

Sve operative intervencije za uklanjanje abnormalno razvijenog frenuluma svode se na inciziju, eksciziju ili transpoziciju tkiva u području frenuluma, odnosno kombinaciji svih triju postupaka. Operativne metode koje se najčešće preporučuju zbog zadovoljavajućeg postoperativnog rezultata, brzine samog zahvata i jednostavnosti tehnike jesu "V" ekscizija, te horizontalna incizija interdentalnoga tkiva i dijela papile incizive. Nakon toga kirurškoga tretmana moguće je učiniti i kortikotomiju na tome području ako je to potrebno.

Svrha je ovoga istraživanja prikazati indikacije za frenulektomiju, s posebnim osvrtom na vrijeme kirurškoga zahvata.

Frenulectomy - When and Why?

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Summary

Data from the literature are often diametrically contradictory with regard to the need to carry out a surgical procedure in the case of a persistent frenulum, either when it is a case of its direct connection with the diastema median or not.

Opinions vary on the most suitable time to perform the operation, or on the chronology of the intervention of the surgeon or orthodontist. The majority of authors agree that the operation is necessary but that there is no need for urgency. Some authors consider that one should wait until the eruption of the permanent molar, while others warn of the possibility of spontaneous closing of the diastema at the time of the eruption of the second permanent molar. According to reports in the literature the frequency of tectolabial frenulum in children is 7.3%, and in adults only 1.3%, which indicates that early surgical treatment is unjustified.

Our investigation shows consistent data, because the greatest incidence of frenulectomy (80%) occurred up to the age of 20 years. Of all the sites affected by a hypertrophic frenulum, 90% were in the area of the upper lip. The connection between age and the localisation indicates orthodontic indication,

of just the diastema median. Most diastema close during eruption of the lateral incisors, but if the diastema persists, and is accompanied by hypertrophic frenulum, the possibility of later spontaneous closing is slight. Thus the operative procedure can be carried out without waiting for the eruption of the canines.

All operations for removal of abnormally developed frenulum comprise incision, excision or transposition of tissue in the region of the frenulum, i.e. a combination of all three procedures. The operative methods most frequently recommended because of the satisfactory postoperative result, speed of procedure and simple technique are "V" excision and horizontal incision of the interdental tissue and part of the papilla incisiva. After such surgical treatment it is possible to carry out corticotomy in the area if necessary.

The aim of this study was to present indications for frenulectomy, with special reference to the time of the surgical procedure.

Epulis - klinička slika i patohistološka raščlamba

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Sažetak

Epulis je benigna promjena na gingivi koja vanjskim izgledom djeluje kao tumor, a po histološkoj slici više odgovara prijelaznim oblicima upalnoga procesa. Pojavljuje se u nekoliko histoloških slika: Epulis gigantocellularis, Epulis granulomatoza, Epulis fibromatoza, kongenitalni epulis, Epulis gravidarum, Epulis haemangiomasoza, Epulis fissuratum, papilarna hiperplazija, piogeni granulom i iritacijski fibrom.

Epulis se pojavljuje dvostruko češće u žena nego u muškaraca, nešto češće se javlja u gornjoj čeljusti, a podudarnost kliničke i patohistološke dijagnoze je 48%.

Obrađene su kliničke i patohistološke dijagnoze u razdoblju od šest godina da bi se dobio uvid u zastupljenost epulisa kao opisnoga termina među kliničkim dijagnozama. Takvo sabiranje različitih procesa pod jedno ime, koje je nastalo na temelju lokalizacije, bez histopatološke provjere ne daje pravu sliku u kojem se postotku javlja u kliničkoj praksi.