

Short Reports

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

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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 «Merasul», 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 parodontium 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

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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

the tool that removes exudates from a tooth via permanent vacuum in combination with the immunomodulator «Gepon» application under apical periodontitis, that allow us to increase the treatment effectiveness, shorten it and avoid surgery.

Materials and methods. An inspection and treatment via permanent vacuum and «Gepon» preparation of 150 patients (85 men and 65 women in age of 25 to 55 years) with apical periodontitis was carried out by us. The vacuum was created with the exude removal tool. A group of patients (100 persons) with the same diagnosis that has been treated with the common method formed the control group.

The exudates removal tool that has been used in our work is an elastic tray, formed for the whole teeth line to which a full elastic container is fixed to create a permanent vacuum, that has intake and exhaust valves on its foundations, a flexible tube is fixed to the intake valve – it is the suction, the second end of which is introduced into the tooth root channel, and a container for exudate accumulation is formed on the suction tube's horizontal curve.

Research results. The application of the introduced tool along with the «Gepon» preparation was probed on 150 patients with apical periodontitis, 100 patients who have been treated with a Endo Sonic Air 300 formed the control group.

Within 54 % of the control group patients who have been treated with Endo Sonic Air 3000 felt pain when biting in the purpose tooth area. A pain often occurred while eating, especially a solid food. Among the patients with parodontium diseases the pain was present even longer. Patients who had been treated with the introduces tool had no pain of any discomfort later. Only four patients had some discomfort while eating solid food within the first 2-3 days.

A weakly painful percussion was revealed among 6 of the control group patients (12 %) within the control inspection 12 months later. Among 9 patients (18 %) a periodontal fissure increase and the bone tissue exhaustion in apical root parts was registered on the X-ray film.

A clinical picture among the patients of the main group who was treated with the introduced method was much better at the control inspection a year later. Pain and discomfort were not registered. Bone tissue and apical root parts exhaustion inflammations were not revealed by X-ray facility.

It is known that chronic parodontium inflammation takes place at the background of significant alterations of local protective reactions of both specific and non-specific character. The components of specific and non-specific oral cavity immune protection act in a complex way, thus creating a number of immune responses. But with apical periodontitis a disfunction in the oral cavity anti-bacterium barrier emerges. A treatment with the introduced «Gepon» preparation provided for the decrease in the natural resistance factor tension and the reduc-

tion of the inflammation process, that testifies the elimination of the local immunobiological tension

The implementation of the introduced tool and «Gepon» preparation allows us to: effectively treat the main pathogenetic mechanisms of the periodontitis development in a short period (3-5 days); obtain a stable healing effect. Analysing the research results we can conclude that the tool for the exudates removal from a tooth with the implementation of the permanent vacuum is convenient to use, well endured by patients, do not have side effects and contradictory evidence to use. While applying the introduced tool the exudates is effectively removed not only from the channel and its numerous branching, but also from the periodontium tissue. The obtained data allows us to recommend the introduced facility in both its technical form and effective impact time.

It has been defined that complex apical periodontitis treatment with the implementation of the permanent vacuum and «Gepon» preparation, with the introduced facility is on principle new, pathogenetically-proved approach to the treatment of this pathology, it demonstrates an expressed therapeutic effect that allows us to recommend it for a wide stomatological practice.

NEW ASPECTS OF POSTOPERATIVE ADHESIOGENESIS IN A CASE OF HORMONAL INSUFFICIENCY

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Last years, the quantity of surgically treated gynaecological diseases, used to be progressively increased. The most frequent surgical intervention is hysterectomy. The rate of morphogenesis pelvic and peritoneal adhesions after hysterectomy is about 92,0–100 %. For example, 92,6 % – after supravaginal amputation of uterus, 95 % – after uterine extirpation.

Postoperative adhesions has a great negative influence on a patients health condition, causes an intestinal obstruction, chronic pelvic pain syndrome, different surgical complications as an injuring of viscera and etc. Experimental and clinical research of adhesiogenesis in a case of surgical caused hormonal insufficiency was performed. In animal experiment the direct connection between Total Volume of Adhesions and operational injury was determinated. So the widening of operational injury volume in a condition of attendant postoperative hormonal insufficiency activates the elevation of adhesiogenesis.

The main aim. Clinical assessment of adhesiogenesis level under condition of a surgically caused hormonal insufficiency.

Materials and methods. It was about 50 females after hysterectomy without adnexa (1 group)