

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

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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

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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.