum disorder (ASD) is a developmental disability caused by differences in the brain, characterized by insidious disability in communication, social interaction, and using language and abstract concepts. They require unique management because of their behavioral characteristics, their problems with social communication and interaction.

**AIM:** This article reviews the present literature on the issues dealt with children with autistic spectrum disorder from the dental perspective.

**RESULTS:** Over the last few years there has been a growing interest to cater to the requirements of children with ASD. This study is also an update on the various strategies and recommendations for an easier and successful management of children with ASD in the dental clinic including sensory adaptive dental environment, picture exchange communication system, behavior management techniques as well as pharmacological approaches known so far.

**CONCLUSION:** Specialized knowledge, as well as increased awareness and attention to the specific needs of children with ASD, are paramount while delivering appropriate dental care.

**Keywords:** Autism spectrum disorder (ASD), behavioral approach, oral health care, dental treatment

#### OP-126

#### ORAL SIGNS OF ADVERSE DRUG REACTIONS

Radojkova Nikolovska V<sup>1</sup>, Nikolovski B<sup>2</sup>, Dzipunova B<sup>3</sup>, Toseska Spasova N<sup>3</sup>, Stojanovska V<sup>4</sup>, Spasovski S<sup>5</sup>.

<sup>1</sup>Department for oral pathology and periodontology, Faculty of Dentistry, UKIM-Skopje, RN Macedonia

<sup>2</sup>Faculty of Medical sciences, UGD Stip, RN Macedonia

<sup>3</sup>Department for orthodontics, Faculty of Dentistry, UKIM-Skopje, RN Macedonia

<sup>4</sup>Faculty of Dental Medicine, EURM-Skopje, RN Macedonia

<sup>5</sup>PHO "D-r Spasovski"- Skopje, RN Macedonia

**BACKGROUND:** Adverse reactions to drugs are common and may have a variety of clinical presentations in the oral cavity. They are harmful and unintended responses to a medical product. As newer therapeutic agents are approved, it is likely that more adverse drug events will be encountered. The extent of adverse drug reactions is unknown; however, because a lot of them are asymptomatic, many are believed to go unnoticed. Their pathogenesis, especially of the mucosal reactions, is largely unknown and appears to involve complex interactions between the drug, other medications, the patient's underlying disease, genetics and lifestyle factors.

**AIM:** to describe the most common adverse drug reactions that dentists may encounter in daily clinical practice.

**MATERIALS AND METHODS:** research was done exploring specialized databases PubMed, MEDLINE, EBSCO, Science Direct, Scopus for the period 2010-2023, by use of MeSH terms: adverse drug reaction, drug-induced reactions, oral manifestation.

**RESULTS.** The most common oral manifestations were categorized in groups as follows: saliva and salivary glands involvement, soft tissue alterations, hard tissue damages, and non-specific oral conditions.

**CONCLUSIONS:** Knowledge of adverse drug-induced oral effects helps dental professionals to better diagnose oral disease, administer drugs and improve patient compliance during drug therapy and may foster a more rational use of drugs.

**Key words:** oral cavity, adverse drug reactions, oral signs;