

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.

Šećerna je bolest metabolička bolest koja nastaje kao posljedica poremećaja u stvaranju i lučenju inzulina ili njegovu djelovanju. Kod tako oslabljena organizma pušenje duhana vjerojatno više oštećuje stomatognati sustav nego u zdravih osoba.

Žene s potvrđenom dijagnozom šećerne bolesti (N = 90) podijeljene su u dvije skupine: žene fertile dobi (N = 51) te žene u menopauzi i postmenopauzi (N = 39). Sve su žene ispunile anketni list s općim podatcima i pitanjem o pušenju. Izvršen je klinički pregled s pomoću stomatološkoga zrcala i parodontne sonde. Vrijednovan je klinički nalaz zubnoga statusa, gingive i parodonta (indeks krvarećeg sulkusa i dubina parodontnih džepova) te stanje oralne sluznice.

Pušenje nije statistički znatno utjecalo na zubni status ni u fertile žena ni u žena u menopauzi i postmenopauzi. ($p > 0,05$). Klinički nalaz gingive i parodonta statistički se znatno razlikovao samo u žena u menopauzi i postmenopauzi ($*p < 0,05$) koje puše u usporedbi s onima koje ne puše. U žena fertile dobi nije bilo statistički znatne razlike ($p > 0,05$). Klinički nalaz oralne sluznice analiziran je samo u dobnj skupini menopauza i postmenopauza. Razlika je bila statistički znatna ($*p < 0,05$). U skupini fertile žena raščlamba nije izvršena zbog premalog broja podataka.

Oslabljeni imunološki sustav zbog zajedničkoga djelovanja šećerne bolesti, pušenja i nedostatka ženskih spolnih hormona (u menopauzi i postmenopauzi) znatno oštećuje oralnu sluznicu, gingivu i parodont. Vjerojatni razlog tomu je njihova čvrsta povezanost osobito hematogenim putem s ostalim dijelovima organizma. Pušenje nije znatno utjecalo na tvrda zubna tkiva vjerojatno zbog njihove anorganske naravi i kompaktnosti građe.

Influence of Smoking on the Stomatognathic System in Women With Diabetes

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The aim of the study was to check the influence of smoking on the stomatognathic system in women with

diabetes. Diabetes is metabolic disease that occurs as a result of disorders in creation or secretion of insulin, or its effect. On a weakened organism smoking will probably do more harm on the stomatognathic system than on a healthy one.

Women with confirmed diagnosis of diabetes (N = 90) were divided into 2 groups: fertile women (N = 51) and women in the menopause and postmenopause (N = 39). All women completed the given paper forms on general data and their smoking habits. A clinical examination was performed using a stomatological mirror and parodontal probe. Clinical findings of the dental status, gingiva, parodontal tissue (bleeding sulcus index and depth of parodontal pockets) and the status of oral muscosa were evaluated.

Smoking did not show statistically significant influence on the dental status either on fertile women or on women in the menopause and postmenopause ($p > 0.05$). Clinical findings of the gingiva and parodontal tissue showed statistically significant difference in women in the menopause and postmenopause ($*p < 0.05$) who smoke in relation to women who do not. In fertile women no statistically significant difference was found ($p > 0.05$). Clinical findings of oral muscosa were only analyzed in the age group of menopausal and postmenopausal women. The difference was statistically significant ($*p < 0.05$). In the group of fertile women analysis was not performed due to the small number of specimens.

Weakened immunological system due to the synergistic influence of diabetes, smoking and the lack of feminine sex hormones (in the menopause and postmenopause) significantly damages oral muscosa, gingiva and parodontal tissue. The probable explanation was their firm correlation especially throughout the blood circulation with the other parts of the organism. Smoking did not significantly influence the hard dental tissue, probably because of its inorganic origin and compact structure.