
The Pain Experienced by Stomatologists at Different Postures of Work

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Stomatologists often experience diseases caused by the very nature of their profession, which is both physically and mentally demanding for practitioners. Bad habits and static pressure on the body at adverse postures at work will cause severe fatigue and damage the locomotor and cardiovascular systems of stomatologists. Somatic and mental difficulties and pain caused by body postures at work.

The purpose of this investigation was to determine what kind of pain experienced by stomatologists, regarding their posture at work.

The investigation was carried out with a survey containing targeted questions about the different postures at work of stomatologists and different kinds of pain incurred. 252 stomatologists were interviewed. They were divided into three groups with 84 interviewees each, according to their posture at work—"standing", "sitting", "sitting and standing-combined". Each group was questioned for pain in the neck and shoulders, pain in the lumbar region of the spine and pain in the feet. Data were statistically processed with χ^2 test.

Statistically significant difference was found regarding pain in the feet between group with a standing posture at work and the group with a sitting posture at work ($p < 0.01$). A statistically significant difference regarding pain in the feet was found between a group of stomatologists who stand and those who combine the standing and sitting postures at work ($p < 0.01$).

Pains in the neck and shoulders and pain in the lumbar region of the spine in all three groups of stomatologists with different postures at work do not show statistically significant differences.

Pain experienced by stomatologists at work occur due to adverse physical posture at work, regardless of the kind of posture-standing, sitting or combined.

Pain frequency in the neck, shoulders and in the lumbar region is the same in all three postures-standing, sit-

ting or combined. However, pain in the feet are more frequent in stomatologists who stand at work than in stomatologists who sit or both stand and sit at work.

It is necessary to implement the principles of ergonomics in order to prevent professional diseases and pain in stomatologists, although nearly avoiding working in the standing posture could prevent pain in the feet.

Izbor terapije kod invaginacije zuba - prikaz dvaju slučajeva

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Invaginacija zuba je razvojna anomalija koja nastaje uvlačenjem površine zubnoga zametka prije kalcifikacije zuba.

Autori prikazuju dva slučaja invaginacije zuba s različitim periapikalnim patološkim komplikacijama u djece, kao provedene terapijske postupke.

Opisani slučajevi su djeca u dobi između 12 i 16 godina. Oblik dijagnosticirane invaginacije zuba klasificiran je prema Schulzu i Brandu.

Oba su slučaja zabilježena u djece na trajnim gornjim zubima. Komplikacije su nastale izraštajem zubnoga zametka, a manifestirale su se otečenošću u području morfološki promijenjena zuba. U slučaju 1 napravljena je ekstirpacija zubne pulpe uz obilno lokalno krvarenje. Instrumentima za endodontsko zbrinjavanje pripremljen je endodontski prostor te je privremeno napunjen preparatom kalcijeva-hidroksida kroz razdoblje od 10 dana. Bol se javila prvi dan nakon terapije, a nakon toga je nestala kao i otečenost čeljusti u području tretirana zuba. Nakon desetoga dana privremeno punjenje je uklonjeno, a korijenski kanali definitivno napunjeni pastom i gutaperkom postupkom lateralne kondenzacije. U slučaju 2 klinički je opažena otečenost i fluktuacija u vestibularnom području. Načinjena je incizija s drenažom te primijenjena sustavska terapija antibiotikom. Nakon završene terapije zub s invaginacijom je izvađen. Patohistološki nalaz potvrdio je folikularnu cistu. Nakon kirurškoga tretmana nedostatak