
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-

rapiji, a posljednjih sedam godina uzima Logimax forte, kombinaciju β -blokatora i antagonista Ca. Klinički su osim hiperplazije vidljive i naslage supragingivnoga kamenca. U suradnji s internistom promijenjena je dosadašnja terapija, a bolesnik je upućen i specijalistu parodontologu. Kirurški zahvat nije potreban budući da je nakon prestanka uzimanja navedene kombinacije antihipertenzivnoga lijeka nastala potpuna regresija hiperplastičnih promjena gingive.

Gingival Hyperplasia Caused by Medications

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Summary

Gingival hyperplasia is the enlargement of gingiva due to increased extracellular matrix of gingival connective tissue. It may be hereditary, idiopathic, and can occur during pregnancy. It is a secondary occurrence in leukaemia, diffuse lymphoma (malt lymphoma) and within the complex of certain syndromes. It is important to know that such a clinical status can be caused by different medications. More than 20 types of medications can induce these lesions, such as antiepileptics, immunosuppressives and blockers of calcium canals. Hyperplastic lesions occur most frequently 2-3 months after initial application of the medication, and depend on the dose and duration of taking the medication. A predisposing factor for the development of hyperplasia is poor hygiene of the oral cavity.

The object of this study was to acquaint the oral surgeon and dental physician with the types of medications that can cause gingival hyperplasia, other causes and the need for multidisciplinary cooperation during treatment.

Case presentation

A 70-year old patient was referred to the Department by his dentist because of increased size of the gingiva in both jaws, for which surgical procedure was requested. From the case history we learnt that the initial changes on the labial gingiva of the incisor had been observed two years beforehand, and that greater changes had occurred 6 months ago. The patient had been a hypertonic for many years, was

a diabetic, and had received antihypertensive therapy for 12 years. For the last seven years he had taken Logimax forte, a combination of β -blockers and antagonist Ca. Apart from hyperplasia a layer of supragingival calculus could be seen. In cooperation with the internist the therapy was changed and the patient was referred to a periodontist. Surgical operation was unnecessary due to the fact that after abandoning the above combination of antihypertensive medications complete regression of the hyperplastic gingival lesions occurred.

Znamo li sve o radioosteonekrozi?

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Sažetak

Maligne su bolesti, prema podacima SZO, uz kardiovaskularne bolesti prevalentna bolest sadašnjice.

Radijacijsko zračenje, kao jedan od oblika terapije malignoma, ima primarnu zadaću uništiti tumorske stanice, a što je moguće manje oštetiti okolno tkivo.

Najveća i najopasnija komplikacija u radioterapiji glave i vrata svakako je osteoradionekroza (ORN). Ona se najčešće javlja kada je doza zračenja preko 60 Gy ili u pacijenata koji primaju kombinirano radio i kemoterapiju. U 5-22% takvih ozračenih pacijenata javlja se ORN. ORN se može javiti spontano, ali u 60% slučajeva javlja se kao odgovor na ozljedu tkiva, najčešće nakon vađenja zuba, ali i drugih manipulacija u usnoj šupljini. Kost zbog radijacije postaje acelularna, avaskularna i hipoksična, a klinički se to očituje kao pojava ulceracija, nekroze sluznice i eksponiranje nekrotične kosti, uz pojavu bolnosti i eventualnih parestezija. Predilekcijsko mjesto su stražnji dijelovi donje čeljusti. U dijagnosticanju ORN-a, osim kliničkoga pregleda, potrebno je uporabiti ortopantomogram, kompjutoriziranu tomografiju i magnetsku rezonanciju. U budućnosti će veliku važnost imati SPECT (single-photon emission computed tomography).

Kliničke smjernice u terapiji ORN-a su prije svega dobar preventivni program i periradijacijska skrb