

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.

Za razlikovanje epulisa od drugih sličnih stanja na gingivi kao najvažnija metoda rabi se patohistološka raščlamba. Važnost epulisa je u tome što je to razmjerno česta tvorba pod čijom sličnom kliničkom slikom može biti različita histopatološka građa i upravo provjerom te građe od patologa kirurg dobiva i opravdanje za operativni zahvat.

Iz navedenoga slijedi da bi ponovno uvođenje preciznoga nazivlja patoloških promjena i njihovo jasno patohistološko obrađivanje uvelike pridonijelo da se donese ispravna dijagnoza, a time i primijeni odgovarajuća terapija.

### **Epulis - Clinical Appearance and Histopathological Analysis**

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#### *Summary*

Epulis is a benign lesion on the gingiva whose external appearance resembles a tumour, while histologically it looks more like a transitional form of an inflammatory process. It occurs in several histological forms: Epulis gigantocellularis, Epulis granulomatosa, Epulis fibromatosa, congenital epulis, epulis gravidarum, Epulis haemangiomas, Epulis fissuratum, papillary hyperplasia, pyogenic granuloma and irritative fibroma.

Epulis occurs twice as often in women than in men, and slightly more frequently in the upper jaw, and conformity of clinical and histopathological diagnoses is 48%.

Clinical and histopathological diagnoses were analysed during a period of six years in order to obtain insight into the frequency of epulis as the described term among the clinical diagnoses. Such a collection of different processes under one name, which emerged on the basis of localisation, without histopathological confirmation, does not offer the correct information on the percentage in which it occurs in clinical practice. Histopathological analysis is used as the most important method for differentiating epulis from other similar conditions on the gingiva. The importance of epulis is that it is a relatively frequent formation, under whose similar clinical appearance can be different histopatho-

logical material, and verification of this material on the part of the pathologist, provides the surgeon with justification for performing the operation.

From the foregoing it follows that the introduction of precise terms for such pathological lesions and their correct histopathological analysis would greatly contribute to correct diagnosis, and consequently the application of appropriate therapy.

### **Alveotomija umnjaka: indikacije i kontraindikacije u teoriji i praksi**

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#### *Sažetak*

NIH (National Institute of Health) godine 1979. postiže dogovor o indikacijama te kontraindikacijama za vađenje umnjaka. U okolnostima u kojima postoji indikacija osobitu pažnju treba posvetiti općem pacijentovu zdravlju i lokalnim čimbenicima.

U stroge indikacije ubrajaju se: česti perikoronitisi, apscesi, pulpna i periapikalna patologija, karijes, parodontne bolesti, cistične i tumorozne promjene te eksterna resorpcija drugoga kutnjaka kojoj je uzrok umnjak.

Ostale su indikacije: autogena transplantacija na mjesto prvoga kutnjaka, frakturne linije na mjestu umnjaka, specifična medicinska stanja poput bolesti srčanih zalistaka ili radioterapija kad postoji rizik infekcije itd.

Kontraindikacije vađenja umnjaka jesu: pravilna erupcija i opravdana funkcija u denticiji, duboka impakcija bez lokalnih i sustavskih smetnji, potencijalno narušavanje integriteta susjednih struktura alveotomijom, neprihvatljiv rizik za pacijentovo zdravlje te njegova dob.

Svakoj pravilnoj dijagnozi prethodi anamneza, klinički ekstraoralni i intraoralni pregled te radiološka obradba, tj. ortopantomografska snimka.

Pri donošenju ispravne odluke utječe vrlo mnogo čimbenika. Ako anatomske strukture dopuštaju, treba pričekati erupciju te osobitu pozornost obratiti pacijentovoj dobi.

Svrha je provedenog istraživanja prikazati razloge zbog kojih se umnjaci ambulantno alveotomiraju.