

Dvadesetsedmogodišnjoj pacijentici operacijom je izvađen prvi gornji sjekutić zbog upalnoga procesa i resorptivnih promjena na kosti kao posljedice uzdužne frakture korijena. Neposredno nakon ekstrakcije kohleacijom je odstranjeno granulacijsko tkivo, koštani defekt ispunjen je Bio-Oss spongioznim granulama, a operacijsko polje pokriveno je Bio-Gide resorptivnom membranom. Godinu dana nakon operacije nastala je koštana regeneracija i ugrađen je ITI Straumannov implantat duljine 12 mm i promjera 3,3 mm. Zbog djelomične bukalne dehiscencije upotrijebljen je Fiziograft. Nakon 6 mjeseci izrađen je fiksno protetski nadomjestak.

Guided Bone Regeneration in Dental Implant Treatment - a Case Report

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Loss of anterior teeth can be caused by pathological processes, tooth retention (mostly upper canine), result of trauma (avulsion or root fracture) or missing tooth germ.

Such defects can be solved by orthodontic treatment (orthodontic space closure), prosthetic treatment (different bridge constructions) or with surgery treatment (dental implants). Inadequacy of orthodontic therapy is long lasting rehabilitation and mostly esthetical imperfection. At the bridge constructions, hard tissues of adjacent teeth must be removed. Another contraindication is the presence of diastemas. Dental implants enable making self-supporting mastication units, but require sufficient bone to adequately stabilise. When there are changes in alveolar bone height and width, we use guided bone regeneration (GBR). GBR has proved to be a suitable technique for promoting bone regeneration. GBR treatment with collagen membranes may significantly enhance bone regeneration.

The left first incisor of a 27 years old patient was extracted because of resorptive processes on alveolar bone as a result of longitudinal fracture of the root. Immediately after extraction, the bone defect was filled with Bio-Oss spongiosa granules and covered with Bio-Gide resorbable bilayer membrane. After one year the defect was restored

to nearly original condition and ITI Straumann implant was placed. Because of labial dehiscence Fisiograft was used. The definitive restoration was placed after 6 months.

Komplikacije stomatološkog tretmana u pacijenta s diabetes mellitusom - prikaz slučaja

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Prevalencija diabetes mellitusa (DM) povećava se u cijelome svijetu kao rezultat promjena u načinu života, dužem životnom vijeku i sl. Stomatolozi će imati sve više takvih pacijenata u svojoj svakodnevnoj praksi. Svaka stomatološka intervencija povezana je s većim rizikom nastanka komplikacija u pacijenata s DM-om nego u pacijenata bez te bolesti. Ovaj rad pokazuje slučaj pacijenta s IDDM-om u kojega je neadekvatan stomatološki tretman uzrokovao komplikacije, poremetio opće zdravstveno stanje i ugrozio mu život. Svrha ovoga rada je upozoriti na obaveznu primjenu suvremenoga protokola za stomatološki tretman pacijenata s DM-om.

Dental Treatment Complications of a Patient with Diabetes Mellitus - Case Report

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The prevalence of diabetes mellitus (DM) is increasing worldwide as a result of lifestyle changes, longer life

of individuals, etc. Dental professionals will have more of these patients in their everyday practice. Every oral intervention is connected with higher risk among people with DM compared to patients without DM. This report shows the case of a patient with IDDM, where inadequate dental treatment lead to complications, damaged his general health and jeopardized his life. The aim of this paper is to point out obligatory application of protocol for dental treatment of patients with DM.

Odnos između okluzijskih koncepcija i zvukova u temporomandibularnom zglobu

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Utjecaj okluzije na nastanak zvuka u temporomandibularnom zglobu nije potpuno potvrđen.

Svrha je ovog istraživanja bila utvrditi utjecaj okluzijskih koncepcija na nastanak zvuka u temporomandibularnome zglobu.

Ispitivana skupina sastojale se je od 96 ispitanika u dobi od 24 - 52 godine ($x = 35,03 \pm 6,92$). Okluzijske koncepcije određene su kliničkim pregledom. U ovisnosti o kontaktima na laterotruzijskoj i meziotruzijskoj strani ispitanici su kategorizirani u tri skupine (okluzija vođena očnjakom, grupna funkcija, te bilateralno uravnotežena okluzija). Kliničkim pregledom te auskultacijom s pomoću stetoskopa registrirano je postojanje zvuka.

70,83 % ispitanika imalo je okluziju vođenu očnjakom, 16,66 % grupnu funkciju, a 12,5 % bilateralno uravnoteženu okluziju. Zvuk u temporomandibularnom zglobu postojao je u 41,6 % slučajeva. Rezultati statističke raščlambe (Pearson χ^2) pokazuju da između skupina nema statistički znatne razlike ($\chi^2 = 2,09$ p = 0,351).

Rezultati ovog istraživanja upućuju na zaključak da okluzijske koncepcije nemaju utjecaja na nastanak zvuka u temporomandibularnom zglobu.

The Relationship Between Type of Occlusion and TMJ Sounds

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The influence of occlusion on the occurrence of sound in the temporomandibular joint had not been completely proved.

The objective of this investigation was to determine the effect of type of occlusion on the occurrence of sounds in the TMJ.

A group of 96 subjects, aged from 24-52 years ($x = 35.03 \pm 6.92$) was examined. The type of occlusion was determined by clinical examination. Depending on the contacts on the laterotrusal and mediotrusal side the subjects were categorized into three groups (canine guided occlusion, group function and balanced occlusion). The existence of sounds was registered by means of a clinical examination and auscultation by stethoscope.

In the examined group 70.83% of examinees had canine guidance, 16.66 % group function and 12.5 % balanced occlusion. Temporomandibular joint sound was present in 41.6 % of subjects. The results of the statistical analysis (Pearson χ^2) shows no statistically significant difference between these 3 groups ($\chi^2 = 2.09$ p = 0.351).

The results of this study suggest that the type of occlusion does not have an influence on the occurrence of sound in the TMJ.

Utjecaj pušenja duhana na stomatognati sustav žena oboljelih od šećerne bolesti

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Cilj rada bio je provjeriti utjecaj pušenja duhana na stomatognatni sustav žena oboljelih od šećerne bolesti.