

rapiji, a posljednjih sedam godina uzima Logimax forte, kombinaciju  $\beta$ -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

Pavel Kobler, Olaf John, Ivan Petričević

Department of Oral Surgery School of Dental Medicine  
University of Zagreb

#### 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  $\beta$ -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?

Irina Filipović Zore<sup>1</sup>, Joško Grgurević<sup>2</sup>

<sup>1</sup>Zavod za oralnu kirurgiju Stomatološkog fakulteta u Zagrebu

<sup>2</sup>Klinički zavod za oralnu kirurgiju KBC Rebro, Zagreb

#### 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