
Transdental Implants in the Case of Wider Indications for Apicotony of the Median Upper Incisor

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Summary

The principles of classic mechanical retention are still applied today in modern medicine and dental medicine. Examples of this are transdental implants, modified from needle implants, i.e. triplants. The concept of their application originates from Scialoma in 1962, although in the literature they were mentioned even earlier. Because of the wide selection of indications and biocompatibility transdental implants have their place today in dental medicine. The case of a fourteen year-old girl is presented, in whom therapy with a transdental endosseous implant was applied, because of a recurrence of an ostitic periapical process on the median left upper incisor following repeated apicotony. The clinical and radiographic finding showed considerable loss of bone and dental tissue, which had resulted in the movement of the tooth in all directions. Because of the indications the therapy chosen ensured stability and lengthened the longitudinal axis of the tooth. Stainless steel wire, 0.9 mm in diameter, was used for the transdental implant, driven into the bone with the control of the naked eye. The case was monitored and documented during the period from 1990 until today, and proves the justification of the therapy. This example shows how a "lost tooth" does not always have to be that.

Zub u maksilarnome sinusu kao komplikacija tijekom vađenja gornjeg umnjaka

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Sazetak

Svi udžbenici oralne kirurgije spominju među mogućim komplikacijama tijekom vađenja zuba i uguravanje korijena zuba ili cijelog zuba u maksilarni sinus. Dok je prva komplikacija razmjerno česta, i s njom se oralni kirurzi susreću gotovo dano-

mice, uguravanje cijelog zuba u maksilarni sinus nije uobičajena komplikacija. Dva slučaja umnjaka u maksilarnome sinusu primljena su prošle godine na liječenje u Klinički zavod za oralnu kirurgiju KB "Dubrava", Zagreb. U oba se slučaja radilo o komplikaciji nastaloj za vrijeme alveotomije gornjih retiniranih umnjaka. U oba slučaja zubi su skliznuli u sinus za vrijeme rada Beinovom polugom. Pacijenti su hospitalizirani i nakon potrebne obradbe u općoj su anesteziji provedene ekstirpacije zuba pristupom kroz fajcjalnu stjenku. Nakon što su odstranjeni zubi, izvršene su tamponade dna sinusa jodoformnom gazom koja je izvedena u usta u prednjem dijelu reza i odstranjena treći dan nakon zahvata. Pošto su odstranjeni šavovi, pacijenti su nadzirani do prestanka objektivnih i subjektivnih smetnji i time je liječenje bilo završeno.

Primjeri se pokazuju kako bi se upozorilo da se komplikacija, za koju se obično misli da postoji samo u knjigama, može dogoditi svakome od nas. U tome smislu savjetujemo opreznu upotrebu klješta samo u slučajevima kada je zub moguće obuhvatiti preko ekvatora njegove krune, a s određenim ograndoma umjesto Beinove poluge preporučujemo bilo koju od parnih poluga koje obično upotrebljavamo u donjoj čeljusti za vađenje korjenova donjih višekorijenskih zuba.

The Tooth in the Maxillary Sinus as a Complication During Extraction of the Upper Wisdom Tooth

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Summary

All textbooks on oral surgery mention the pushing of the tooth root or the whole tooth into the maxillary sinus as one of the possible complications during tooth extraction. While the first complication is relatively frequent and oral surgeons come across it almost every day, pushing of the whole tooth into the maxillary sinus is an uncommon complication. Two cases of the wisdom tooth in the maxillary sinus were admitted last year for treatment in the Clinical Department of Oral Surgery. Both cases were complications which occurred during alveotomy of upper impacted wisdom teeth. In both cases the teeth

had slid into the sinus during work with Bein's elevator. The patients were hospitalised and after the necessary analyses extirpation of the teeth was performed under general anaesthesia by an approach through the facial wall. After removal of the teeth tamponade of the floor of the sinus was done with Jodoform gauze, which was carried out in the mouth in the frontal part of the cut and removed on the third day after the operation. After removal of the sutures the patients were monitored until objective and subjective problems ceased. The examples are presented in order to warn that complications which are commonly thought of as only occurring in books, can happen to each of us. With this in mind we recommend the careful use of forceps only in cases when it is possible to grasp the tooth through the equator of its crown, and with some reservation instead of Bein's lever we recommend any of the elevators which are normally used in the mandible for extracting the roots of multi-rooted teeth.

Anestezija u stomatologiji

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Sažetak

Uvod. Većina stomatoloških zahvata radi se u lokalnoj anesteziji (90%). Razlozi za to su jednostavna priprema bolesnika, ambulantno liječenje i rijetke komplikacije. No postoje bolesnici i stanja kod kojih zahvat nije moguće učiniti u lokalnoj anesteziji.

Svrha je ovoga rada utvrditi indikacije i komplikacije opće anestezije u stomatoloških bolesnika.

Materijali i metode. Analizirano je 864 bolesnika u razdoblju od godine 2001. - 2004. u KB "Dubrava" u kojih je učinjen stomatološki zahvat. U preoperativnoj pripremi bolesnicima su potrebeni laboratorijski nalazi, EKG, anamneza te pedijatrijski ili internistički pregled. Premedicirani su atropinom i midazolom intramuskularno, a vrsta anestezije je određena prema vrsti zahvata, dobi i općem bolesnikovu stanju.

Rezultati. Analizirano je 864 bolesnika u razdoblju od godine 2001.-2004. u KB "Dubrava" u kojih je učinjen operativni zahvat. Indikacije za opću an-

steziju bila su djeca, duševno zaostale osobe i osobe s upalom mekih tkiva usne šupljine. Ekstrakcije zuba rađene su u inhalacijskoj anesteziji na masku (692), a bolesnici s višestrukim popravcima zuba bili su intubirani (172). Tijekom anestezije mjerena je krvni tlak, EKG, periferna saturacija kisikom i koncentracija CO₂. Bolesnici su postoperativno praćeni 6 sati i nakon toga otpušteni kući ako nisu imali komplikacija.

Komplikacije su bile rijetke: laringo i bronhospazam u 3 bolesnika, aritmije u 5, mučnina i povraćanje u 6, a postoperacijske ekscitacije pojavile su se u 3 bolesnika.

Zaključak. Djeca i duševno zaostale osobe bile su najčešće indikacije za opću anesteziju u stomatologiji. Komplikacije su se pojavile u 17 bolesnika (1,8 %), što je prihvatljiv rizik za tu vrstu zahvata.

Anaesthesia in Dental Medicine

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Summary

Introduction. The majority of dental procedures are carried out under local anaesthesia (90%). Reasons for this are the simple preparation of the patient, out-patient treatment and rare complications. However, there are patients and conditions for which such procedures are impossible to perform under local anaesthesia.

Aim. The aim of this study was to determine the indications and complications of general anaesthesia in dental patients.

Materials and methods. We analysed 864 patients during a period from 2001 to 2004 in the University Hospital Dubrava, in whom dental operations were performed. In preoperative preparation patients require laboratory findings, ECG, case history and paediatric or internist examination. They are pre-medicated with atropine and midazola intramuscularly, and the type of anaesthesia determined according to the type of operation, age and general condition of the patient.

Results. During the period from 2001 to 2004 864 patients were analysed in the University Hos-