

admittance potentially pathogenic nosocomial bacteria were isolated from the area of dental plaque and buccal mucous membrane in 63% of patients. In relation to the control group the amount of transcolonisation of bacteria in the region of the bronchi was significantly reduced (19/7 patients, $p=0.002$), as also was the incidence of the development of nosocomial infections (26.7%/6.7%, $p=0.041$). These results were consistent with the significant preventive effect of antiseptic decontamination with 75% relatively reduced risk. There was a trend toward a decrease in the values of plaque index, colonisation of potential pathogenic bacteria and the duration of stay in the Department of Intensive Care.

Conclusions: Decontamination of dental plaque and buccal mucous membrane by antiseptics, 0.2% gel chlorhexidine, reduced oral bacterial colonisation, and can reduce the incidence of the development of nosocomial infections in life threatened patients.

Key words: colonisation of the oropharyngeal region, nosocomial infections, decontamination by antiseptics, chlorhexidine.

Liječenje akutne odontogene upale u primarnoj zdravstvenoj zaštiti

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Sažetak

Akutna odontogena upala najčešća je bolest zbog koje bolesnici dolaze u ambulantu oralne kirurgije. U većini slučajeva pomoć se može i treba pružiti u ambulantom primarne zdravstvene zaštite.

Svrha našega istraživanja bila je utvrditi na koji način neki opći stomatolozi liječe akutne odontogene infekcije i zašto upućuju bolesnika s akutnom odontogenom oteklinom u ambulantu oralne kirurgije.

Prospektivno ispunjavajući anketne listiće za 38 nasumce odabranih bolesnika, koji su zbog oteklina odontogene etiologije došli u ambulantu oralne kirurgije Klinike za kirurgiju lica, čeljusti i usta KB "Dubrava", došli smo do sljedećih podataka.

Stomatolozi su uputili 79% bolesnika, liječnici opće prakse 13%, a 8% bolesnika došlo je samoinicijativno. Dvije trećine svih bolesnika uputili su žene

stomatolozi prosječne dobi 38 godina, a preostale su uputili muški stomatolozi prosječne dobi 41 godinu. Žene stomatolozi najčešće ordiniraju samo antibiotike, 60% u našoj anketi, 20%, njih šalju bolesnike bez ikakve terapije ili poslije trepanacije i ordiniranja antibiotika. Muški stomatolozi u 40% slučajeva šalju bolesnike bez ikakve terapije ili samo ordiniraju antibiotike, a najmanje ih učini trepanaciju i ordinira antibiotike, 20%. Najstariji stomatolozi, prosječne dobi 43 godine, ne provode nikakvu terapiju; samo antibiotike ordiniraju stomatolozi prosječne dobi 39 godina, a trepaniraju zube i ordiniraju antibiotike najmlađi, prosječne životne dobi 34 godine. Najčešća obrada zbog čega su uputili bolesnika u našu ambulantu jesu: ne smije ništa raditi jer je otečen, alergija na lijekove, ne smije se dati injekcija jer je otečen i nemam instrumente. Trećini pacijenata nije dana nikakva terapija prije nego što su ih uputili u našu ambulantu. Samo je u 18% slučajeva učinjena trepanacija i ordinirani su antibiotici. Najzastupljeniji način liječenja, u ovom istraživanju, jest samo ordiniranje antibiotika (53%). Prije upućivanja pacijenata, nije učinjena ni jedna intraoralna incizija. U 2/3 upućenih mi smo učinili intraoralnu inciziju, a samo je 13% opravdano upućeno u našu ustanovu jer im je rađena ekstraoralna incizija, i to 3 ambulantno i 2 hospitalno.

Rezultati ove ankete pokazuju neprihvatljiv odnos nekih stomatologa prema liječenju akutnih odontogenih oteklina. Zato se nameće potreba da se intenzivira dodiplomska nastava i uspostavi trajna izobrazba stomatologa primarne zdravstvene zaštite o problemu liječenja akutne odontogene upale te za podizanje kakvoće primarne stomatološke službe kako bi se smanjio nastanak odontogenih upala, njihovih komplikacija i potrebe za hospitalizacijom takvih bolesnika.

Treatment of Acute Odontogenic Inflammation in National Health Care

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Summary

Acute odontogenic inflammation is the most frequent disease because of which patients come to the Out-Patient Clinic of Oral Surgery. In the majority

of cases help can, and should, be ensured in the dental surgeries of National Health clinics.

The object of our investigation was to determine how and in what way, some dentists treat acute odontogenic infections and why they refer patients with acute odontogenic swelling to the Out-Patient Clinic of Oral Surgery.

We arrived at the following data by prospectively completing a questionnaire for 38 patients, selected at random, who had come to the Out-Patient Clinic of Oral Surgery, Clinic for Maxillofacial and Oral Surgery, University Hospital Dubrava, because of swellings of odontogenic aetiology.

Of these patients, 79% were referred by dentists, 13% general practitioners and 8% came on their own initiative. Two-thirds of the patients were referred by female dentists, mean age 38 years, while the remaining patients were referred by male dentists, mean age 41 years. Female dentists most frequently prescribe only antibiotics, 60% in our questionnaire, and 20% refer patients without any therapy at all or after trepanation and prescribed antibiotics. In the same way in 40% of cases male dentists refer patients without any therapy at all or only prescribed antibiotics, and only 20% perform trepanation and prescribe antibiotics. The oldest dentists, mean age 43 years, do not carry out any therapy at all, and antibiotics are only prescribed by those aged around 39 years, and trepanation of the tooth and antibiotics are prescribed by the youngest dentists, mean age 34 years. The most frequent explanation for referring patients to our Out-Patient Department are: "cannot do any work because of the swelling", allergy to medications, "cannot give an injection because of the swelling" and "does not have the instruments". One third of the patients did not receive any kind of therapy prior to being referred to our Department. Trepanation and antibiotics were performed in only 18% of cases. In this investigation the most frequent method of treatment was the application of antibiotics (53%). Not one intraoral incision was performed prior to being referred to our Department. We performed intraoral incision in two-thirds of the patients and only 13% were justifiably referred to our Department because extraoral incision had been performed, i.e. three in out-patient departments and two in hospital.

The results of this questionnaire indicate the unacceptable attitude of some dentists towards treatment of acute odontogenic swellings. Thus, there is clearly a need for more intense undergraduate teaching and permanent training of the national health dentist on the problem of treating acute odontogenic inflammation, and for raising the quality of national health dental care with the object of reducing the occurrence of odontogenic inflammations and their complications, and the need for hospitalisation of such patients.

Hiperplazija gingive uzrokovana lijekovima

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Sažetak

Gingivalna hiperplazija je povećanje gingive zbog povećanja izvanstaničnoga matriksa vezivnoga tkiva gingive. Ona može biti hereditarna, idiopatska, ali može se javiti i u graviditetu. Popratna je pojava kod leukemija, difuznoga limfoma (malt lymphoma) i u sklopu pojedinih sindroma. Važno je znati da takvu kliničku sliku mogu izazvati i različiti lijekovi. Više od 20 vrsta lijekova može izazvati te promjene, i to antiepileptici, imunosupresivi i blokatori kalcijevih kanala. Hiperplastične promjene najčešće se javljaju 2-3 mjeseca nakon početka uporabe lijeka, a ovisi o dozi i duljini uzimanja lijeka.

Predisponirajući čimbenik za nastanak hiperplazije je loša higijena usne šupljine.

Svrha je ovoga rada upoznati oralne kirurge i doktore stomatologije s vrstama lijekova koji mogu uzrokovati hiperplaziju gingive, s ostalim njezinim uzrocima te o potrebi multidisciplinarnе suradnje u liječenju.

Prikaz slučaja

Bolesnik u dobi od 70 godina dolazi na pregled zbog povećanja gingive u objema čeljustima upućen od doktora stomatologije primarne zaštite koji traži kirurški zahvat. Iz anamneze saznajemo da je prve promjene na labijalnoj gingivi sjekutića primijetio prije 2 godine, a da su veće promjene nastale prije 6 mjeseci. Bolesnik je dugogodišnji hipertoničar i dijabetičar, već 12 godina na anihipertenzivnoj te-