

The Pain Experienced by Stomatologists at Different Postures of Work

Blažić-Potočki Z.

Stomatološka poliklinika, Zagreb, Croatia
E-mail: zita.blazic-potocki@zg.hinet.hr

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

Brkić H¹, Filipović-Zore I.²

¹Zavod za dentalnu antropologiju Stomatološkog fakulteta Sveučilišta u Zagrebu, Zagreb, Hrvatska
E-mail: brkic@sfzg.hr

²Zavod za oralnu kirurgiju Stomatološkog fakulteta Sveučilišta u Zagrebu, Zagreb, Hrvatska

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

kosti koji je nastao tretiran je Bio-Oss spongiozom i membranom.

Periapikalne komplikacije zahtijevaju ranu dijagnozu i brz endodontski tretman kako bi se spriječile sve komplikacije koje mogu nastati.

The Treatment Options of Dens Invaginatus: Report of 2 Cases

Brkić H¹, Filipović-Zore I.²

¹*Department of Dentl Anthropology School of Dental Medicine University of Zagreb, Zagreb, Croatia*
E-mail: brkic@sfzg.hr

²*Department of Oral Surgery School of Dental Medicine University of Zagreb, Zagreb, Croatia*

Dens invaginatus is a developmental variation thought to arise as a result of invagination in the surface of the tooth crown before calcification has occurred.

The authors described two cases of dens invaginatus accompanied by different periapical complications in children, as well as the therapy methods used.

The two children were between the ages of 12 and 16 years. The type of dens invaginatus was classified according to Schulze and Brand.

Both cases had dens invaginatus on their permanent teeth in the maxilla. The complications occurred while the teeth were growing, and they were accompanied by swelling in the region of the dens invaginatus. In Case 1, pulp extirpation was accompanied by profuse pulp chamber bleeding. Intraradicular instrumentation was adapted to conform with the existent morphological deviation of the endodontic space. The root canal was temporarily filled with calcium hydroxide for a period of 10 days. The pain disappeared on the first day and the swelling gradually reduced. On the tenth day, the temporary root filling was replaced, and the root canals were filled using the lateral condensation with standardized gutta percha points and paste. In Case 2, the clinical examination found fluctuation in the vestibular region. An intraoral incision with drainage was performed and antibiotic treatment continued. When the odontogenic infection has been controlled, the dens invaginatus tooth was surgically extracted. Pathohistological finding of the periradicular cyst confirmed the diagnosis of a follicular cyst. Given the significant size

of the post-surgical bone defect, it required corresponding treatment with Bio-Oss spongia block and membrane for GBR.

The periapical complications required early diagnostic and endodontic treatment to prevent further difficulties at a later stage.

Dijagnoza karijesa okluzalne plohe uporabom laserskog uređaja KaVo DIAGNOdent 2095

Brzović V¹, Majstorović M¹, Katanec D.²

¹*Zavod za pedodonciju Stomatološkog fakulteta Sveučilišta u Zagrebu, Zagreb, Hrvatska*

²*Zavod za oralnu kirurgiju Stomatološkog fakulteta Sveučilišta u Zagrebu, Zagreb, Hrvatska*

Svrha je ovoga rada pojasniti način uporabe i utvrditi prednosti KaVo DIAGNOdent 2095 uređaja u kliničkoj detekciji raznih demineralizacijskih promjena u caklini okluzalnih ploha zuba, koje se podrazumjevaju inicijalnom karijesnom lezijom.

Znatna prednost KaVo DIAGNOdent laserskoga uređaja temelji se na mogućnosti registracije i vrjednovanja fluorescentnoga zračenja, na načelu emisije pulsirajuće zrake valne duljine 655 nm. Na taj je način omogućen pristup sićušnim područjima okluzalnih caklinskih ploha koje nisu dostupne primjenom drugih dijagnostičkih metoda. Specifičnost i polivalentnost u uporabi temelje se i na mogućnosti dijagnoze dentalnoga plaka, diskoloracija i zubnoga kamenaca. Jednostavnost u rukovanju te pouzdanost i objektivnost kliničkoga nalaza (> 90 %) upućuju na prednosti u usporedbi s kliničkim radiografskim metodama. Ima veliku važnost za postavljanje dijagnoze u planiranju neinvanzivnih postupaka liječenja. Zato se preporučuje češća uporaba uređaja u svakodnevnoj kliničkoj dijagnostici karijesa zbog manje invanzivnoga pristupa u restorativnoj stomatologiji koji omogućuje da se maksimalno očuva zdravo zubno tkivo.