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USE OF TRANEXAMIC ACID IN ANTICOAGULATED ORAL SURGERY PATIENTS

Dimova Cena, Evrosimovska Biljana, Papakoca Kiro, Kovacevska Ivona, Kamceva Gordana, Bojkovska Diana, Georgiev Zlatko
F.Y.R.O.M.

INTRODUCTION: The oral surgeons are frequently asked to manage patients who are receiving oral anticoagulants. The goal of treatment is to minimize the risk of hemorrhage while continuing to protect the patient against thromboembolism formation. The ordinary treatment includes the interruption of anticoagulant therapy for oral surgery interventions to prevent hemorrhage.

However, this practice may logically increase the risk of a potentially life-threatening thromboembolism. Thus, this issue is still controversial. The aim of the study was to evaluate the mouthwash solution (tranexamic acid) as a local haemostatic modality after oral surgery interventions.

METHODS: To realize the aim 100 individuals who received oral anticoagulants were included. Oral surgery interventions were performed with a reduction in the level of anticoagulant therapy in the first group. Oral surgery interventions were realized in the second group with no change in the level of anticoagulant therapy and with usage the tranexamic acid. After the interventions the surgical field was irrigated with a 5% solution of tranexamic acid in the treatment group whose oral anticoagulants had not been discontinued (second group) and with a placebo solution in the examined for whom the anticoagulant therapy was reduced (first group). Patients were instructed to rinse their mouths with 10 ml of the assigned solution.

RESULTS: The analysis showed that there was no significant difference between the two treatment groups in the bleeding incidence after oral surgery interventions.

CONCLUSIONS: Conclusion: The anticoagulant treatment does not need to be withdrawn before the oral surgery provided that the local antifibrinolytic therapy is instituted.

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APPLICATION OF DENTAL ADHESIVE IN PERIODONTAL TEETH

Kouros Pantelis, Koliniotou-Koumpia Eugenia, Koulaouzidou Elisabeth, Helvatjoglu-Adoniades Maria, Tziafas Dimitrios
Greece

INTRODUCTION: In everyday clinical practice we have to treat teeth with questionable pulp condition and deep cavities are frequently restored. The present study is an attempt to clinically evaluate the pulp responses of a self-etching adhesive system when applying it in deep cavities in teeth suffered from periodontal disease.

METHODS: Twenty-six viable, caries free, human teeth scheduled for extraction due to periodontal reasons from

patients 40-50 years old were used. The protocol was conducted according to guidelines for research in humans in Aristotle University of Thessaloniki. Class V cavities (approximately 2.50 mm wide, 3.00 mm long) were prepared on the buccal surface of teeth. Cavities were randomly divided in two groups and filled as follows: group A: SE Bond/ Clearfil AP-X and group B: Dycal/Ketac Fill Plus. Teeth were extracted 4 or 8 weeks postoperatively and prepared for histological assessment. All sections were stained either with Mayer's hematoxylin-eosin stain or using modified Brown-Brenn's technique. The criteria to assess the connective tissue reactions and the bacterial infiltration of the cavity were: inflammatory cell response, tissue disorganization, tertiary dentin formation and remaining dentin thickness. Statistical analysis was performed by SPSS using two-way ANOVA, Kruskal Wallis test and Mann Whitney test ($p=0.05$).

RESULTS: Bacteria infiltration of the pulp was not present in any specimen. In few specimens bacteria were found along the cavity walls or within the cut dentinal tubules. No severe inflammation or severe tissue disorganization was demonstrated. Tests showed no statistical significant differences regarding to inflammatory cell response and tissue disorganization among groups. Hard tissue formation was not seen in any teeth.

CONCLUSIONS: It may be concluded that placing a resin adhesive in deep cavities with close proximity to pulp cavity is a safe procedure.

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COMPOSITE MATERIALS DIRECT RESTORATION TECHNIQUES

Biclesanu Cornelia, Despa Gabriela, Florescu Ana Maria
Romania

INTRODUCTION: The purpose of the present study is to describe the methods of several therapeutic procedures that use composite materials for performing restorations upon simple coronary lesions.

METHODS: Several light cured composite dental materials were used for restoration of caries located both on the anterior and the posterior segment of the dental arches. In order to reduce the polymerization shrinkage stress but also for achieving aesthetic restorations, multiple therapeutic techniques were imagined such as: split-increment technique, factor C reduction (the ratio of the bonded surfaces of the restoration to its unbonded surfaces), use of celluloid crown forms, preoperative use of polyvinyl matrix are described in this study.

RESULTS: Composite resins were initially used only for aesthetic restoration purposes or in areas with low exposure to masticatory forces. In time however, due to the many improvements provided both in terms of materials as well as application techniques, their use was extended to the posterior areas of the dental arcade.

Nowadays, the medical treatment is based almost entirely on their qualities and therefore the correct application tech-