

of bone under the denture to provide stability in function. The aim of the study was to determine whether the bone mineral density (BMD) of the mandible and some linear radiomorphometric indices measured on panoramic radiographs are correlated with different removable denture wearing. 136 removable denture wearers (72 complete removable denture wearers, 64 partial removable denture wearers) participated in this study. All the patients were screened using panoramic radiographs standardized with copper stepwedge. BMD measurements were expressed in equivalents of the actual stepwedge thicknesses. Linear radiomorphometric indices were measured on each panoramic radiograph.

Results revealed statistically significant differences in measured indices between complete and removable partial denture wearers ($p < 0.05$). Statistically significant differences in measured BMD values between different type of the dentures worn were found under the denture bases on the superior border of the mandible ($p < 0.05$). It seems that the different types of denture loading influences BMD changes as well as the thickness of cortical parts of the mandible.

Procjena sustavskih i lokalnih komplikacija tijekom kratkotrajne inhalacijske anestezije u pacijenata s oralnokirurškim zahvatima

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Svrha istraživanja bila je utvrditi loše strane kratkotrajne inhalacijske anestezije u duševno retardirane djece ili djece s izraženim strahom od stomatološkog ili oralnokirurškog liječenja i odraslih duševno retardiranih osoba nesposobnih za zahvat uz pomoć lokalne anestezije. Monitoring pacijenta (pulsoksimetrija, krvni tlak) rađeni se s namjerom da se zabilježe možebitna odstupanja od standardnih vrijednosti. Neposredni rezultati monitoringa indicirali su potrebu za dodatnom medikacijom, prekidom ili ponavljanjem liječenja. Također su praćene lokalne komplikacije (prijelom zuba, pojačano krvarenje, strana tijela u usnoj šupljini ili u respiratornome traktu) i kasnije

komplikacije do odlaska pacijenta iz bolnice (produženo krvarenje, povraćanje).

Uzorak se sastojao od 84 pacijenta kojima je bio potreban zahvat u kratkotrajnoj inhalacijskoj anesteziji. Svi su oni bili prethodno laboratorijski obrađeni i anesteziološki pregledani. Postupak su izvodili oralni kirurg, anesteziolog, tehničari i medicinske sestre. Za inhalacijsku anesteziju upotrebljeni su O₂, N₂O i Sevoflurane. Pacijenti su bili u dobi od 1-58 godina (s.v. 29,5).

Od sustavskih komplikacija zabilježene su sljedeće: bronhospazam u dva slučaja /1,68%, odstupanja od normalnoga srčanog ritma 3 slučaja /2,52%, epileptičke konvulzije nakon zahvata 1 ili /0,84%, saturacija O₂ ispod 90% u 9 slučajeva ili /7,56%, povraćanje nakon zahvata 1 ili /0,84%, visok krvni tlak zabilježen je u 38 slučajeva ili /31,92%, tahikardija u 45 ili /37,8%. Potreba za ponavljanjem anestezije jedanput bila je u 16 slučajeva ili /13,44%, dva puta u 3 ili /2,52% i tri puta u 1 ili /0,84% slučajeva. Stranih tijela u respiratornom traktu nije bilo. Od lokalnih komplikacija tijekom zahvata bilo je: fraktura zuba u 14 slučajeva ili /11,76%, neposrednoga krvarenja u 8 ili /6,72% i produženoga krvarenja 3 slučaja /2,52%. Kratkotrajna inhalacijska anestezija uspješna je zamjena za intubacijsku opću anesteziju za manje oralnokirurške zahvate, ali nosi rizik mogućih komplikacija, što treba imati na umu.

Evaluation of Systemic and Local Complications During Inhalation Anaesthesia in Patients With Oral Surgery Treatment

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The aim of the research was to define the disadvantages of short inhalation anaesthesia in children with mental retardation, children with expressive fear of dental or surgical treatment, and adults with some degree of mental retardation unsuitable for regular treatment with local anaesthesia. Monitoring of patients (pulsioximetry, blood pressure) was done with the intention of recording eventual differences from standard values. The immediate results of monitoring indicated the eventual need for

additional medication, to interrupt, stop or repeat the treatment. At the same time we recorded all local complications (fracturing of teeth, excessive bleeding, foreign body in respiratory tract etc.) and the existence of late complications (prolonged bleeding, vomiting) for 2 to 3 hours after the treatment.

A group of 84 patients requiring surgical treatment in inhalation anaesthesia is presented. All of them had anaesthesiologic and laboratory examination as the preoperative standard. The treatment was carried out by an oral surgeon, anesthesiologist, technicians and nurses. O₂, N₂O and Sevoflurane were used for inhalation anesthesia. The age of patients was 1-58 years (av. 29.5). Systemic complications: bronchospasm in two cases /1.68%, deviations of normal cardiac rhythm 3 /2.52% (VES), convulsions (epi) after treatment 1 /0.84%, saturation O₂ under 90% 9 /7.56%, vomitig after the treatment 1 /0.84% / high blood pressure was present in 38 /31.92% / an tachycardia in 45 /37.8% / of cases. The need to repeat the procedure once occurred in 16 /13.44% / twice 3 /2.52% / and three times 1 /0.84% /. Foreign body in the respiratory tract 0 /0% /. Local complications: teeth fractures 14 /11.76% /, immediate excessive bleeding 8 /6.72% /, prolonged bleeding 3 /2.52% /. Short inhalation anaesthesia is a successful alternative to general anaesthesia for minor oral surgical interventions but the risk of possible general and local complications has to be considered.

Liječenje velikog odontoma donje čeljusti dvofaznim kirurškim postupkom

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Postoje dva moguća kirurška postupka u liječenju velikih jedinstveno složenih odontoma ili drugih odontogenih tumora donje čeljusti. Jedan je klasičan kirurški postupak, kao u slučajevima alveotomija retiniranih ili in-paktiranih zuba, i moguće ga je izvesti kad je riječ o manjim primjerima odontoma u kojima je okolna kost dovoljno sačuvana i ne postoji opasnost od patološkog ili jatrogenoga prijeloma donje čeljusti. Taj je zahvat također moguć i kod većih odontogenih tumora koji se lako ljušte iz njihova koštanoga ležišta. Drugi je postupak odstraniti

tumor s pomoću takozvane sagitalne osteotomije donje čeljusti, kao što su to opisali Rittersma J. i van Gool AV. godine 1979.

Autori prikazuju primjer neobično velikoga jedinstveno složenog odontoma u angulusu donje čeljusti u 23-godišnjeg muškarca. Zbog mogućega prijeloma čeljusti tijekom zahvata u jednom aktu, izvršen je dvofazni kirurški postupak koji se je pokazao uspješnim i prihvatljivim za pacijenta. Autori navode podatke iz literature, raspravljaju o prednostima i nedostacima različitih kirurških postupaka ostavljajući slušateljstvu da ocijeni opravdanost pojedinih postupaka primjenjivanih do danas.

Treatment of Large Odontoma of the Mandible by Two-Phase Surgical Procedure

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Two methods are possible in the surgical treatment of large examples of complex odontomas or other odontogenic tumors of the mandible.

One is classical intraoral approach, as in the case of alveotomy of retained or impacted teeth, which is simple to perform in the case of small examples of odontomas, where the bone is still sufficiently preserved, and there is consequently no danger of pathological or iatrogenic fracture of the jaw. It is also possible in the case of large tumors that are easily denucleated from the bony site.

Another method is to remove the tumor by means of so-called sagittal osteotomy of the mandible described by Rittersma J, and van Gool AV. 1979.

The authors present an example of an unusually large, complex odontoma of the mandibular angle of a 23 year-old man. Because of the possibility of fracture during the operation in one step a two-phase surgical procedure was applied, which proved successful and was acceptable for the patient. The authors cite data from the literature, discussing advantages and disadvantages of different surgical procedures, leaving the audience to decide on justification of all applied surgical procedures to date.