

ispitanika u skupini nepušača. Prema rezultatima LA indeksa, postoji statistički znatnije veća prevalencija gubitka epitelnoa pričvrstka veća od 3mm u skupini ispitanika - pušača nego u skupini ispitanika nepušača. Prema rezultatima KEP-indeksa, ispitanici pušači imaju statistički znatno više karijesa i ekstrakcija nego nepušači, a u broju liječenih zuba nije bilo statistički znatne razlike.

Rezultati pokazuju da broj cigareta konzumiran u danu ne utječe na razvoj parodontne bolesti, no svi ostali rezultati pokazuju da su prevalencija i stupanj parodontne bolesti statistički znatno veći u ispitivanoj skupini pušača nego u ispitivanoj skupini nepušača iste dobi i spola.

## Impact of Smoking on Development and Progression of Periodontal Disease

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Smoking is considered to be a risk factor for onset and progression of periodontal disease.

The aim was to determine the prevalence of smoking in the sample, subject to examination among the patients that suffer from periodontal diseases, to identify the impact of smoking on development and progression of periodontal disease, and to compare the periodontal status between smokers and non-smokers.

Two hundred patients, half of which were smokers and the other half non-smokers, were examined, and divided in four age groups: up to 1, 20-35, 36-65, and 66 and up, and further classified by gender. Periodontal status was evaluated by use of the Community Periodontal Index (CPI), the Loss of Attachment Index (LA), and Klein-Palmer (KEP) Index.

Following CPI, the non-smokers were found to have statistically significantly higher prevalence of healthy periodontium than the smokers, in whom a higher prevalence of shallow and deep pockets. Prevalence of periodontal disease in all of the examined patients was 42%. In the group of smokers 60% of examinees were found to have periodontal disease, and 25% of examinees in the group of non-smokers.

Following LA index, there was statistically significantly higher prevalence of loss of attachment greater than 3 mm in the group of patients who were smokers, than in the group of non-smokers. Following KEP-index, the smokers examined had statistically significantly more caries and extractions than non-smokers, whereas there were no differences in the number of teeth cured.

Results showed that the number of cigarettes consumed per day does not affect the development of periodontal disease, but all of the other results showed that the prevalence and severity of periodontal diseases among the examined group of smokers was statistically significantly higher than in the examined group of non-smokers of the same age and sex.

## Ortodontsko liječenje dentofacijalnih deformiteta

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Međučeljusni nesklad stvara velike probleme pacijentima i estetski i funkcionalno. Razlog dolaska pacijenata u Kliniku uglavnom je estetske naravi, jer se radi o mlađim osobama, a funkcionalne su smjetnje u drugome planu. Uzimanje hrane, govor i disanje u takvih su osoba znatno otežani. Prikazat ćemo jedan od slučajeva liječenje kombiniranoga dentofacijalnog deformiteta:

### PROGNATHISMUS ET LATEROGNATHISMUS MANDIBULARIS.

Pacijentica, 34 godine. Iz anamnestičkih podataka nismo saznali da sličnih problema ima u obitelji. Motiv dolaska na Kliniku bio je estetske naravi, premda se je pacijentica žalila na bolove u oba čeljusna zgloba, otežano uzimanje hrane i na nešto teži izgovor pojedinih glasova.

Plan liječenja donesen je na osnovi sljedećih potanko provedenih postupaka:

- raščlamba lica rađena je na osnovi fotografija napravljenih iz profila i en face
- raščlamba okluzije učinjena je na studijskim modelima
- rentgenkefalometrijska raščlamba profilnog i AP kraniograma učinjena računalom i ručno samo je potvrdila već spomenutu dijagnozu

Liječenje je provedeno isključivo intraoralnom i ekstraoralnim ortodontskim napravama te smo smatrali korisnim iznijeti naša iskustva ovakvim načinom liječenja.

Izgled pacijentice nakon liječenja vidi se na slikama.

Ponovne kefalometrijske raščlambe rađene su nakon završetka liječenja. Svi parametri su u granicama normale, kako se vidi iz tabele s prikazanim vrijednostima prije i poslije liječenja. Raščlambe mekih česti pacijentice također pokazuju znatne promjene, a odnosi nos, gornja usnica, donja usnica i brada veoma su dobri.

Dentofacijalni deformiteti danas se vrlo uspješno rješavaju. Dobre studijske raščlambe, na osnovi kojih se određuje plan liječenja, jamstvo su uspješnoga liječenja. Vrlo malo je ostalo tajni u liječenju dentofacijalnih deformiteta, ali ona od terapeuta traži visoku profesionalnost i učinkovitost.

## Orthodontic Treatment of Dentofacial Deformities

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Disharmony of the jaws presents a great aesthetic and functional problem for patients. The reason for reporting to a clinic is mainly of an aesthetic nature, since most commonly young people are involved, while functional disturbances remain secondary. Such persons have difficulty eating, speaking and breathing. We will present one case of combined dentofacial deformity:

### PROGNATHISMUS ET LATEROGNATHISMUS MANDIBULARIS.

Female patient, 34 years old. From anamnestic data we did not find out whether there were similar problems in the family. The motive for reporting to the clinic was aesthetics, although the patient complained of pain in both temporomandibular joints, difficulty eating and somewhat more difficult pronunciation of certain vocals.

A treatment plan was based on:

- Analysis of the face, based on profile and en face photographs.
- Analysis of occlusion, based on study models.

- Roentgen-cephalometry of the profile and AP cranio-gram, performed on a computer as well as manually, confirmed the above mentioned diagnosis.

The treatment was performed exclusively with intra-oral and extra-oral orthodontic appliances, and we therefore believe that it would be useful to present our experience with such a treatment method.

The appearance of the patient after treatment can be seen on the photographs. Repeated cephalometric analyses were performed after completion of the treatment. All parameters were within normal limits, as can be seen from the table presenting pre- and post-treatment values. Analysis of the soft tissues also shows significant changes, and relations between the nose, upper lip, lower lip and chin are very good.

Today dentofacial deformities are successfully solved. Good study analyses, which serve as the base for planning treatment, guarantee successful treatment. There are very few secrets in orthognatic treatment, but it still requires high professionalism and effectiveness.

Key words: dentofacial deformities, therapy

## Oralni pemfigus vulgaris kod mlade odrasle osobe - prikaz slučaja

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Pemfigus vulgaris je rijetka, potencijalno smrtonosna kronična autoimuna vezikulobulozna bolest kože i sluznice. Zahvaća populaciju pedesetih i šezdesetih godina, a u edolescenciji je iznimno rijetka. Osamdeset do devedeset posto pacijenata oboljelih od pemfigus vulgarisa razvije oralne lezije, a kod šezdeset posto oralne su lezije prvi znak bolesti. Oralne lezije pojave se 4. mjeseca prije manifestacija na koži. Autori prikazuju slučaj pemfigus vulgarisa koji se inicijalno razvio u 18-godišnje djevojke i to samo na sluznici usta. Kliničkim i histopatološkim nalazima te izravnom i neizravnom imunofluorescencijom sluznice usta potvrđena je dijagnoza: pemfigus vulgaris, s pozitivnim antitijelima na dezmozoline 1 i 3. Pacijentica je uspješno liječena sustavskim i topikalnim kortikosteroidima te mikonazolom. Tijekom 11 godina bolest je pod