

## Prevalencija simptoma TMD u stanovništvu Rijeke, Hrvatska

**Gržić R, Kovač Z, Delić Z, Uhač I, Kovačević D, Blečić D, Šimunović-Šoškić M.**

*Medicinski fakultet u Rijeci, Katedra za stomatološku protetiku, Rijeka, Hrvatska*

Svrha ovog istraživanja bila je ispitati prevalenciju simptoma TMD u stanovništvu Rijeke. Istraživanje je provedeno na uzorku 408 odraslih osoba starih od 18-84 godine, podijeljenih po dobi i spolu.

Postojanje TMD simptoma dobili smo upotrebom kliničko-anamnestičkih upitnika koji se sastojao od 11 pitanja tipičnih za TMD simptomatologiju. Okluzalne parametre dobili smo raščlambom RCP, ICP prednjega vođenja i lateralnih kretnji. Kliničke znakove TMD dobili smo palpacijom mišića žvakača i TMJ.

Anamnezom smo došli do podatka da je 16 % ispitanika izjavilo kako ima noćni bruksizam, a 33 % dnevni. 26 % ispitanika osjetilo je škljocanje u zglobovima. 37 % pacijenata ima uz bruksizam i glavobolju, 35 % ima bolan vrat i ramena, a 33 % ima škljocanje u TMZ. U skupini pacijenata bez bruksizma 41 % ima glavobolju, 29 % bolni vrat i 24 % ima škljocanje.

Možemo zaključiti da postoji veza između pojave noćnog bruksizma i bolnosti mišića vrata i ramena te škljocanje TMZ.

## Prevalence of Self-Reported Symptoms of TMD in a Population of Rijeka, Croatia

**Gržić R, Kovač Z, Delić Z, Uhač I, Kovačević D, Blečić D, Šimunović-Šoškić M.**

*Faculty of Medicine, School of Dental Medicine, Rijeka, Croatia*

The aim of this study was to evaluate the prevalence of temporomandibular disorder (TMD) symptoms in a population of Rijeka, Croatia. The study was performed on a sample of 408 adult subjects, aged 18-84 years divided into three groups by age and gender.

The presence and severity of TMD was determined by using a self-reported anamnestic questionnaire comprised

of 11 questions regarding common TMD symptoms. Occlusal evaluation included analyses of RCP, ICP, anterolateral guidance, and nonworking side contacts during mandibular movements. Palpation of the muscles and TMJ was performed to detect clinical signs of TMD.

A total of 16 % of the examinees had self-reported nocturnal bruxism and 33 % had daily bruxism. 26 % of the examinees experienced TMJ clicking. 28 % of the examinees experienced tension type headache, more than once a month. 37 % of the patients with bruxism had headaches, 35 % had painful necks and shoulders, and 33 % experienced TMJ clicking. Of those who did not suffer from bruxism, 41 % had headaches, 29 % had painful neck and shoulders and 24% had TMJ clicking.

It appears that sleep bruxism is related with the presence of painful neck and shoulders and TMJ clicking.

## Pacijenti s posttraumatskim stres poremećajem i parodontno zdravlje

**Haban V<sup>1</sup>, Aurer A<sup>1</sup>, Ivić-Kardum M<sup>1</sup>, Mravak-Stipetić M<sup>2</sup>, Gall-Trošelj K<sup>3</sup>, Aurer-Koželj J.<sup>1</sup>**

<sup>1</sup>Zavod za parodontologiju, Stomatološki fakultet Sveučilišta u Zagrebu, Zagreb, Hrvatska

<sup>2</sup>Zavod za oralnu medicinu, Stomatološki fakultet Sveučilišta u Zagrebu, Zagreb, Hrvatska

<sup>3</sup>Zavod zamolekularnu medicinu, Institut "Ruđer Bošković", Zagreb, Hrvatska

E-mail: [aurer@sfzg.hr](mailto:aurer@sfzg.hr)

Progresija parodontitisa ovisi o istodobnoj pojavi nekoliko čimbenika bolesti. Osim mikroorganizama subgingivnog plaka pokazano je da stres, promjenom odgovora domaćina, pridonosi destrukciji tkiva u parodontnoj bolesti. Ratni stres može izazvati trajne posljedice, uključujući posttraumatski stresni poremećaj (PTSP). Željeli smo ispitati prevalenciju nekih parodontnih patogena, povezanost tih mikroorganizama s kliničkim parametrima parodontitisa i utjecaj ratnoga stresa na parodontno zdravlje u pacijenata s PTSP-om. Istraživanje je provedeno na 130 ispitanika: 50 ratnih veterana oboljelih i liječenih od PTSP-a, 50 osoba s progresivnim parodontitisom (PP) i 30 parodontno zdravih osoba. Skupina s progresivnim parodontitisom uključuje oboljele od kroničnog (CO) i agresivnog (AP) parodontitisa. Jedino je skupina ratnih

veterana bila neposredno izložena ratnome stresu. Proveden je potanki parodontni pregled i uzeti su uzorci subgingivne mikroflore svakog ispitanika. Klinički pregled je uključivao određivanje plak indeksa (PI), indeksa krvarećeg sulkusa (SBI), dubinu sondiranja (PD) i klinički gubitak pričvrstka (CAL). Metoda lančane reakcije polimeraze (PCR) upotrijebljena je za identifikaciju sljedećih bakterija: *Actinobacillus actinomycetemcomitans* (Aa), *Porphyromonas gingivalis* (Pg) i *Eikenella corrodens* (Es). Prevalencija u svim skupinama za Ec bila je 81% , za Aa 36% i za Pg 19%. Prevalencija za Ec bila je 74% u PTSP skupni, 80% u PP skupni i 93% u parodontno zdravih ispitanika. Prevalencija za Aa bila je 30% u PTSP skupini, 46% u PP skupini i 30% u parodontno zdravih ispitanika. Prevalencija za Pg bila je 16% u PTSP skupini, 16% u PP skupini i 26% u kontrolnoj skupini. S obzirom na vrstu parodontitisa prevalencija bakterija bila je : za Ec 74% u CP i 83% u AP pacijenata; za Aa 37% u CP i 39% u AP pacijenata; za Pg 16% u CP i 18% u AP pacijena. Ispitanici s Ec imali su niže PI, SBI i CAL vrijednosti. Oboljeli od PTSP-a imali su najveće PI i SBI vrijednosti, a bili su slični PP pacijentima po PD i CAL vrijednostima. Slična prevalencija parodontnih patogena u PTSP i PP pacijenata pokazuje da se oboljeli od PTSP-a mogu smatrati rizičnom skupinom za inicijaciju i progresiju parodontne bolesti.

## Post-Traumatic Stress Disorder Patients and Periodontal Health

Haban V<sup>1</sup>, Aurer A<sup>1</sup>, Ivić-Kardum M<sup>1</sup>, Mravak-Stipetić M<sup>2</sup>, Gall-Trošelj K<sup>3</sup>, Aurer-Koželj J.<sup>1</sup>

<sup>1</sup>Department of Periodontics, School of Dental Medicine University of Zagreb, Zagreb, Croatia

<sup>2</sup>Department of Oral Medicine, School of Dental Medicine University of Zagreb, Zagreb, Croatia

<sup>3</sup>Department for Molecular Medicine, Institute "Ruđer Bošković" Zagreb, Croatia

E-mail: aurer@sfzg.hr

Progression of periodontitis depends on simultaneous occurrence of several factors of the disease. Besides subgingival plaque microorganisms, stress, through modifying host response, has been shown to contribute to tissue destruction seen in periodontal disease. War stress can cause permanent effects, including post-traumatic stress disorder (PTSD). We wanted to study the prevalence of periodontal pathogens, association of these microorgan-

isms with the clinical parameters of periodontitis and the influence of war stress on periodontal health in patients with PTSD. The investigation was conducted on 130 subjects: 50 war veterans diagnosed and treated for PTSD, 50 subjects with progressive periodontitis (PP) and 30 periodontally healthy subjects. The progressive periodontitis group included subjects with chronic (CP) and aggressive periodontitis (AP). Only the war veterans group has been exposed directly to war stress. Detailed periodontal examination and subgingival microbial amplification were conducted for each participant. Clinical examination included assessment of plaque index (PI), sulcus bleeding index (SBI), probing depth (PD) and clinical attachment loss (CAL). Polymerase chain reaction (PCR) was used for microbial identification of the following bacteria: *Actinobacillus actinomycetemcomitans* (Aa), *Porphyromonas gingivalis* (Pg) and *Eikenella corrodens* (Ec). The prevalence in all groups for Ec was 81%, for Aa 36% and for Pg 19%. Prevalence for Ec was 74% in PTSD group, 80% in PP group and 93% in periodontally healthy subjects. Prevalence for Aa was 30% in PTSD group, 46% in PP group and 30% in periodontally healthy subjects. Prevalence of Pg was 16% in PTSD group, 16% in PP group and 26% in the control group. Considering the periodontal diagnosis, the prevalence of bacteria was : for Ec 74% in CP and 83% in AP patients; for Aa 37% in CP and 39% in AP patients; for Pg 16% in CP and 18% in AP patients. Subjects harbouring Ec had lower PI, SBI and CAL values. PTSD patients had the highest PI and SBI values, and concerning PD and CAL were similar to PP patients. The similar prevalence of periodontal pathogens in PTSD and PP subjects indicates PTSD subjects as a risk group for periodontal disease initiation or progression.

## Pilokarpin-hidroklorid ima kratkotrajan učinak u liječenju kserostomije

Hladki A<sup>1</sup>, Alajbeg I<sup>1</sup>, Cekić-Arambašin A<sup>1</sup>, Alajbeg IŽ<sup>2</sup>.

<sup>1</sup>Zavod za oralnu medicinu, Stomatološki fakultet Sveučilišta u Zagrebu, Zagreb, Hrvatska

<sup>2</sup>Zavod za stomatološku protetiku, Stomatološki fakultet Sveučilišta u Zagrebu, Zagreb, Hrvatska

Kserostomija, tj. suhoća usta jest stanje uglavnom uzrokovano uzimanjem lijekova, imunološkim bolestima