Short Reports

A NEW METHOD OF TEETH TRATMENT AFTER THE RESORCIN-FORMALIN METHOD

Malanin I.V., Dmitrenko I.A., Nosov V.V., Chernomaz L.A.

Kuban Medical Institute, Krasnodar, e-mail: melanin-dent@mail.ru

One of the main problems in the periodontitis treatment is the impassibility of the root channels. This can be often observed on teeth that had been treated with the resorcin-formalin method earlier. In this case the method of re-treatment of teeth that had been treated with resorcin-formalin earlier introduced by us appears to be one of interest.

The method is carried out as following:

Within the first visit after the removal of the filling material from the tooth space a maximum possible channels cleaning is carried out, and after that Endosolv(R) is left inside the channels or on estuaries under a temporary bandage for 24 hours. After that the temporary filling is removed and the channels are un-filled with the ultrasound down to the apical opening, the mechanical preparation of the root channel to the standard of at least ISO 40 is carried out, the channels are treated with the liquid «Merasu1», cleaned, and dried. Next, calcium hydroxide is placed under the temporary filling for 10 days. A preparation «Gepon» is introduced into the root channel with the channel-filler after the temporary filling removal, but not more than out of the apical opening, and is left under the temporary bandage. Three days later the temporary filling is removed, the channels are cleaned, dried, and filled according to the common method.

Of 120 patients the described method was implemented within 60 patients, and the rest 60 formed the control group that has been treated with the traditional method. 55% of the control group patients felt pain while biting in the treated tooth area within 4-5 days. Patients that had been treated with the described method had no pain feeling or discomfort later. Within a control inspection a year later within 12 patients (12%) a periodontal fissure increase has been registered as well as the nidus of the bone tissue and apical root parts vacuum. The main group patients that had been treted with the described method did not have discomfort or pains. The nidus of the bone tissue and apical root parts vacuum has not been revealed in the parodentium tissues by the X-ray. The introduced method allows us to: effectively treat teeth that have been treated with the resorcin-formalin method earlier in a short time (about 15 days); obtain stable treating effect that allows as to recommend it for a wide stomatological practice.

APICAL PERIODONTITIS TRETMENT WITH APLICATION OF THE EXXUDATE REMOVAL FROM THE TOOTH CHENNEL TOOL ALONG WITH THE «GEPON» PREPARATION IMUNNE CORRECTION

Malanin I.V., Dmitrenko I.A., Nosov V.V., Chernomaz L.A.

Kuban Medical Institute, Krasnodar, e-mail: melanin-dent@mail.ru

Apical periodontitis, its various forms, emergence of the chronic infection nidus within oral cavity, teeth loss, and, s a result, man's work capacity loss testify the currency of the search for effective treatment of this pathology. An ambiguity of the data on immune system condition under the inflammatory deseases allows us to study periodontitis as a display of the immune system disturbance that require immune correction.

Among modern preparations for this case «Gepon» occupies a deserving place. «Gepon» structure determines a number of new effects: «Gepon» is an immunomodulator and has a anti-virus impact: it causes the production of a- and b-interferons, mobilizes and activates macrophages, limits the production of the inflammation cytokines(interleukins 1, 6, 8, and the tumor necrosis factor), stimulates the antibodies production to various antigens of the infective nature, suppresses the viruses replication, increases the organism's resistance under the infection caused by viruses, bacterium, or mushrooms, neutrophil functional activity is increased as well as the one of CD8+ T-cells, that are the key links of the organisms defence against the bacterium, viruses, and mushrooms. «Gepon» can be combined with the anti-bacterium preparations, glucocorticosteroids, immunodepressive preparations, that allows us to use it in the periodontitis treatment.

It is commonly known, that the toxic products output from the sphacelous pulp into the periapical space lead to the inflammation of the latter (Sundqvist G., 1976). As the blood vessel are widened and the liquid is accumulated, a pressure in the periapial part can increase. The liquid accumulation often becomes intolerable and hard pain can reach the level where even strong narcotic analgesics wouldn't help if it is not relieved. However, the pulp remains removal can prove to be insufficient and in that case the only alternative way would be the direct access to the top through bone (N.M. Aleksandrova, 1998). This operation is rather traumatic and quite difficult in its technical implementation, so the search for a new treatment methodics, that allow us to avoid surgery is urgent.

The goal of this research is the increase in apical periodontitis treatment quality.

The objective of the research is to develop and testify the methodic of the implementation of