

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

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 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?

Irina Filipović Zore¹, Joško Grgurević²

¹Zavod za oralnu kirurgiju Stomatološkog fakulteta u Zagrebu

²Klinički 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 ekspaniranje 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

pacijenata koji idu na zračenje, a ako nastanu promjene, potrebna je kirurška terapija, terapija hidrobaričnim kisikom (HBO) te uporaba Marxova protokola. Prikaz niza primjera iz naše prakse prikazuje koliko su kliničke smjernice implementirane.

Do We Know Everything about Radioosteonecrosis?

Irina Filipović Zore¹, Joško Grgurević²

¹Department of Oral Surgery School of Dental Medicine University of Zagreb

²Clinical Department of Oral Surgery, University Hospital Centre Rebro, Zagreb

Summary

According to data of the World Health Organisation, malignant diseases, apart from cardiovascular diseases, are the most prevalent diseases of today.

As one form of therapy for malignancy radiation in 63% of patients has the primary task of destroying tumour cells, while minimally damaging the surrounding tissue.

The greatest and most dangerous complication in radiotherapy of the head and neck is without doubt osteoradionecrosis (ORN). It occurs most frequently when the dose of radiation is more than 60 Gy or in the case of patients who receive combined radio and chemo-therapy. ORN occurs in 5-22% of such irradiated patients. ORN can occur spontaneously, although in 60% of cases it occurs as a response to tissue injury, usually after tooth extraction, but also after other manipulations in the oral cavity. Because of the radiation the bone becomes acellular, avascular and hypoxic, and clinically can be interpreted as the occurrence of ulceration, mucous membrane necrosis and exposure of necrotic bone, with pain and eventual paresthesia. Predilective sites are the posterior parts of the mandible. For diagnosis of ORN, apart from a medical examination, orthopantomogram, computerised tomography and magnetic resonance are needed. In the future SPECT (single-photon emission computed tomography) will have an important role.

Clinical indicators in the therapy of ORN are first and foremost a good preventive programme and periradiation care of the patient undergoing radiation, and in the case that changes do occur surgi-

cal therapy is needed, therapy with hydrobaric oxygen (HBO), and the use of Marx's protocol. Presentation of numerous examples from our practice shows how many clinical indicators are implemented.

Mukokele

Leonard Bergovec, Davor Brajdić, Darko Macan

Klinički zavod za oralnu kirurgiju, Klinika za kirurgiju lica, čeljusti i usta, KB "Dubrava", Zagreb

Sažetak

U ambulanti oralne kirurgije gotovo se danomice susrećemo sa salivarnim cistama. Liječimo ih kirurškim putem - izljuštivanjem ili marsupijalizacijom.

Smatrali smo vrijednim te promjene raščlaniti klinički, patohistološki i patogenetski.

Postoje dva tipa salivarnih cisti: retencijske ciste (histološki žlijezda slinovnica s dilatiranim izvodnim kanalićima obloženima krupnim stanicama sa sačastom citoplazmom) i ekstrasvazacijske ciste (šuplja tvorba ispunjena staničnim detritusom i bakterijama, obložena cilindričnim i višeslojnim epitelom).

Mukokele su obložene stijenkom granulacijskoga tkiva i sadržavaju eozinofilni hijalini materijal. Rasporođene su po cijeloj sluznici usne šupljine, ali najviše na donjoj usnici. Najčešće nastaju mehaničkim ozljedama izvodnih kanala malih žlijezda slinovnica i retencijom. Promjera su oko 1,5 cm. Izazivaju laganu cijanozu područja i plavkasto-bijelo prosijavanje koje nastaje kao posljedica sužavanja krvnih žila i tanke stijenke mukokele.

Retrospektivno smo analizirali patohistološke nalaze s kliničkom dijagnozom "mukokela" u razdoblju od 1. siječnja 1995. do 31. prosinca 2000. godine. U tome razdoblju ukupno je operirano 9047 osoba. Od 1358 nalaza koji su poslani na patohistološku raščlambu (PHD) 89 je klinički dijagnosticirano kao mukokele. Od 89 navedenih lezija u samo je 72 slučaja patohistološki potvrđena dijagnoza mukokela. Razlike u spolu nisu bitno utjecale na nastanak mukokela, a prema istraživanju nalazimo da se mukokele javljaju u svim dobnim skupinama, no ipak češće u mladim ljudima u drugom i trećem desetljeću života. Mukokele su najvećim dijelom bile na donjoj usnici, 83,3% u našem istraživanju. Ostale