dontitisa 33,33% ispitanika imalo je zapreke na radnoj strani, a 50,81% ispitanika imalo ih je u skupini generaliziranoga parodontitisa. Zapreke na balansnoj strani postojale su u 52,38% ipitanika u skupini lokaliziranoga parodontitisa, a 47,54% ispitanika imalo ih je u skupini generaliziranoga parodontitisa.

Hi-kvadrat testom utvrđeno je da ne postoji statistički znatna razlika između pojavnosti okluzijskih zapreka u skupini ispitanika s lokaliziranim parodontitisom u usporedbi sa skupinom ispitanika s generaliziranim parodontitisom. Iako nema statistički znatne razlike, postoji tendencija razlike u frekvencijama (p = 0,054) te je vidljivo da u skupini ispitanika s generaliziranim parodontitisom postoji više slučajeva bez zapreka na balansnoj strani (52,45%) u odnosu prema skupini ispitanika s lokaliziranim parodontitisom (47,61%).

Rezultati ovog istraživanja pokazuju da ne postoji statistički znatna razlika u pojavnosti okluzijskih zapreka u skupini ispitanika s lokaliziranim parodontitisom i u skupini ispitanika s generaliziranim parodontitisom.

Occlusal Interferences in Localised and Generalized Periodontitis

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The significance of occlusal interference in the development and therapy of periodontal disease is very controversial. There are still very vivid discussions going on between experts whether or not interferences cause occlusal trauma, and wath is its role in periodontal disease.

The aim of the study was to investigate whether there i statistically significant difference in the manifestation of occlusal interferences (working side and balancing side) among a group of patients sufferig from localised periodontitis and a group of patients with generalized periodontitis.

Examinees were patients with periodontal disease, classified according to Extent and Severity Index (ESI) into a group with localised periodontitis and a group with generalized peiodontitis.

Movements on the laterotrusion side/contacts in the intercanine segment in protrusion were marked with blue articulation paper 12µ thick, while contacts on the mediotrusion side/contacts in lateral segments during protrusion were marked with red articulation paper (12µ thick).

Of al patients, there were 45.12% with working side interferences, and 48.78% with balancing side interferences in both examined groups. 33.33% of the examinees in the group with localised periodontitis had working side interferences, and 50.81% of the examinees in the group with generalized periodontitis. Balancing side interferences were found in 52.38% of patients in the group with localised periodontitis, and 47.54% of patients in the group with generalized periodontitis.

Chi-square test showed that there was statistically significant difference between manifestation of occlusal interferences in the group of patients with localised periodontitis compared to manifestation of articulation interferences in the group of patients with generalized periodontitis (chi-square = 3.561; p = 0.313). Although there was no statistically significant difference, there was a tendency to difference in frequencies (p = 0.054), and it is shown that in the group of patients with generalized periodontitis there were more cases with no balancing side interferences on any side (52.45%), compared to the group of patients with localised periodontitis (47.61%).

Results showed that there was no difference in manfestation of occlusal interferences in localised peiodontitis compared to generalized periodontitis.

Brusne fasete i znakovi temporomandibularne disfunkcije

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Smatra se da su brusne fasete znak funkcijskih i parafunkcijskih aktivnosti, te ih nalazimo na okluzalnim i incizalnim plohama zuba obično kao posljedicu procesa atricije. Brusne fasete razlikuju se opsegom i pozicijom na zubima. Bruksizam, kao parafunkcijska aktivnost, smatra se jednim od etioloških čimbenika za nastanak disfunkcije stomatognatoga sustava.

Cilj rada bio je istražiti moguću povezanost između pojavnosti brusnih faseta, kao znak bruksizma, i znakova temporomandibularne disfunkcije.

Temeljem nalaza brusnih faseta nakon izvršena kliničkog pregleda izdvojeno je 100 ispitanika, određenih za daljnje istraživanje. Opsežnost brusnih faseta procjenjivana je modificiranim indeksom Pullingera i Seligmana: stupanj 0 = nema vidljive atricije; 1 = minimalna atricija kvržica ili incizalnih bridova (u caklini); 2 = fasete usporedne s normalnim područjima kontura ploha (caklina); 3 = zamjetna zaravnjenja kvržica ili incizalnih bridova (caklina); 4 = potpuni gubitak kontura ploha/bridova i ekspozicija dentina do polovice visine nekadašnje krune zuba; 5 = potpuni gubitak kontura i ekspozicija dentina za više od polovice nekadašnje krune zuba. Svi ispitanici podvrgnuti su kliničkim ispitivanjima kako bi se utvrdilo postojanja znakova TMD-a.

Rezultati su pokazali da ne postoji statistički znatna povezanost između znakova TMD-a i pojavnosti brusnih faseta te ni između znakova TMD-a i opsežnosti brusnih faseta. Rezultati ovoga istraživanja slažu se s ostalim recentnim studijama da brusne fasete nisu pouzdan pokazatelj za procjenjvanje funkcijskog stanja stomatognatoga sustava.

Ovim istraživanjem nije utvrđeno postojanje povezanosti između pojavnosti brusnih faseta i znakova temporomandibularne disfunkcije.

Relationship Between Attrition Faces and Signs of TMD

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Attrition faces are usually seen on the occlusal or incisal surfaces of teeth worn by attrition. They are considered to be a sign of functional and parafunctional activities, and can differ by wideness and position on the teeth. Bruxizm, as a parafunctional activity, is considered to be a risk factor for dysfunction of the masticatory system.

The aim of the study was to investigate the possible relationship between attritional faces, as a sign of bruxizm, and signs of temporomandibular dysfunction.

By clinical examination, a group of 100 subjects was selected for trial, based on findings of attritional faces. The severity of attrition faces was quantified on a five-point scale (modified assessment for determination of incisal tooth wear according to Pullinger and Seligman: 0 = no visible tooth wear; 1 = minimal wear of cusps or incisal tips (enamel); 2 = faces parallel to normal planes of contour (enamel); 3 = noticeable flattening of cusp or incisal edges (enamel); 4 = total loss of contour and dental exposure when identifiable (dentin exposure up to half of former crown of tooth): 5 = total loss of contour and dental exposure over half of former crown of tooth). Selected subjects were then examined by standard procedure to investigate the presence of TMD signs.

Results showed that there was no statistical significance between signs of TMD and presence of attrition faces, and neither between signs of TMD and severity of attrition faces. Results of this study are compatible with other recent investigations, which show that attrition faces are not a reliable sign for assessing the functional status of the masticatory system.

According to this investigation there is no association between attrition faces and signs of temporomandibular dysfunction.

Rubno propuštanje pečata u fisurama nakon tretmana cakline samojetkajućim adhezivnim sustavom

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Samojetkajući adhezivni sustavi istodobno s jetkanjem omogućuju penetraciju adheziva u jetkanu površinu cakline. Važne prednosti uporabe smojetkajućih adhezivnih sustava u postupku pečaćenja kao zamjeni za klasično jetkanje fosfornom kiselinom jesu: nema nanošenja kiseline i nema ispiranja.

Svrha je istraživanja bila analizirati penetraciju i rubnu propustljivost pečata apliciranih nakon tretmana cakline samojetkajućim adhezivnim sustavom. 45 zuba podijelje-