# Guided Bone Regeneration with Application of Titanium Membrane (Clinical experience)

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Resorbable and non-resorbable membranes are used in implantology and periodontology for guided bone regeneration. This paper shows experience that has been gained from using non-resorbable titanium non-perforated membrane. In case of large bone defects with intention to place an implant "Paraplant 2000" we simultaneously use titanium membrane for building up bone volume immediately after positioning implant into the defect. Fixation of titanium membrane has been performed with "Currasan" fixation set. In the processed and presented cases we have determined significant volume of bone regeneration after 75 days which validate application of titanium membrane.

# Oralno zdravlje u nalazima dentalne antropologije od krapinskoga neandertalca do dvadesetoga stoljeća

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Karijes, parodontne bolesti i okluzijske anomalije sa svojim komplikacijama tri su dominantna problema stomatološke prakse. Sva tri mogu se pratiti na lubanjama osoba koje su živjele u različitim razdobljima. U ovome istraživanju zabilježeni su nalazi na lubanjama krapinskoga neandertalca, zatim ljudi koji su živjeli u prvom, desetom i dvadesetom stoljeću. Lubanje krapinskoga neandertalca nalaze se u Geološko-paleontološkom muzeju u Zagrebu. Lubanje ljudi iz prvog i desetog stoljeća su u Zemaljskom muzeju u Sarajevu, a lubanje dvadesetoga stoljeća u Institutu za anatomiju Medicinskog fakulteta u Sarajevu. Na fragmentima lubanja krapinskoga neandertalca nije moguće egzaktno odrediti okluziju, ali stanje zubi i alveolarne kosti moguće je objektivno procjeniti za nalaze karijesa i parodontne bolesti. Zbog toga su istraživanja u sve četiri skupine usmjerena na karijes i parodontne bolesti. Stanje alveolarne kosti kvantificirano je prema TCH-indeksu (Tooth-Cervical-Hight indeks). Interesantno je da na 281 zubu krapinskoga neandertalca nema ni jednoga karijesa, a postoje resorptivne promjene infra- i intrakoštanih džepova alveole. Prema tome, parodontna bolest starija je od karijesa. Incidencija karijesa na lubanjama prvog, deset i dvadesetog stoljeća kontinuirano progredira prema dvadesetom stoljeću.

# Oral Health in Dental Anthropology Findings from Krapina Neanderthal Until the Twentieth Century

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Carious lesions, periodontal disease and occlusal anomalies together with their complications represent three predominant problems in dental practice. All these findings have been evaluated on the sculls of persons who lived in various periods of time. The aim of this study was to determine findings on the sculls of Krapina Neanderthal people and also on people from the first, tenth and twentieth century. The sculls of Krapina Neanderthal people are stored in the Croatian Natural History Museum in Zagreb. The sculls from the people of the first and tenth century are stored in the Provincial Museum in Sarajevo and sculls from the twentieth century are stored in the Institute for Anatomy in the School of Medicine in Sarajevo. On the parts of the sculls of Krapina Neanderthal people occlusion could not be determined, but the status of teeth and alveolar bone was objectively evaluated with regard to the carious lesions and periodontal disease. Therefore, all the measurements in every group out of the total four, was performed with regard to the carious lesions

and periodontal disease. Alveolar bone status was determined according to the TCH (Tooth-Cervical-Height Index). On the 281 Krapina Neanderthal teeth no carious lesions were found whereas resorptive changes in the infra and intraalveolar pockets were noticed. Therefore, periodontal disease has been present for longer than caries. The prevalence of carious lesions continously progresses from the first, through tenth untill the twentieth century.

# Ortognatska kirurgija - kako mi to radimo

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Ortognatska kirurgija spada u skupinu estetsko-funkcionalnih operacija. Većina naših bolesnika dolazi na prvi pregled zahtijevajući promjenu izgleda. Prvi pregled je razgovor s bolesnikom i na njemu se uvijek nazočni ortodont i maksilofacijalni kirurg. Uzimaju se otisci fotografija an face i profila te telerendgen snimke. Na osnovi dobivenih podataka stvara se okvirni plan liječenja. Na drugome pregledu iznosi se plan liječenja i potanko se objašnjavaju postupci ortodontskog i kirurškog liječenja i moguće komplikacije. U razgovoru se rabi baza podataka ortognatskih zahvata i računalna simulacija. Bolesnici donose konačnu odluku te se na trećemu pregledu dogovara liječenje. Aktivno liječenje rijetko počinjemo prije sedamnaeste godine. Ovisno o planu, uključuje se oralni kirurg i počinje se s ortodontskim tretmanom. Kada je priprema za zahvat završena, ponavlja se razgovor s bolesnikom i dogovara se termin primitka. Bolesnik dolazi na bolničko liječenje pripremljen i s obavljenim anesteziološkim pregledom. Operacija je najčešće na dan primitka, a bolesnik u bolnici boravi 3 do 5 dana. Na primjerima vraćanja i izvlačenja donje i gornje čeljusti te bimaksilarnih zahvata prikazati ćemo naš pristup ortognatskoj kirurgiji.

# Orthognathic Surgery - Our Concept

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Orthognathic surgical treatment is both functional and esthetic. For most of our patients the reason for the first visit is esthetics. The first appointment is made in the combined maxillofacial and orthodontics clinic. During the first appointment we talk to the patient to get a general idea of his/her wishes and medical photographs, jaw models and X-rays are taken. After collecting all data a general plan for the treatment is made. During the second appointment we discuss our treatment plan together with details of both orthodontic and surgical therapy with the patient. In this discussion we use photographs from our data base and computer simulation.

After the final patient's decision is made, we start with the treatment. Depending on the treatment plan, it starts with either oral surgery or orthodontics. For most of the patients we do not start with treatment before seventeen years of age. After presurgical treatment is finished, we again discuss details of the operation with the patient and a hospital appointment is made. The operation is usually performed on the day of admission, and the hospital stay is 3 to 5 days. We discuss our treatment concept based on patients with the different types of skeletal deformities.

# Odnos između okluzije i temporomandibularnih poremećaja

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Etiologija temporomandibularnih poremećaja i može bitini utjecaj nisu potpuno razjašnjeni.

Svrha istraživanja bila je utvrditi utjecaj okluzijskih odnosa na funkciju stomatognatoga sustava.