

sustava Roth 0,018 postignuta je normalna inklinacija frontalnih zuba u oba zuba luka uz kongruentnost tranverzalnih dimenzija obiju čeljusti, a međučeljusni je sagitalni odnos dijagnostičiran kao izraziti mandibularni prognatizam. Nakon potanke dijagnostičke obradbe i vizije postoperacijskoga rezultata, kirurški je zahvat izvršen osteotomijom s dvama okomitim i jednim vodoravnim rezom. Višak je kosti odstranjen, fiksacija je obostrano učinjena vijcima, a za međučeljusnu fiksaciju uporabljen je fiksni ortodontski aparat. Odnos čeljusti osiguran je interdentalnom vodiljom koja je učinjena neposredno prije zahvata. U retencijskom razdoblju uporabljen je postojeći fiksni aparat, koji je nakon 6 mjeseci zamijenjen monomaksilarnim mobilnim retencijskim napravama. Rezultat ortodontsko-kirurškog liječenja potvrdio je estetske i funkcijske zahtjeve predviđene planom liječenja.

## Interdisciplinary Approach to Treatment of Mandibular Prognathism Case report

Muretić Ž<sup>1</sup>, Uglešić V<sup>2</sup>, Jokić D.<sup>2</sup>

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

<sup>2</sup>Klinic for Maxillofacial Surgery, University Hospital Dubrava, Zagreb, Croatia

E-mail: zelimir.muretic@sfg.hr

Skeletal orthodontic anomalies, as well as those having strongly manifested skeletal components, represent a remarkable problem from the aspect of treatment. Roentgencephalometric methods of craniofacial growth prediction, by using longitudinal studies, are not reliable because the growth pattern is strictly individual. Most important, but impossible, is to predict the intensity and variations of pubertal growth spurt. Therefore, in some cases, the course of conventional orthodontic treatment must be changed, and a surgical procedure has to be considered.

A female patient of the Department of Orthodontics School of Dental Medicine, University of Zagreb, started her treatment at the age of 9, during the mixed dentition, when the diagnosis mandibular prognathism was foreseen. During a few years of treatment bionator and removable plates were applied. Nevertheless, in spite of

excellent collaboration, during puberty, because of remarkable acceleration of condylar growth, true mandibular prognathism was diagnosed. Surgical procedure was indicated. Therefore orthodontic treatment was focused on removal of dentoalveolar compensatory elements as well as previous treatment effects. By using a fixed appliance (Roth 0.018 system) normal inclination of the incisors was achieved in both dental arches as well as congruence of transversal dimensions of both jaws, while the sagittal intermaxillary relationship was diagnosed as mandibular prognathism. After a detailed diagnostic procedure and computerised postoperation result vision, surgery intervention was done on the mandible by osteotomy with two vertical and one horizontal cut. Bone surplus segment was removed. The fixation of skeletal segments was done by screws on both sides, while the intermaxillary relation was obtained by the fixed appliance. Intermaxillary relation was provided by an interdental guide, made just before surgical treatment. During the retention period the previous fixed appliance was used, and after six months it was replaced by two removable retainers. The orthodontic-surgical treatment results confirmed the functional and esthetic demands foreseen by treatment planning.

## Promjene kože i sluznice usne šupljine

Nola I, Šitum M.

Klinika za kožne i spolne bolesti, Kliničke bolnice "Sestre milosrdnice", Zagreb, Hrvatska

Kao u bilo kojoj drugoj grani medicine, tako i u dermatologiji dijagnoza se postavlja na temelju potanke anamneze, kliničkoga pregleda i praćenja promjena na koži i sluznicama. Mnoge morfološki i etiološki različite dermatoze nastaju istodobno na koži i na sluznici usne šupljine. Sluznica usne šupljine i koža razvijaju se u tijeku embrionalnoga razvitka iz ektoderma. Takvo zajedničko podrijetlo odgovorno je za određena zajednička svojstva, te patološki procesi mogu prijeći s kože na sluznicu usne šupljine i obratno. S druge pak strane, sluznica se razlikuje histološki funkcionalno od kože. Prvenstveno na sluznici usne šupljine nedostaje keratinizacija, to jest ako se javlja, drugačijeg je oblika nego na koži. Vezivno tkivo ispod epitela naziva se lamina proprija, a na nekim mjestima, kao što je gingiva i tvrdo nepce, nedostaje submukoza. Funkcionalno sluznica usne šupljine ima znatno veću spo-