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INTERDISCIPLINARY DENTAL CARE FROM THE PERSPECTIVE OF A PEDIATRIC DENTIST

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In our everyday clinical work, especially when we talk about children, we are becoming increasingly aware of the high demands that patients and parents have from dentists. After satisfying the basic desire of everyone who comes to dental office, which is relief from acute pain, we come to the second level of demand, which is the impeccable aesthetics of our reconstructions. When the patient/parent tells us that nothing but the perfect aesthetic work will satisfy him, we enter an area that is often limited by various modifying factors. These are primarily biological constraints that objectively limit the ability to make the desired restoration. Furthermore, the financial requirements that arise in this case may also limit our patients' treatment options. What personally puts me in the unenviable position is the fact that the minimally invasive approach in dentistry, which is extremely important today, very often limits the possibilities of patient oral rehabilitation. Therefore, it is very often a precondition for successful treatment of our patient, which, in accordance with the prerequisites mentioned above, is a multidisciplinary approach. Children are also often exposed to various growth and developmental anomalies, mineralization defects and tooth injuries. Such huge number of different diagnosis can only be successfully treated in the long term by a multidisciplinary approach. Thus, in the treatment of children beside a pediatric dentist, much support is given by orthodontics and oral surgery specialists. Fortunately, the rapid development of dental materials and the skills of dental practitioners enable us to successfully address a challenging clinical situation while respecting the principles of minimal invasiveness with maximum aesthetic outcome. Some new and up-to-date clinical solutions that open up other possibilities in everyday clinical work will be presented in this lecture. Emphasis will be also placed on the value of successful clinical collaboration between different specialists in the treatment of various complicated pathological conditions of the oral cavity in children.

INTERDISCIPLINARNA SURADNJA IZ PERSPEKTIVE DJEČJEG STOMATOLOGA

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U svakodnevnom kliničkom radu s pacijentima, posebno kada su u pitanju djeca, sve više postajemo svjesni visokih zahtjeva koji pacijenti i roditelji postavljaju pred doktore dentalne medicine. Nakon zadovoljenja temeljne želje svakog tko dođe u našu ordinaciju, a to je oslobađanje od akutne boli, dolazimo do druge razine zahtjeva, a to je besprijekorna estetika naših rekonstrukcija. Kada nam pacijent/roditelj kaže kako ga ništa osim savršenog estetskog uratka neće zadovoljiti, ulazimo u područje koje je vrlo često ograničeno različitim modificirajućim čimbenicima. To su prije svega biološka ograničenja koja objektivno limitiraju mogućnost izrade željene restauracije. Nadalje, financijski zahtjevi koji se u tom slučaju javljaju također mogu ograničiti mogućnosti liječenja naših pacijenata. Ono što me osobno često stavlja u nezavidan položaj jest činjenica da minimalno invazivni pristup u stomatologiji, koji je danas imperativ, vrlo često ograničava mogućnosti u rehabilitaciji pacijenta. Stoga je vrlo često preduvjet za uspješno liječenje našeg pacijenta, koje je u skladu s ranije navedenim preduvjetima, multidisciplinarni pristup liječenju. Djeca su također često izložena različitim anomalijama rasta i razvoje, defektima mineralizacije te ozljedama zuba. Tako „široku“ kazuistiku jedino je moguće dugoročno uspješno liječiti multidisciplinarnim pristupom. Tako u liječenju djece uz dječjeg stomatologa veliku podršku daju specijalisti ortodontije i oralne kirurgije. Srećom, brzi razvoj stomatoloških materijala i vještina doktora dentalne medicine daju nam mogućnost uspješnog rješavanja zahtjevne kliničke situacije poštujući načela minimalne invazivnosti uz maksimalan estetski učinak. Neka nova i osuvremenjena klinička rješenja koja otvaraju druge mogućnosti u svakodnevnom kliničkom radu bit će predstavljena u ovom predavanju. Također će se naglasak dati na vrijednosti uspješne kliničke suradnje različitih specijalista u liječenju različitih kompliciranih patoloških stanja usne šupljine kod djece.

MANAGEMENT OF DENTAL EMERGENCIES IN CHILDREN AND ADOLESCENTS

Klaus Neuhaus

University of Basel, Private practice

The first contact between young patients and the dentist often happens because of dental trauma. Dentists should be aware of the adequate treatment options, but they should also be aware of the psychological demands in these situations. Other possible emergency situations often involve patients with a history of pain, and/or parents that are overstrained. This lecture gives an overview on the most effective and most evidence-based methods to deal with emergency situations in young patients due to trauma, caries, or other oral pathologies.

HITNA STOMATOLOŠKA STANJA KOD DJECE I ADOLESCENATA

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Prvi kontakt između mladog pacijenta i stomatologa često se događa zbog ozljede zuba. Stomatolog bi trebao biti svjestan dostupnih adekvatnih mogućnosti liječenja, no svakako treba imati na umu i velike psihološke zahtjeve, koji su vrlo česti i jako izraženi u tim situacijama. Ostali razlozi koji mogu pacijenta dovesti u ordinaciju kao hitan slučaj su pacijenti s poviješću orofacijalne boli (akutna epizoda) i/ili roditeljima koji su pretjerano fokusirani na oralno/opće zdravlje djeteta. Ovo predavanje dati će pregled najdjelotvornijih i na dokazima temeljenim metodama za liječenje hitnih stanja kod mladih pacijenata koja su nastala kao posljedica traume, karijesa ili drugih patoloških stanja usne šupljine.

PREVENTIVE DENTISTRY IN HANDICAPPED CHILDREN

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One of the most demanding patient groups for dentists are children suffering from epidermolysis bullosa. The dental team has to handle problems associated with high vulnerability, little self-cleaning, pain, reduced mouth opening and crowding of teeth, which results in a very high risk of developing caries or periodontitis. The medical team approach to treat this group of patients is presented. This lecture further focuses on prophylaxis, treat-

PREVENTIVNA DENTALNA MEDICINA KOD DJECE S POSEBNIM POTREBAMA

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Jedna od potencijalno najzahtjevnijih skupina pacijenata u ordinaciji dentalne medicine su djeca koja boluju od bulldoze epidermolize. Zadatak stomatološkog tima kod takvih pacijenata je rješavanje problema izrazite ranjivosti njihove sluznice usne šupljine, otežano samočišćenje, bol, otežano otvaranje usta uz česte ortodontske anomalije (zbiženost), što u

ment need and treatment strategies in handicapped children in general, and children suffering from epidermolysis bullosa in particular. A new toothbrush and a training device for mouth opening will be presented.

DIET AND NUTRITIONAL COUNSELLING IN PLANNING THERAPY

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Oral health in a significant sense depends on dietary habits. For example, nutritional habits acquired in the earliest stage affect craniofacial development and as such may result in disorders of soft and hard tissues, which also implies the incidence and frequency of caries, periodontal diseases, and various forms of enamel defects and erosion. It has been shown in the experimental and human studies that sugars are the major factor in the onset and progression of caries. Therefore, a balanced diet involves early prevention of caries and results in developing healthy habits at an early stage of growth and development. In this regard, proper diet is a prerequisite for general and oral health. Proper nutrition counseling is the basis of current therapy planning and counseling patients on oral hygiene and prevention. In this context it is an important part of the preventive program and today's concept of organizing the dental team in providing adequate oral health care.

PREVENTIVE PROCEDURES IN RISK PATIENTS IN THE PEDIATRIC DENTAL OFFICE

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Oral health, which is an integral part of the overall health of the child, especially at-risk patients, is constantly threatened by the most common chronic pathological process in humans called caries. Despite the knowledge that we have been declining the incidence and prevalence of caries for years due to the use of fluoride, we have recently witnessed an increase in the incidence of caries in extremely young children and children of lower socio-economic status. This is thought to be due to the increased consumption of extremely affordable and inexpensive food products containing high concentrations of refined carbohydrates, as well as the habit of children eating snacks and drinking sweet drinks throughout the day.

It is especially important to eliminate, as well as prevent, the consequences of inadequate oral hygiene, that is, caries in at-risk patients. Possible failures of dental treatment, as well as prevention in this group of patients, especially children, can significantly affect their treatment of the primary disease. Oral complications from head and neck radiation, or chemotherapy for any malignant disease, can compromise patients' health and quality of life and affect their ability to complete planned oncological treatment. For some patients, oral complications may weaken them so much that they can tolerate only lower doses of therapy, delay planned treatment, or interrupt the oncological treatment altogether. Oral complications can also lead to serious systemic infections. Medically necessary oral care before, during and after oncology treatment can prevent or reduce the incidence and severity of oral complications, improving patient survival and quality of life. More effective than endogenous especially when combined with good oral hygiene. It increases the resistance of the enamel to the action of acids and improves the remineralization of the enamel. The primary prevention of caries today is based on the topical application of various chemotherapeutic agents, mechanical plaque control, sealing of fissures with resins with fluorides and the use of restorative materials with fluorides.

AUTOTRANSPLANTATION OF TEETH

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Autotransplantation means the transplantation of a missing, impacted, or missing tooth from a single position in the mouth into the alveoli after extraction or a surgically prepared site into the same person. The problem of loss of frontal teeth in children and adolescents is a serious clinical problem that involves not only a technical (indication, surgery, monitoring) component but also a biological, psychological and emotional one. As the implantation of the implant in the frontal segment in children is not indicated, autotransplantation and orthodontic therapy are the therapeutic procedures of choice. Ideally, the lower second premolar is transplanted to the location of the superior incisor of the contralateral side. The availability and incorporation of fibrin-enriched platelet (PRF) prepara-

konačnici rezultira vrlo visokim rizikom od razvoja karijesa ili parodontitisa. Tijekom predavanja predstaviti će se timski pristup liječenja ove skupine bolesnika. Ovo predavanje dodatno će se usredotočiti na preventivu, terapiju kao i moguće strategije liječenja kod djece s različitim oblicima hendikepiranosti, s posebnim naglaskom na djecu koja pate od bulozne epidermolize. Biti će predstavljena i nova četkica za zube te uređaj za vježbanje otvaranja usta koji su dizajnirani posebno za pacijente se epidermolisis bullosa.

DIJETA I NUTRICIONISTIČKO SAVJETOVANJE U PLANIRANJU TERAPIJE

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Oralno zdravlje u značajnom smislu ovisi o dijetalnim navikama i prehrani. Primjerice, nutricionističke navike u najranijoj fazi utječu na kraniofacijalni razvoj te eventualne poremećaje ili bolesti mekih i tvrdih tkiva, a što podrazumijeva pojavnost i učestalost karijesa, periodontalne bolesti te razne oblike defekata i eroziju cakline. Evidentno je, i dokazano temeljem eksperimentalnih i humanih studija, da su šećeri osnovni čimbenik u nastanku i progresiji karijesa. Stoga izbalansirana dijeta podrazumijeva ranu prevenciju karijesa te omogućava usvajanje zdravih navika u najranijoj dobi rasta i razvoja. U tom je smislu pravilna dijeta preduvjet općeg zdravlja i zdravlja usne šupljine. Savjetovanje o pravilnoj prehrani temelj je suvremenog planiranja terapije, te predstavlja osnovu u savjetovanju pacijenata o oralnoj higijeni i prevenciji. U kontekstu toga važan je dio preventivnog programa, odnosno moderne organizacije i koncepta rada stomatologa i njegovog tima u današnjoj praksi.

PREVENTIVNI POSTUPCI KOD RIZIČNIH PACIJENATA U AMBULANTI DJEČJE DENTALNE MEDICINE

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Oralno zdravlje, koje je sastavni dio općeg zdravlja djeteta, naročito i rizičnih pacijenata, konstantno biva ugroženo najčešćim kroničnim patološkim procesom u čovjeka zvanim karijes. Unatoč spoznaji da godinama bilježimo pad incidencije i prevalencije karijesa zahvaljujući primjeni preparata fluorida, u zadnje vrijeme svjedoci smo porasta incidencije karijesa kod iznimno male djece te djece nižeg socio-ekonomskog statusa. Pretpostavlja se da je razlog tomu povećana konzumacija iznimno dostupnih i jeftinih prehrambenih proizvoda koji sadrže visoke koncentracije rafiniranih ugljikohidrata, te navici djece da jedu grickalice i piju zaslađene napitke tokom cijelog dana.

Naročito je bitno eliminirati, kao i prevenirati, posljedice neadekvatne oralne higijene, odnosno karijes kod rizičnih pacijenata. Eventualni propusti stomatološkog liječenja, kao i prevencije u ovoj skupini pacijenata, naročito djece, mogu značajno utjecati na njihovo liječenje primarne bolesti. Oralne komplikacije od zračenja glave i vrata, ili kemoterapije za bilo kakve maligne bolesti mogu ugroziti zdravlje pacijenata i kvalitetu života te utjecati na njihovu sposobnost za dovršetak planiranog onkološkog liječenja. Za neke pacijente, oralne komplikacije ih mogu tako oslabiti da mogu tolerirati samo manje doze terapije, odgoditi planirano liječenje, ili prekinuti onkološko liječenje u cijelosti. Oralne komplikacije mogu također dovesti do ozbiljnih sustavnih infekcija. Medicinski nužna oralna skrb prije, za vrijeme i nakon onkološkog liječenja može spriječiti ili smanjiti učestalost i ozbiljnost oralnih komplikacija, poboljšavajući i opstanak pacijenta kao i kvalitetu života. Do danas najpouzdanija i najraširenija sredstva za prevenciju karijesa su fluorida. Istraživanja pokazuju da je topikalna primjena fluorida učinkovitija od endogene osobito u kombinaciji s dobrom oralnom higijenom. Njome se povećava otpornost cakline na djelovanje kiselina i poboljšava remineralizacija cakline. Primarna prevencija karijesa danas se temelji na topikalnoj aplikaciji različitih kemoterapijskih sredstava, mehaničkoj kontroli plaka, pečačenju fisura smolama s fluoridima i uporabi restorativnih materijala s fluoridima.

AUTOTRANSPLANTACIJA ZUBA

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Autotransplantacija označava transplantaciju neizniklog, impaktiranog ili izniklog zuba iz jednog položaja u ustima u alveolu nakon ekstrakcije ili kirurški pripremljeno mjesto u iste osobe. Problem gubitka frontalnih zuba u djece i adolescenata ozbiljan je klinički problem koji u sebi uključuje ne samo tehničku (indikacija, operativni zahvat, praćenje) komponentu nego i biološku, psihološku i emocionalnu. Kako ugradnja implantata u frontalnom segmentu u djece nije indicirana, autotransplantacija i ortodontska terapija predstavljaju terapijske postupke izbora. Idealno se transplantira donji drugi premolar na mjesto gornjeg inciziva kontralateralne strane. Dostupnost i ugradnja preparata trombocitima obogaćenog fibrina (PRF) omogućuje bolje predviđanje ishoda terapije te osi-

tions enables a better prediction of the outcome of therapy and ensures the vitality of the transplanted tooth. The surgical approach involves atraumatic graft extraction and surgical preparation of the donor-side alveoli. A successful autotransplant procedure ensures the restoration of normal function and aesthetics.

BIOACTIVE MATERIALS FOR VITAL PULP TREATMENT

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Vital pulp therapy is defined as a treatment which aims to preserve and maintain healthy pulp tissue that has been compromised but not destroyed by trauma, caries, or restorative procedures in a healthy state. This is particularly important in the young adult tooth with incomplete apical root development. The process of successfully treating vital pulp depends on many factors, and primarily on the proper choice of material. In the last two decades, there has been an increasing interest in the development of materials that are biocompatible, bioactive, non-cytotoxic and that encourage the formation of a dentin bridge. Today, materials that promote remineralization and stop the demineralization of hard dental tissues are available. Pulp capping or vital pulp pulpotomy rely upon an accurate assessment of the pulp status, and careful management of the remaining pulp tissue. Control of hemorrhage is an important key to enhance the success rate of vital pulp therapy. The most important factors in predicting pulpal responses to vital pulp therapy are then on toxicity and the sealing ability of material. The necessary characteristics of materials for successful direct and indirect treatment of vital pulp and their role in the dentin mineralization process will be presented.

TOOTH LUXATION AND AVULSION – IMMOBILIZATION AND HEALING COMPLICATION

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Injuries of tooth support structures can cause higher tooth mobility, dislocation or avulsion (complete displacement of the tooth out of its socket). Immobilization with splint after replantation is necessary for periodontal ligament cells healing and reparation, and increasing the ability to preserve the vitality of the pulp. Depending on the type of dental trauma, the procedures of tooth immobilization, their time of permanency and when to start with endodontic therapy will be presented. Procedures for regenerative endodontics in young permanent teeth and the most common complications in the healing of the supporting tissues of the tooth will also be displayed.

DENTAL CARE FOR IMMUNOCOMPROMISED CHILDREN

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Immunocompromised and immunosuppressed individuals belong to a special group of patients whose inflammatory conditions and infections can be life-threatening conditions. Long-term treatment of the underlying disease in such patients also means increased resistance to certain medications. Preventive procedures, dental examination intervals, choice of therapy and medication are very important for maintaining of oral and general health of such patients. This lecture outlines the most important aspects of dental care for this population: from presentation of immunodeficiencies, through dental treatment with a particular focus on leukemia patients to dental procedures and their particularities with respect to the underlying disease.

COMMUNICATION WITH THE PATIENT AS A KEY TO SUCCESS OF DENTAL TREATMENT!

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Communication with the patient is the key to achieving successful clinical work. Children and adolescents with regard to age are in different stages of maturity, mental development and emotion, and therefore develop different forms of behavior when accepting dental treatment. Application of a certain method to control the behavior of the child depends on the type of uncooperative behavior, the age of the child and its ability to understand the procedure. Procedures for controlling behaviour can include communication methods, behavioural technique, physical coercion techniques and the use of medication. The lecture will include an overview of the procedures aimed at achieving the cooperative behaviour of a child to be able to carry out treatment and to protect oral health in the long term.

gurava vitalnost transplantiranog zuba. Operativni pristup uključuje atraumatsku ekstrakciju transplantata te kiruršku pripremu alveole na donorskoj strani. Uspješno proveden postupak autotransplantacije osigurava ponovnu uspostavu normalne funkcije i estetike.

BIOAKTIVNI MATERIJALI ZA LIJEČENJE VITALNE PULPE

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Terapija vitalne pulpe se definira kao tretman koji ima za cilj očuvanje zdravog pulpnog tkiva kojem je vitalitet ugrožen traumom, karijesom ili restaurativnim postupcima. To je posebno važno kod mladih trajnih zuba s nezavršenim rastom i razvojem korijena. Postupak uspješnog liječenja vitalne pulpe ovisi o puno čimbenika, a prvenstveno o pravilnom izboru materijala. U zadnja dva desetljeća porastao je interes za razvoj materijala koji su biokompatibilni, bioaktivni, koji nisu citotoksični te koji potiču stvaranje dentinskog mostića. Danas su dostupni materijali koji potiču remineralizaciju i zaustavljaju demineralizaciju tvrdih zubnih tkiva. Uspješnost indirektnog liječenja pulpe ili vitalne pulpotomije ovisi o preciznoj procjeni stanja pulpe i pažljivim liječenjem preostalog tkiva pulpe. Kontrola krvarenja važan je ključ za postizanje uspješnosti vitalne pulpotomije. Najvažnije karakteristike materijala za uspješnost vitalne pulpotomije su netoksičnost i dobro brtvljenje kvaliteta. Prikazat će se koje su potrebne karakteristike materijala za uspješno direktno i indirektno liječenje vitalne pulpe te njihova uloga u procesu mineralizacije dentina.

LUKSACIJA I AVULZIJA ZUBA – IMOBILIZACIJA ZUBA I KOMPLIKACIJE U CIJELJENJU

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Ozljede potpornog tkiva zuba manifestiraju se povećanom mobilnosti zuba, dislokacijom ili potpunim istisnućem zuba iz alveole. Stabilizacija zuba nakon ozljede omogućava cijeljenje stanica periodontalnog ligamenta i povećava mogućnost očuvanja vitaliteta pulpe ukoliko se pravilno postavi. Ovisno o vrsti traume biti će prikazani postupci imobilizacije zuba, vremenski period i uklanjanje stabilizacije te kada započeti endodontsku terapiju zuba. Biti će prikazani postupci regenerativne endodoncije kod mladog trajnog zuba i najčešće komplikacije u cijeljenju potpornih tkiva zuba.

STOMATOLOŠKA SKRB DJECE S IMUNOKOMPROMITIRANIM STANJIMA

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Imunokompromitirane i imunosuprimirane osobe spadaju u posebnu skupinu pacijenata kod kojih upalna stanja i infekcije mogu biti i po život opasna stanja. Dugogodišnja terapija osnovne bolesti kod takvih bolesnika znači i povećana rezistencija na određene lijekove. Preventivni postupci, intervali stomatoloških pregleda, izbor terapije i lijekova vrlo su bitni za očuvanje oralnog i općeg zdravlja takvih pacijenata. Ovo predavanje će prikazati najvažnije aspekte stomatološke skrbi za ovu populaciju: od prikaza imunodeficijencija, preko stomatološkog liječenja s posebnim naglaskom na pacijente s leukemijom do stomatoloških zahvata koji se provode i njihovim osobitostima s obzirom na osnovnu bolest.

KOMUNIKACIJA S PACIJENTOM: KLJUČ USPJEHA!

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Komunikacija s pacijentom je ključ za postizanje uspješnog kliničkog rada. Djeca i adolescenti s obzirom na dob nalaze se u različitim fazama zrelosti, mentalnog razvoja i emocija te stoga razvijaju različite oblike ponašanja pri prihvaćanja dentalnog tretmana. Primjena određene metode za kontrolu ponašanja djeteta ovisi o tipu nekooperativnog ponašanja, dobi djeteta i njegovoj mogućnosti da postupak razumije. Postupci za kontrolu ponašanja mogu uključivati komunikacijske metode, bihevioralnu tehniku, tehnike fizičke prisile te upotrebu medikamena. Predavanje će obuhvatiti pregled postupaka kojima je za cilj postići kooperativno ponašanje djeteta koje omogućuje provedbu liječenja te zaštitu oralnog zdravlja dugoročno.

BIOFILM-INDUCED GINGIVITIS AND GINGIVAL HYPERPLASIA MEDIATED BY A LOCAL PREDISPOSING FACTOR, AN ORTHODONTIC APPLIANCE – A CASE REPORT

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Introduction: This case report presents a female teenager with an extreme clinical presentation of gingivitis and gingival hyperplasia induced by the abundant biofilm, present due to the patient's inability to perform adequate oral hygiene around the fixed orthodontic appliance.

Case report: The patient, female, 13 years of age at the time of the first examination (2017), systemically healthy, was referred from the attending orthodontist because of the generalised bleeding upon slightest provocation (brushing, eating) and gingival hyperplasia. Patient reported that the symptoms commenced with the beginning of the orthodontic therapy, 2 years before the referral to the Department of Periodontology. Clinical examination revealed inflamed gingiva (FMBS100%), inadequate oral hygiene (FMPS100%), pseudopockets up to 7mm of depth, with no loss of attachment, nor bone loss as observed radiographically. She was diagnosed with generalised biofilm-induced gingivitis on an intact periodontium mediated by a local predisposing factor (2017 Classification of periodontal diseases). In-mouth OH instructions and nonsurgical periodontal therapy were carried out. Patient was enrolled in a 3-month recall programme.

Irrespective of the nonsurgical therapy and improved oral hygiene, generalised bleeding and gingival hyperplasia persisted, albeit to a lesser extent, until the orthodontic appliance was removed (2019). Within 4 months of removal, the overall condition drastically improved. **Conclusions:** Clinical presentation in this case may have been further mediated by sex steroid hormones (patient at the beginning of puberty), a systemic, modifying risk factor. Exceptional oral hygiene is crucial for periodontal health in patients with orthodontic appliance.

BIOFILMOM INDUCIRANI GINGIVITIS I GINGIVNA HIPERPLAZIJA POSREDOVANI LOKALNIM PREDISPONIRAJUĆIM ČIMBENIKOM, ORTODONTSKIM APARATOM – PRIKAZ SLUČAJA

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Uvod: Ovaj prikaz slučaja predstavlja djevojku u ranim tinejdžerskim godinama s prenaplašenom kliničkom prezentacijom gingivitisa i gingivne hiperplazije induciranim obilnim biofilmom, prisutnim zbog otežanog održavanja oralne higijene oko fiksnog ortodontskog aparata.

Prikaz slučaja: Pacijentica, djevojka s navršenih 13 godina života u vrijeme prvog pregleda (2017.), sistemski zdrava, upućena je od nadležnog ortodonta zbog generaliziranog krvarenja pri najmanjoj provokaciji (četkanje, jedenje) i hiperplazije gingive. Pacijentica je navela da su se simptomi pojavili početkom ortodontske terapije, dvije godine prije dolaska na Zavod za parodontologiju. Kliničkim pregledom utvrđena je upala gingive (FMBS100%), neadekvatna oralna higijena (FMPS100%), pseudo-džepovi do 7 mm dubine, bez gubitka pričvrstva ili radiografski utvrđenog gubitka kosti. Dijagnostičiran joj je generalizirani biofilmom inducirani gingivitis na netaknutom parodontu, posredovan lokalnim predisponirajućim čimbenikom – ortodontskim aparatom (Klasifikacija parodontnih bolesti 2017.). Dane su upute u oralnu higijenu uz demonstraciju u usnoj šupljini i provedena je nekirurška parodontna terapija. Pacijentica je uključena u potpornu parodontološku terapiju, uz dolaske svaka 3 mjeseca.

Usprkos provedenoj terapiji i poboljšanju oralne higijene, generalizirano krvarenje i gingivna hiperplazija perzistirale su, iako u manjem opsegu, sve do uklanjanja ortodontskog aparata (2019.). U roku od 4 mjeseca po završetku ortodontske terapije došlo je do drastičnog poboljšanja.

Zaključak: Klinička prezentacija izražene upale u ovom bi se slučaju mogla dodatno objasniti posredovanjem spolnih steroidnih hormona (pacijentica na početku puberteta), kao jednim od sistemskih modificirajućih faktora rizika. Izuzetna oralna higijena presudna je za zdravlje parodonta kod pacijenata s ortodontskim aparatom.

TOOTH AUTOTRANSPLANTATION: CASE REVIEW

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Aim: The aim of this work is to present the procedure of tooth autotransplantation as a possible therapeutic method in the treatment of complications of vertical fracture caused by tooth trauma.

Case review: Tooth 11 was lost due to complications arising from the treatment of vertical root fracture following traumatic injury. Choice of therapy was the transplantation of the second left lower premolar to the position of the right upper central incisor affected by the trauma. Clinical and radiological analysis of the transplant site and the donor site have determined the optimal conditions for the procedure and that the degree of root development of the transplanted tooth is adequate for transplantation. The surgical procedure was started by extraction of the upper right central incisor after which the extraction alveola was minimally reshaped. Atraumatic extraction of the inferior left premolar from the contralateral side, was performed and extracted tooth have been positioned in pre-shaped incisor alveola. Tooth was immobilized with a flexible wire-composite splint for two weeks after which the tooth crown was reshaped to meet aesthetic and functional requirements. **Results:** After two years of clinical service, transplanted tooth has a positive clinical and radiological signs, it is vital and with no signs of periodontal disease. The contour of the alveolar ridge is preserved and the gingival tissue is healthy. The aesthetic result is also satisfactory. **Conclusion:** With proper decision on indications and surgical technique, tooth autotransplantation is a successful therapeutic method of tooth replacement in cases where prosthetic and implant therapy are contraindicated due to the incomplete growth and development of orofacial structures of the patient.

Keywords: dental autotransplantation, dental trauma, pediatric dentistry

AUTOTRANSPLANTACIJA ZUBA U DJECE: PRIKAZ SLUČAJA

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Cilj: Cilj rada je prikazati postupak autotransplantacije zuba kao moguće terapijske metode u liječenju komplikacija nastalih traumom zuba.

Prikaz slučaja: Zub 11 izgubljen je zbog komplikacija nastalih tijekom liječenja traumom uzrokovane vertikalne frakture korijena. Terapija izbora bila je transplantacija drugog donjeg lijevog premolara na mjesto desnog gornjeg središnjeg sjekutića. Kliničkom i radiološkom analizom mjesta transplantacije i donorskog mjesta ustanovljeni su optimalni uvjeti za zahvati primjereni stupanj razvoja korijena transplantata. Kirurški zahvat započeo je ekstrakcijom gornjeg desnog središnjeg sjekutića nakon čega je ekstrakcijska alveola minimalno preoblikovana. Potom se pristupilo atraumatskoj ekstrakciji donjeg premolara s kontralateralne strane koji je postavljen na mjesto sjekutića. Zub je imobiliziran žičano-kompozitnim splintom kroz dva tjedna nakon čega je kruna zuba preoblikovana kako bi udovoljavala estetskim i funkcijskim zahtjev imate se očekuje revaskularizacija i uspostava vitaliteta transplantiranog zuba.

Rezultati: Nakon dvije godine kliničkog praćenja transplantirani zub je urednog kliničkog i radiološkog nalaza, vitalan te bez znakova parodontne bolesti. Kontura alveolarnog grebena je očuvana, a gingiva je zdrava. Također, estetski rezultat je zadovoljavajući.

Zaključak: Uz pravilnu indikaciju i kiruršku tehniku, autotransplantacija zuba je uspješna terapijska metoda nadoknade zuba u slučajevima kada su protetska i implantološka terapija kontraindicirane zbog nezavršenog rasta i razvoja pacijenta.

Ključne riječi: autotransplantacija zuba, dentalne traume, dječja stomatologija

FLUORIDE RELEASE AND PH CHANGES OF AQUEOUS MEDIUM DURING IMMERSION OF BIOACTIVE DENTAL MATERIALS

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Aim: Objectives of this study are to determine the amount of released fluoride from bioactive dental materials, to determine pH changes of the immersion medium and to es-

OTPUŠTANJE FLUORIDA I PROMJENA PH VRIJEDNOSTI OTOPINE TIJEKOM IMERZIJE BIOAKTIVNIH DENTALNIH MATERIJALA

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Cilj: Ciljevi su istraživanja utvrditi količinu otpuštenih fluorida iz bioaktivnih dentalnih materijala i promjene u pH vrijednosti otopine te ustanoviti postoji li razlika u količini

establish if there is a difference in fluoride release caused by different adhesive systems or coating varnishes.

Materials and methods: Four different restorative materials were used: giomer Beautifil II (Shofu Dental GmbH, Ratingen, Germany), the "alkasite" composite material Cention (Ivoclar Vivadent, Schaan, Liechtenstein), a conventional composite Filtek Z250 (3M Deutschland GmbH, Neuss, Germany), used as a negative control and a conventional glass ionomer cement Fuji IX Extra (GC Europe, Leuven, Belgium), used as a positive control. Light-cured specimens of composite materials were coated using two adhesive systems: universal adhesive Gaenial Bond (GC Europe, Leuven, Belgium) and a universal fluoride-releasing adhesive Clearfil Universal Bond Quick (Kuraray Europe, Hattersheim am Main, Germany). The glass ionomer cement was coated using Fuji IX coat (GC Europe, Leuven, Belgium). The prepared specimens were stored in 5 mL of deionized water and kept in a laboratory incubator at 37 °C. Quantitative fluoride release was measured using a standard ion-selective electrode Orion 9609BNWP (Thermo Fisher Scientific, Massachusetts, USA). Determination of the pH value of the immersion medium was measured by a InLab Expert Pro pH electrode (Mettler Toledo, Columbus, Ohio). Quantities of released fluorides were measured after the following time intervals: 1 hour, 24 hours, 48 hours, 7 days, 1 month and 3 months.

Results: The cumulative amounts of released fluoride after 3 months increased among the tested materials without adhesives or coatings in the following order: Filtek Z250 < Beautifil II < Cention < Fuji IX (0 ppm, 1.01 ppm, 10.8 ppm, and 45.7 ppm, respectively). Materials with the Clearfil Universal Bond Quick released less fluoride, with cumulative values reached after 3 months increasing in the following order: Filtek Z250 < Beautifil II < Cention (0.00076 ppm, 0.082 ppm, and 0.24 ppm, respectively). Materials coated with Gaenial Bond also released lower fluoride amounts in the following order: Beautifil < Cention (0.322 ppm and 3.09 ppm, respectively). Filtek Z250 prepared without adhesives and with Gaenial Bond adhesive did not release fluorides. Gaenial Bond in all groups showed low pH values at time intervals of 1 hour and 24 hours. After 1 hour pH values increased among materials in the following order: Filtek Z250 < Cention < Beautifil II (4.42, 4.53 and 4.75, respectively). After 24 hours pH values increased among materials in the following order: Filtek Z250 < Beautifil II < Cention (5.39, 5.67 and 5.73, respectively).

Conclusion: The amount of released fluoride varied among dental materials and depended on the use of dental adhesives and coatings.

otpuštenih fluorida prilikom korištenja različitih adhezivnih sustava ili premaza kod stakleno ionomernih cementa.

Materijali i metode: U ovome su istraživanju korištena četiri različita dentalna materijala: giomer Beautifil II (Shofu Dental GmbH, Ratingen, Germany), alkasitni kompozitni materijal Cention (Ivoclar Vivadent, Schaan, Liechtenstein), konvencionalni kompozit Filtek Z250 (3M Deutschland GmbH, Neuss, Germany) kao negativna kontrola te konvencionalni stakleno ionomerni cement Fuji IX Extra (GC Europe, Leuven, Belgium) kao pozitivna kontrola.

Svjedlosno polimerizirani uzorci kompozitnih materijala premazani su dvama adhezivnim sustavima. Korišteni adhezivni sustavi bili su: univerzalni adheziv Gaenial Bond (GC Europe, Leuven, Belgium) i univerzalni adheziv koji otpušta fluoride Clearfil Universal Bond Quick (Kuraray Europe, Hattersheim am Main, Germany). Premaz korišten za stakleno ionomerni cement bio je Fuji IX coat (GC Europe, Leuven, Belgium).

Pripremljeni su uzorci pohranjeni u 5 ml deionizirane vode i čuvani u laboratorijskom inkubatoru na 37 °C. Kvantitativno otpuštanje fluorida ispitivalo se standardnom metodom ion-selektivnom elektrodom Orion 9609BNWP (Thermo Fisher Scientific, Massachusetts, USA). Određivanje pH vrijednosti tekućine u kojoj su bili pohranjeni uzorci, vršilo se pomoću InLab Expert Pro pH elektrode (Mettler Toledo, Columbus, Ohio). Količine otpuštenih fluorida i pH vrijednosti mjerile su se u vremenskim intervalima: 1 sat, 24 sata, 48 sati, 7 dana, 1 mjesec i 3 mjeseca.

Rezultati: Kumulativna količina otpuštenih fluorida nakon 3 mjeseca razlikovala se među ispitivanim materijalima bez adheziva ili premaza navedenim redoslijedom: Filtek Z250 < Beautifil II < Cention < Fuji IX (0 ppm, 1.01 ppm, 10.8 ppm i 45.7 ppm). Materijali sa Clearfil Universal Bond Quick adhezivom otpustili su manje količine fluorida te je raspon kumulativnih vrijednosti nakon 3 mjeseca bio: Filtek Z250 < Beautifil II < Cention (0.00076 ppm, 0.082 ppm te 0.24 ppm). Materijali sa Gaenial Bond adhezivom također su otpustili manje količine fluorida s rasponom kumulativnih vrijednosti nakon 3 mjeseca: Beautifil < Cention (0.322 ppm i 3.09 ppm). Filtek Z250 priredan bez adheziva i sa Gaenial Bond adhezivom nije otpustio fluoride. Gaenial Bond pokazao je u svim skupinama niske vrijednosti pH u vremenskim intervalima 1 sat i 24 sata. Nakon 1 sata su se pH vrijednosti među materijalima povećavale sljedećim redoslijedom: Filtek Z250 < Cention < Beautifil II (4.42, 4.53 i 4.75). Nakon 24 sata su se pH vrijednosti među materijalima povećavale sljedećim redoslijedom: Filtek Z250 < Beautifil II < Cention (5.39, 5.67 i 5.73). **Zaključak:** Količina otpuštenih fluorida razlikovala se među dentalnim materijalima te je ovisila o aplikaciji adhezivnih sustava i premaza.

DENTAL PREVENTIVE PROGRAMME „DENTAL PASSPORT“

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Introduction: Dental caries is the most common oral disease that affects 60-90% of schoolchildren and remains a public health problem. Decrease in caries prevalence is based on complex primary and secondary prevention measures that include improved oral hygiene, fluoride prophylaxis, proper nutrition and health education, and early diagnosis and treatment. The need for planning and implementation of dental preventive program in Croatia has resulted in the implementation of measures to improve the existing dental health care for schoolchildren through the national program "Dental Passport", which began in the 2017/2018 school year. The program is multidisciplinary and is implemented within the regular work of school and dental medicine teams. Organized preventive examinations are intended to cover six-year-olds and twelve-year-olds with the aim of reducing the incidence of caries, motivating parents and students to respond permanently and going for an examination, and encouraging dentists to realize the importance of preventive examinations and procedures.

Aim: Demonstrate the effectiveness of interdisciplinary collaboration between school and dental medicine in developing a system of regular control dental examinations and preventive procedures for 6th grade students and preschoolers enrolling in the 1st grade of primary school.

Methods: The data was collected from completed "Dental Passport" forms from September 2017 until August 2018. The 6th grade students and preschoolers enrolling in the 1st grade of primary school were given the forms directly from school medicine doctor or in school. The dental examinations and diagnostic-therapeutic procedures were recorded in the Central Health Information System of Croatia during clinical examinations carried out by dental practitioners who had signed contracts with the Croatian Health Insurance Fund.

Results: In the school year 2017/2018, out of 39,184 6th grade elementary school students, 24,729 students visit a dentist, with the response of 68% for Croatia. According to CEZIH data, in the period from September 1 to December 31, in 2017, an increase in the number of first examinations and diagnostic-therapeutic procedures was observed in children aged 12 years compared to the same period in 2015. The least reported preventative

PREVENTIVNI DENTALNI PROGRAM „ZUBNA PUTOVNICA“

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Uvod: Zubni karijes je najčešća bolest usne šupljine koja zahvaća 60-90% školske djece i predstavlja veliki javnozdravstveni problem. Smanjenje prevalencije karijesa temelji se na složenim mjerama primarne i sekundarne prevencije koje uključuju poboljšanje oralne higijene, profilaksu fluoridima, pravilnu prehranu i zdravstveni odgoj te ranu dijagnostiku i intercepivno liječenje. Potreba za planiranjem i provedbom preventivnog dentalnog programa u Republici Hrvatskoj je rezultirala primjenom mjera u unaprjeđenju korištenja dentalne zdravstvene zaštite školske djece kroz nacionalni program „Zubna putovnica“ koji je započeo u školskoj godini 2017./2018. Program je multidisciplinarni i provodi se u sklopu redovnog rada timova školske i dentalne medicine. Organiziranim preventivnim pregledima se želi obuhvatiti šestogodišnjake i dvanaestogodišnjake s ciljem smanjenja učestalosti karijesa, motiviranja roditelja i učenika na trajni odaziv i odlazak na pregled te poticanja doktora dentalne medicine na važnost preventivnih pregleda i postupaka. Metodologija: Podaci su prikupljeni putem ispunjenih obrazaca „Zubna putovnica“ od rujna 2017. do kolovoza 2018. godine. Obrasci su učenici 6. razreda i kod upisa u 1. razred osnovne škole dobili od doktora školske medicine direktno ili putem škole. Pregledi i dijagnostičko-terapijski postupci (DTP) su se bilježili u sklopu Centralnog zdravstvenog informacijskog sustava Republike Hrvatske prilikom kliničkog pregleda djece u ordinaciji dentalne medicine koje su imale sklopljene ugovore s Hrvatskim zavodom za zdravstveno osiguranje.

Svrha: Prikazati učinkovitost interdisciplinarnе suradnje školske i dentalne medicine u razvijanju sustava redovitih kontrolnih dentalno-medicinskih pregleda i preventivnih postupaka kod učenika 6. razreda i predškolaraca pri upisu u prvi razred osnovne škole.

Rezultati: U školskoj godini 2017./2018., od 39.184 učenika 6. razreda osnovne škole, doktora dentalne medicine je posjetilo 24.729 učenika, s odazivom od 68% za Republiku Hrvatsku. Prema podacima CEZIH-a u razdoblju od 1. rujna do 31. prosinca 2017. godine kod djece u dobi od 12 godina je zabilježeno povećanje broja prvih pregleda i dijagnostičko-terapijskih postupaka u odnosu na isto razdoblje 2015. godine. Najmanje zabilježeni preventivni postupci kod predškolske djece i učenika 6. razreda su bili pečaćenje fisura po zubu i pečatni ispuni, dok su demonstracija čišćenja usta i motiviranje djece za higije-

procedures in preschool children and 6th grade students were fissure sealing and sealing restorations, while demonstration of mouth cleaning and motivating of children for oral hygiene were the most commonly reported procedures. For 6th grade students, the average DMFT index was 2.6. A significant proportion of children with caries (73.5%) were observed in preschoolers (73.5%).

Conclusion: Good organization of work in school medicine provides the basis for the implementation of dental programs involving schoolchildren but greater motivation of the dental health care provider in the implementation of preventive procedures and motivation of parents and patients for more active involvement in the program “Dental Passport” are important determinants for further implementation and improvement of oral health in children.

SUPERVISED TOOTHBRUSHING IN KINDERGARDENS AND PRIMARY SCHOOLS –PILOT PROJECT

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Introduction: Regular daily toothbrushing is an important preventive measure in prevention of dental caries and adopting regular habits for maintaining oral hygiene. Kindergartens and schools can provide a suitable environment for supervised (organized) toothbrushing programmes. When developing such programmes, it is important to consider a limited understanding of the questions with regard to sanitation, hygiene and social factors so that standards which have proven best can be set.

Aim: Development of the Standards of Supervised Toothbrushing in Kindergartens and Schools, which will be the basis for the organization of toothbrushing in preschools and schools, and the assessment of sustainability and effectiveness in further implementation of the National Supervised Toothbrushing Programme.

Methods: Toothbrushing was carried out according to the developed Standards for the pilot project of supervised toothbrushing in kindergartens and school settings.

Results: A total of 987 children, aged 3 to 7, from 11 kindergartens and 10 elementary schools participated. 85% of children brushed their teeth every day for 66 working days on average (from March to June during the 2018/2019 school year). A total of 10.3% of children did not brush their teeth due to absence for health reasons, while 8.2% of kindergarten children and 1.5% of school-age children refused to brush their teeth. A replacement toothbrush was needed in 11.3% of kindergarten children and in 17.4% of school-age children.

Conclusion: The following standards of supervised tooth brushing have been established: 1. organization of tooth brushing with emphasis on involving all children with passive parental consent and supervision of trained conductors, 2. effective prevention practice and dental caries prevention with a focus on toothpaste containing 1450 parts per million (ppm) fluoride, 3. infection control with the procedure of depositing brushes in a toothbrush storage system, replacing brushes when they fall on the floor, and cleaning storage systems and brushes. Supervision of children while toothbrushing is best achieved by brushing when seated in kindergartens or classrooms, so the model of brushing teeth in a dry area is given an advantage over brushing at a sink. The promotion of oral health through the education of professional staff in kindergarten and school settings, with permanent motivation for more active participation in prevention programmes and the health education of parents and children, in developing responsibility for the care of oral health are the main determinants of the sustainability of the supervised toothbrushing programmes.

THE ROLE OF A DENTAL HYGIENIST IN PEDIATRIC AND PREVENTIVE DENTISTRY

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A dental hygienist is a health care professional involved in providing dental health care. In addition to working in polyvalent dental health care, dental hygienists have an essential role in a number of specialist dental fields including pediatric and preventive dental medicine. The onset of prevention and dental health care in early childhood helps maintain dental health for the rest of adult life, and also timely and adequate adjustment to dental treatment reduces the likelihood of dental anxiety and fear in the future. Properly trained dental hygienists apply a variety of behavioral techniques to children which grad-

ually usta najčešće zabilježeni postupci. Kod učenika 6. razreda, prosječna vrijednost KEP indeksa je bila 2,6. Kod predškolaraca je zabilježen znatan udio djece s karijesom (73,5%). Zaključak: Dobra organizacija rada u djelatnosti školske medicine daje osnovu za provedbu dentalnih programa koji uključuju školsku djecu, ali su veća motiviranost pružatelja dentalne zdravstvene zaštite u provođenju preventivnih postupaka te motiviranost roditelja i pacijenata za aktivnije uključivanje u program Zubna putovnica, važne odrednice u daljnjoj provedbi i poboljšanju oralnog zdravlja djece.

PILOT PROJEKT NADZIRANOG ČETKANJA ZUBI U VRTIĆIMA I ŠKOLAMA

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Uvod: Redovito četkanje zubi je važna preventivna mjera u sprečavanju nastanka karijesa i usvajanju redovitih navika održavanja oralne higijene. Vrtići i škole mogu pružiti prikladno okruženje za programe nadziranog (organiziranog) četkanja zubi. Prilikom razvoja takvih programa u obzir treba uzeti ograničeno razumijevanje pitanja u odnosu na sanitarno-higijenske i socijalne faktore te je potrebno postaviti standarde koji se najbolje mogu provesti u praksi.

Cilj: Izrada Standarda nadziranog četkanja zubi u vrtićima i školama koji će biti temelj za organiziranje četkanja zubi u predškolskim ustanovama i školama te procjena održivosti i učinkovitosti u daljnjoj provedbi nacionalnog programa nadziranog četkanja zubi. Metodologija: Četkanje se provodilo prema izrađenim Standardima za pilot projekt nadziranog četkanja zubi u vrtićima i školama.

Rezultati: Sudjelovalo je ukupno 987 djece u dobi od 3 do 7 godina, iz 11 vrtića i 10 osnovnih škola. 85% djece je svakodnevno četkalo zube, u prosjeku 66 radnih dana (od ožujka do lipnja školske godine 2018./2019.). Ukupno 10,3% djece nije četkalo zube zbog odsutnosti iz zdravstvenih razloga dok je 8,2% djece vrtićke dobi i 1,5% djece školske dobi odbijalo četkati zube. Zubna četkica se zamijenila zbog padanja na pod u 11,3% vrtićke djece i 17,4% školske djece.

Zaključak: Utvrđeni su sljedeći standardi nadziranog četkanja zubi: 1. organizacija četkanja zubi s naglaskom na uključivanje sve djece uz postupak pasivne suglasnosti roditelja i nadzor educiranih provoditelja, 2. učinkovita preventivna praksa i prevencija karijesa s naglaskom na zubnu pastu koja sadrži 1450 ppm fluora, 3. kontrola zaraze s procedurom odlaganja četkica u stalcima, zamjeni četkica kod pada na pod te čišćenja stalaka i četkica. Nadziranje djece prilikom četkanja se najbolje postiže četkanjem u klupama u vrtićkim/razrednim odjeljenjima pa je modelu četkanja zubi u suhim prostorima dana prednost u odnosu na četkanje nad umivaonikom. Promocija oralnog zdravlja kroz edukaciju stručnog osoblja u vrtićima i školama uz trajno motiviranje za aktivnije sudjelovanje u preventivnim programima i zdravstveno-edukativni odgoj roditelja i djece uz razvijanje odgovornosti o brizi za oralno zdravlje ključne su odrednice u održivosti programa nadziranog četkanja.

ULOGA DENTALNOG HIGIJENIČARA U DJEČJOJ I PREVENTIVNOJ STOMATOLOGIJI

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Dentalni higijeničar je zdravstveni djelatnik koji sudjeluje u pružanju stomatološke zdravstvene zaštite. Osim u polivalentnoj stomatološkoj zdravstvenoj zaštiti, dentalni higijeničari imaju važnu ulogu u brojnim specijalističkim granama stomatologije, uključujući i dječju i preventivnu stomatologiju. Početak prevencije i briga o dentalnom zdravlju u ranom djetinjstvu pomažu očuvanju zdravlja zubi tijekom ostatka života, a pravovremeno i adekvatno privikavanje na dentalni tretman smanjuje vjerojatnost dentalne anksioznosti i dentalnog straha u budućnosti. Propisno educirani dentalni higijeničari primjenjuju niz

ually prepare them for accepting dental treatment and further shape their behaviour in order to eliminate or prevent any fear of dental treatment. As a starting point for any dental therapy, dental hygienist participates in taking a medical and dental history and performs prophylactic teeth cleaning and polishing as well as the removal of soft and hard dental deposits. In order to prevent the likelihood of caries development in children, dental hygienist also performs topical fluoridation. By motivating and educating parents and children about oral hygiene and proper nutrition, and recognizing inappropriate oral habits, they can significantly contribute to prevention of caries and other dental pathologies in the pediatric population. In high-risk caries patients, dental hygienists perform preventive procedures such as fissure sealing and administration of fluoride preparations. Despite the many activities that dental hygienists already provide in pediatric and preventive dentistry, the role and field of activity have a potential to grow in the future, along with continuing education and acquisition of new skills and knowledge.

bihevioralnih tehnika kojima se djecu postupno priprema za prihvatanje stomatološkog tretmana te daljnjim oblikovanjem ponašanja uklanja ili prevenira strah od stomatološkog tretmana. Kao početak bilo koje stomatološke terapije, dentalni higijeničar sudjeluje u uzimanju medicinske i stomatološke anamneze te provodi profilaktičko čišćenje i poliranje zuba, kao i uklanjanje mekih i tvrdih zubnih naslaga. Kako bi se prevenirala vjerojatnost razvoja karijesa kod djece, provodi i topikalnu fluoridaciju. Motivacijom i edukacijom roditelja i djece o oralnoj higijeni i pravilnoj prehrani, te prepoznavanjem nepodesnih oralnih navika, on može značajno doprinijeti prevenciji karijesa i ostalih dentalnih patologija dječje populacije. Kod djece s većim rizikom od karijesa, dentalni higijeničar obavlja preventivne postupke poput pečaćenja fisura te fluoridacije. Unatoč već sada mnogim postupcima koje dentalni higijeničar obavlja u sklopu dječje i preventivne stomatologije, uloga i područje djelovanja imaju potencijal rasta u budućnosti, uz kontinuiranu edukaciju i stjecanje novih vještina i znanja.