

measurements, by using a variety of paper collection strips. Collection strips (Periopaper strips, PerioCol strips, Sialopaper strips) are applied to the oral tissues of interest for a certain period of time, after which they are inserted between Periotron electrodes. The special insulation coating on the electrodes enables them to work as two plates of a capacitor, being able to measure submicroliter quantities of oral fluids. Periotron displays the numerical output on LCD. By inputting data obtained during prior calibration process into Periotron professional software for Windows, we design a standard curve, from which we interpolate actual fluid volume. We have designed a single blind placebo controlled study to evaluate possible presence of long-term effect of pilocarpine-hydrochloride (PHC) on salivary flow rate in patients with xerostomia. 12 patients suffering from xerostomia underwent this trial. We used strict inclusion criteria regarding the possible side effects. Six patients were instructed to self-administer 5 ml of PHC (5 drops of solution, Pilocarpin 2%, pliva Zagreb, Croatia), three times a day, for 7 days. Another 6 patients (placebo group) were instructed to take 5 dexpanthenol drops (D-panthenol, Ljekarne Zagreb, Zagreb, Croatia), 3 times a day for 7 weeks. The flow rate of minor salivary glands was measured on the lower lip and palate by means of Periotron and whole saliva was collected in calibrated test tubes. Measurements were repeated once a week. Each patient filled in an extensive Oral Health Impact Profile questionnaire (OHIP) at baseline and after completion of PHC treatment to monitor oral health influence on patients' lives. After 7 weeks of treatment the placebo group was switched to PHC, but there was no apparent need for switching pilocarpine group to placebo, because we found no improvement in salivary flow rate after 7 weeks of treatment. In the group previously taking placebo, there was also no improvement in salivary flow rate after taking PHC. OHIP findings were calculated and showed no statistically significant improvement after 7 weeks of PHC administration. One patient from the pilocarpine group and one from placebo group (while taking placebo) reported side effects and discontinued the trial. Oral administration of PHC does not seem to produce long-term salivary flow rate increase, but rather immediate and short-lasting improvement. Judging by Periotron and whole saliva scores, our results showed that PHC is not able to "cure" xerostomia after prolonged administration, i.e. there is no residual effect in salivary gland stimulation once the drug is discontinued and eliminated.

Preosjetljivost zuba kao posljedica inicijalne parodontalne terapije

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Preosjetljivost dentina često je i bolno patološko stanje koje se javlja kao posljedica različitih provokacijskih čimbenika. Dentinska preosjetljivost očituje se kratkom i jakim boli koja se javlja u području ogoljela dentina kao odgovor na tipične stimuluse, kao što su: toplotni, evaporativni, taktilni, osmotski, ili kemijski, a koji se ne mogu pripisati ni jednom drugom obliku dentalnoga defekta ili dentalne patologije. (Addy M, 2002). To patološko stanje još uvijek nije potpuno razjašnjeno, ali ga treba razlikovati od boli kod zubnoga karijesa, boli kod oštećenih zuba, frakturiranih restauracija, nedovoljnoga zubnog zatvora te palatogingivnih fisura i udubina. Jedina sličnost s dentinskom preosjetljivošću jest osjetljivost zuba koja se javlja nakon profesionalne inicijalne parodontalne terapije. Čestoća dentinske preosjetljivosti varira od 3 - 57% (Verzak Ž et al. 1998, Ress JS 2000), a preosjetljivost u sklopu parodontalnih bolesti može doseći znatno veći postotak (72 - 98% (Chabanski MB et al 1996).

U studiju je bilo uključeno 60 slučajno odabranih pacijenata, liječenih na klinikama našega fakulteta. Pacijenti su podijeljeni u 4 skupine prema stanju parodontalnog zdravlja. Dentalna preosjetljivost bila je ispitana s pomoću taktilne osjetljivosti, osjetljivosti na hladan zrak i vodu, prije i poslije inicijalnog parodontalnog tretmana, koji je obavljen ultrazvukom. Stupanj boli izražavan je vrijednošću od 0 - 3 (0 - nema boli, 1 - blaga osjetljivost, 2 - umjerena osjetljivost, 3 - jaka bol).

Preosjetljivost zuba bila je najizraženija bez obzira na vrstu provokacijskoga čimbenika bol postupno smanjivala krajem prvoga tjedna.

Upotreba ultrazvuka u terapiji parodontalnih bolesti može izazvati preosjetljivost zuba. Služeći se različitim provokacijskim čimbenicima utijela ako se kao provokacijski čimbenik upotrebljavao hladan zrak. Također je ustanovljeno da svrdili smo da je hladan zrak izazivao naj-

jaču osjetljivost. Bol se obično javljala neposredno nakon uporabe ultrazvuka, ali je trajanje boli bilo razmjerno kratko.

Dental Hypersensitivity as a Consequence of the Initial Course of Periodontal Treatment

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Dentin hypersensitivity is a common and painful condition, which can occur on different kinds of provocation factors. Dental hypersensitivity is characterized by short sharp pain arising from exposed dentine in response to stimuli typically thermal, evaporative, tactile, osmotic or chemical and which cannot be ascribed to any other form of dental defect or pathology (Addy M, 2002). Until today this pathological condition is still unclear but should be deferred from dental caries, chipped teeth, fractured restorations, marginal leakage around restoration, palatogingival fissures and grooves. The only similarity to the dentin hypersensitivity is teeth sensitivity, which follows the professional initial course of periodontal therapy. The frequency of dentin hypersensitivity varies from 3 - 57% (Verzak Ž et al, 1998, Röss JS 2000), while sensitivity in periodontal diseases could reach a higher percentage: 72 - 98% (Chabanski MB et al 1996).

60 randomly selected patients from our Clinic were included in the study. All patients were divided into 4 groups according to the grade of pathological periodontal condition. Dental hypersensitivity was investigated by tactile and by cold air/water provocation factors before and after initial periodontal treatment using ultrasound scaling. Pain was scored by 0 - 3 scoring system (0 - no pain, 1 - mild pain, 2 - moderate pain, 3 - severe pain).

Teeth hypersensitivity was most pronounced if cold air was used as the provocative factor. Regardless of the sort of provocative factor the pain subsided gradually within one week.

Ultrasound usage in periodontal treatment may cause teeth hypersensitivity. The hypersensitivity was provoked by mechanical or physical provocative factors. The most painful sensation was related to cold air. The pain started early after treatment and lasted for a relatively short period of time.

Kliničke značajke poremećaja temporomandibularnih zglobova kuvajtske populacije

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Poremećaji temporomandibularnih zglobova manifestiraju se znacima i simptomima koji ne zahvaćaju samo čeljusne zglobove nego i žvačnu muskulaturu i okolna tkiva. Najčešći znaci i simptomi jesu: bol u zglobovima i mišićima, poremećaji mandibularnih kretanja, zvučne senzacije, hipertrofija žvačnih mišića, glavobolja i vrtoglavica. Ranija su istraživanja pokazala da 70% stanovništva ima bar jedan znak ili simptom poremećaja temporomandibularnih zglobova. No to je klinički potvrđeno kod samo 38% slučajeva (Mc Neill 1993, Nouralch H et al 1998).

U naše istraživanje uključili smo 144 pacijenta s poremećajima u području temporomandibularnih zglobova (102 žene i 42 muškarca). Pacijenti su bili podijeljeni u dvije skupine: lokalno stanovništvo (60,4%) i stranci (39,6%).

Od ukupnoga broja pacijenata šezdeset četiri postotka žalilo se na smetnje pri otvaranju usta. No klinički je potvrđeno da takve smetnje ima samo 37,5% naših slučajeva. Zvučne senzacije bile su čest nalaz, koji je klinički potvrđen kao škljocanje u 88% slučajeva i kao kreptacije u 11,2% pacijenata. Razmjerno mali broj pacijenata imao je bruksizam (12,5%), a artritis 11,1%. Mi smo također utvrdili da je glavobolja u oboljelih ispitanika bila čest klinički simptom (50,2%).