

Diagnosis of Occlusal Carious Lesions Using KaVo DIAGNOdent 2095

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The aim of the study was to explain in detail the usage of KaVo DIAGNOdent 2095 and to determine its advantages in clinical detection of early demineralisation of occlusal enamel surfaces, pronounced as initial occlusal caries lesions.

The great advantage in diagnosis offered by KaVo DIAGNOdent laser based on its ability to register and evaluate fluorescent emission of the pulsed beam of the 655 nm wavelength. It enables access to the most minute occlusal routes, otherwise unreachable by other means of diagnosing techniques. Specificity and multidimensional approach is based on the possibility of diagnosing dental plaque, discoloration and calculus. Simplicity and the ability to produce a reliable and objective clinical diagnosis (> 90 %) are the advantages in comparison with classical radiographic methods and inspection using a probe. It is of great importance in planning noninvasive and preventive conservative treatments. It is recommended for use more frequently in everyday clinical diagnosis of caries lesions, because of its less invasive approach in restorative dentistry, which leads to preservation of healthy tooth tissue.

Oralna rehabilitacija rascjepa tvrdoga nepca - prikaz slučaja

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Rascjepi usne i/ili nepca jedna su od najčešćih tjelesnih oštećenja novorođenčadi. Uzroci rascjepa usne i/ili nepca ostaju nepoznati, premda pojedini dokazi upućuju na nasljedne čimbenike. Češća pojava rascjepa je u novorođene djece starijih parova.

Rascjepi usne i nepca obično se javljaju u svakih 700 slučajeva. Rascjepi usne javljaju se u svakih 1000 novorođenčadi, a samog nepca na 2 000 novorođenih. Kirurškim se zahvatom korigira rascjep u dobi od šestog do osamnaestog mjeseca novorođenčeta.

Zanemareni rascjepi u novorođene djece danas su vrlo rijetki zbog razine zdravstvene zaštite, ali netretirani rascjepi u odraslih još se mogu susresti. Uspjeh terapije u novorođene djece je slijed suradnje maksilofacijalnog kirurga, specijalista dječje i preventivne stomatologije te ortodonta.

Kod terapije odraslih pacijenata prijeko je potrebna suradnja uz maksilofacijalnog kirurga i specijalista protetike, a po potrebi i ortodontije.

Odrasli s rascjepima nepca često imaju gubitak većeg ili manjeg broja zuba, no oni se mogu nadoknaditi nepomičnim ili pomičnim protetskim nadomjescima te im se tako može umanjiti ili ukloniti govorne tegobe i osposobiti žvačni sustav.

Oral Rehabilitation of Neglected Cleft Palate: A Clinical Report

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Cleft lip with or without cleft palate is one of the most common physical abnormalities present at birth. The causes of cleft lip and palate remain unclear. Some evidence indicates genetic factors may be involved. Cleft lip and cleft palate usually occur together, and affect about one in 700 cases. Cleft lip occurs on its own in about one in 1000 cases, and cleft palate occurs on its own in about one in 2000 cases. Also, these abnormalities are more common in the children of older couples. Surgical treatment of cleft palate is performed at six to eighteen months of age. Adults with clefts often have poorly shaped or missing teeth.

Missing teeth can be restored or replaced with dental bridges or dental implants. Greater loss of teeth requires a solution such as partial metal alloy dentures.

Neglected cleft palate in babies is very rare because of the level of health care, but non-treated or mistreated adults can be found. Success of the therapy in new born

babies is the result of close cooperation between the maxillofacial surgeon, paediatric dentist and orthodontist.

In adults treatment often requires prosthodontics and/or an orthodontist.

This group of patients have difficulty with chewing and speech as well as esthetic.

Oralna rehabilitacija traume - prikaz slučaja

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Ozljede glave i vrata od nezgoda u životu na selu nisu česte (4% prema Zachariades na uzorku od 6000 pacijenata).

Jedan od najčešćih uzroka među tim nezgodama jesu u vezi s poljoprivrednim strojevima, osobito otvorenima.

To su vozila koja ne razvijaju velike brzine, ali upotreba zaštitnih sredstva je rijetka. U slučajevima kada vozač ispaden iz vozila ili se ono prevrne nastaju velike ozljede lica koje su u mnogočemu drugačije od ozljeda u ostalim prometnim nesrećama.

Prikazan je slučaj liječenja pacijenta na Klinici za maksilofacijalnu kirurgiju i Kliničkom zavodu za stomatološku protetiku Kliničke bolnice Dubrava.

Pacijent u dobi od 32 godine starosti preživio je prevrtanje traktora, no nagnječena mu je desna strana srednjeg lica.

Nakon nekoliko uspješnih rekonstruktivnih zahvata započeta je oralna rehabilitacija.

Narav ozljede te preostali broj zuba odredili su način odgovarajuće oralne rehabilitacije.

Oral Rehabilitation of Trauma - a Clinical Report

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Head and neck injuries caused by accidents associated with rural life are not frequent (4% according to Zachariades on a survey of more than 6000 patients). One of the most frequent among those accidents are agricultural vehicle accidents, especially open vehicles. These vehicles do not develop high speed and helmets are seldom required. Therefore in cases of falling out of a vehicle or turning of the vehicle very extensive facial injury occurs which is quite different from other road traffic accident injuries.

A report of the treatment and outcome of a case treated at the Clinic for Maxillofacial surgery and Department of Prosthodontics, University Hospital Dubrava is presented.

A 32 year-old man survived accident in with the tractor overturned. During the accident the right side of his mid-face was smashed. Clinical examination and x-rays revealed a defect of the right cheek including the complete zygomatic bone with the floor of the orbit and lateral upper part of the maxilla including molar teeth with adjacent bone and soft tissue. The skin of the cheek was missing and buccal lining was severely reduced. After initial examination and stabilization, immediate surgery was performed. The patient was satisfied with the appearance, after several major reconstructive procedures (three distant flaps and two local flaps) and oral rehabilitation started.

The nature of the injury and the position of the left teeth started the procedure of the oral rehabilitation.

The choice was a metal alloy upper partial denture with telescopic crown, and fixed frontal down bridge with attachment and lower partial denture from metal alloy.