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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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PP-23

IMPORTANCE OF EARLY DETECTION OF POTENTIAL ORAL FOCAL INFECTIONS IN MEDICAL HIGH -RISK PATIENTS

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INTRODUCTION: In patients with systemic diseases like end stage of chronic kidney disease, the nature of the disease itself can provoke inflammatory pathological process in the oral cavity to be transformed into an oral focus or act as activating general factor for focal infections.

AIM: To emphasize the necessity of active continued education in the field of general medicine and focal infections.

CASE PRESENTATION: A 43 old patient on hemodialysis secondary to systemic lupus erythematosus came to our clinic with a complaint of pain and swelling in the area of tooth 27. Radiographic examination and inspection demonstrated combined perio-endodontic lesion. The bleeding time and platelet count was within the normal limits and the tooth was extracted on non-dialysis day while the patient was receiving Amoxicillin with adjustment dose of 1000 mg once daily. Due to the risk of prolonged bleeding, the wound was closed with a suture. Bitewing radiograph was made and revealed radiolucent area around the apical area of teeth 25 and 26 and the result from their electric pulp testing was negative. It was decided for these teeth to undergo endodontic treatment. Periodontal examination showed 15 sites with depth of periodontal pocket ≥ 5 mm and conservative treatment preceded by antibiotic prophylaxis.

CONCLUSION: Oral and radiographic examination and treating patients with systemic diseases should be comprehensive and cautiously. Untimely diagnosis of asymptomatic inflammatory lesions in patients prior to organ transplantation can elevate rate of mortality.

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SOFT TISSUES AUGMENTATION OF MILLER I AND II RECESSIONS WITH SECOND GENERATION PLATELET-RICHED FIBRIN PRF

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INTRODUCTION: The muco-gingival surgical modality SCTG + CAF in the treatment of Miller I and II gingival recessions is considered as a "gold standard" technique for predictive and complete root coverage of the defects, with long-term clinical stability.

AIM: To evaluate the clinical efficiency of the CAF + PRF by comparing the values of periodontal clinical parameters measured preoperatively and 1 month postoperatively, as well as by the obtained immunohistochemical analysis of the biopsy material taken from the recipient site.

CASE REPORT: A 37-year-old man was referred to our clinic for treatment of localized gum recession Miller II, tooth 31. Preoperative measurements of periodontal clinical parameters were performed: vertical dimension of gingival recession (RD / VGR), periodontal pocket depth (PPD/PD) keratinized / attached gingival level (CAL), keratinized gingival width (KTW / KMW) and gingival thickness (GT) all measured in mm. CAF + PRF therapeutic modality is used to treat gingival defect. One month postoperatively, re-measurements of the values of the periodontal indices were performed and they were compared with ones obtained preoperatively.

CONCLUSION: Significant reduction of RD, PPD and CAL values were measured 1 month postoperatively, while the values of KTW and GT were insignificant. PRF is not only an adjuvant and/or replacement of the SCTG, but is also a superior alternative in the surgical treatment of this type of mucogingival defects.

Keywords: PRF, platelet concentrates, CAF, Miller I and II, gingival recessions, mucogingival surgery.