

## Sažeci 1. Međunarodnog kongresa Stomatološkog fakulteta Sveučilišta u Zagrebu

20. i 21. ožujka 2015., Zagreb, Hrvatska

### Abstracts of 1<sup>st</sup> International congress of the School of Dental Medicine University of Zagreb

20 and 21 March 2015, Zagreb, Croatia

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**Urednik • Editor:**

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#### PREDAVANJA

##### «BULK» KOMPOZITNI MATERIJALI: VIŠEGODIŠNJA ISKUSTVA U KLINIČKOM RADU

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Rad u suvremenoj ordinaciji nezamisliv je bez primjene kompozitnih materijala. Zadnjih godina, na tržištu se pojavila nova generacija materijala tzv. «bulk» kompozitni materijali koji u jednoslojnoj aplikaciji nadoknađuju velike gubitke tvrdog zubnog tkiva. Svaki materijal teško je predstavljati pri njegovoj pojavi na tržištu, ali nakon višegodišnjeg, intenzivnog znanstvenog rada s «bulk» materijalima i velike kliničke studije, s veseljem mogu konstatirati da su navedeni materijali ne samo zadovoljili očekivanja doktora dentalne medicine i ne samo opravdali preporuke proizvođača, nego ih i premašili.

##### DENTALNE EROZIJE: TERAPIJA DIREKTNIM KOMPOZITNIM RESTORACIJAMA

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Dentalne erozije su sve učestalije stanje i problem na koji svakodnevno nailazimo kod pacijenata. U velikom broju slučajeva, teško je razjasniti točan uzrok pojave i razvoja dentalnih erozija. Stoga je važno za terapiju i prevenciju dentalnih erozija poznavati uzroke nastanka i mogućnosti prevencije istih. Erozije su često povezane s značajnim gubitkom tvrdih zubnih tkiva i vertikalne dimenzije zagriža. To znaci da su vrlo često za sanaciju erozijom uništene i potrošene denticije potrebni složeni restaurativni zahvati. U nekim slučajevima potrebno je najprije pronaći zadovoljavajuću vertikalnu dimenziju koristeći pri tome udlage, prije nego što se napravi konačna restoracija. Takva nova pozicija zagriža i okluzije treba biti prenesena na novu restoraciju. Za ovakav način rada, od pomoći su nam direktne kompozitne restoracije izrađene uz dodatne prijenosne udlage. Nove studije pokazuju da takve kompozitne restoracije posjeduju dobru kliničku trajnost, tako da oralna rehabilitacija takvih stanja složenim keramičkim restoracijama ili krunicama može biti odgođena za kasnije.

##### ENDODONTSKO TRETIRANI ZUB: OD DEVITALIZACIJE DO STAKLOKERAMIČKE KRUNICE

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Kada je oštećenje tvrdog zubnog tkiva veliko, može biti ugrožen vitalitet zuba. Gubitkom vitaliteta ili pri ireverzibilnoj upalnoj promjeni pulpe, neophodno je napraviti en-

#### LECTURES

##### «BULK FILL» COMPOSITE RESINS: PERENNIAL EXPERIENCES IN CLINICAL WORK

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The work in everyday practice is unthinkable without the use of composite resins. In the last few years, a new generation of materials appeared on the market, so called bulk-fill composite resins which substitute a large amount of lost hard dental tissue in one-layer application. Every new material is difficult to present when it first appears on the market, but after perennial, intensive scientific study of bulk-fill materials and a large clinical study, I can happily conclude that the mentioned materials have not only satisfied the expectations of dentists and justified the recommendations of the manufacturers, but also exceeded them.

##### DENTAL EROSIONS: RESTORATIVE THERAPY WITH DIRECT COMPOSITE RESTORATIONS

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Dental erosions are becoming a more often recorded phenomenon in patients. In many cases it is difficult to clarify the reasons, why the erosions have been developed. Thus, it is important for the therapy and prevention to have knowledge about the aetiology and the prevention of dental erosions. Erosions are often associated with severe loss of dental hard tissues and a loss of the vertical bite dimension. This means that complex restorative procedures are often necessary to restore the worn dentition in patients with severe erosions. In some cases it is mandatory to test the targeted vertical dimension with a splint, which is worn over a certain period before accomplishing the restorations. This new position of occlusion has to be transferred to the new restorations. For this step, direct composite restorations made by means of an additional transfer splint are helpful. New studies have shown that these composite restorations show a good clinical longevity, so that rehabilitation with complex ceramic restorations or crowns might be postponed to a later time point.

##### ENDODONTICALLY TREATED TOOTH: FROM DEVITALIZATION TO GLASS-CERAMIC CROWN

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When the damage of the hard dental tissue is extensive, the vitality of the tooth can be endangered. The root canal treatment is necessary when the vitality is lost or when irre-

**26 UTJECAJ ŠTETNIH ČIMBENIKA NA RAZVOJ ZUBA**Porović S<sup>1\*</sup>, Jurišić S<sup>2</sup>, Jurić H<sup>3</sup><sup>1</sup>Javna Ustanova Dom zdravlja Kantona Sarajevo, Bosna i Hercegovina<sup>2</sup>Stomatološka poliklinika Jurišić, Mostar, Bosna i Hercegovina<sup>3</sup>Katedra za preventivnu i dječju stomatologiju, Stomatološki fakultet, Univerzitet u Zagrebu, Hrvatska  
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**Cilj:** Prikazati faze razvoja zuba koje počinju formiranjem zubnog zametka (pupoljka) u šestom tjednu intrauterinog života i traje do završetka apeksogeneze korijena. Brojni unutarnji i vanjski čimbenici mogu utjecati na razvoj zuba i uzrokovati nepravilnosti tijekom formiranja krunice i korijena zuba.

**Materijali i postupci:** Pojedinačno predstavljajući i pojedinačno analizirajući pojedine faze odontogeneze, s naglaskom na intrauterini period rasta i razvoja zuba, ukazano je na možebitni utjecaj endogenih i egzogenih faktora koje su aktivne u ranoj fazi formiranja zuba.

**Zaključak:** Nepravilnosti u razvoju zuba mogu se pojaviti zbog djelovanja različitih vanjskih i unutarnjih štetnih čimbenika u bilo kojem stadiju razvoja. Kako se još uvijek ne može napraviti puno u prevenciji utjecaja nasljednih čimbenika, srećom puno više se zna o utjecaju prehrane, lijekova i stresa na pravilan rani rast i razvoj zuba. Stoga je opravdano i puno lakše preventivno djelovati na toj razini kontrolirajući navedene čimbenike rizika.

**27 MAKRODONCIJA U ŠKOLSKOJ DOBI - PRIKAZ 4 SLUČAJA**Pejčinović Janeček T<sup>1\*</sup>, Delić L<sup>1</sup>, Hadžizukić Zečo J<sup>2</sup>, Kobašlija S<sup>3</sup>, Hadžialjević K<sup>3</sup>, Selimović –Dragaš M<sup>3</sup><sup>1</sup>JUDZ Kanton Sarajevo, Bosna i Hercegovina<sup>2</sup>DZ Konjic HNK, Bosna i Hercegovina<sup>3</sup>Katedra i Klinika za dječju i preventivnu stomatologiju Stomatološki fakultet Sarajevo, Bosna i Hercegovina  
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**Cilj:** Makrodoncija predstavlja rijetku anomaliju veličine zuba, kojom se opisuju jedan ili više zuba koji su veći od prosječnih. Smatra se da anomalije veličine zuba nastaju kao posljedica poremećaja tijekom rasta i razvitka zuba u fazi morfodiferencijacije i češće se javljaju u stalnoj denticiji. Razlikuje se „prava generalizirana“, „relativna generalizirana“ i „izolirana“ forma makrodoncije. Izolirana forma makrodoncije se odnosi na makrodonciju jednog zuba i kao takva se češće javlja kod maksimalnih centralnih sjekutića i očajnika, dok rijetko zahvata premolare i molare. U zavisnosti od veličine i morfologije, makrodončni zubi mogu, između ostalog, uticati i na okluziju, zbog čega je njihova identifikacija, posebno u frontalnoj regiji kod djece, veoma važna kod planiranja ortodontskog tretmana i zadovoljenja estetike. Istaknuti značaj kliničkog prepoznavanja makrodoncije kao i značaj multidisciplinarnog pristupa tijekom planiranja potrebnog tretmana.

**Ispitanci i metode:** Studija je bazirana kliničkom pregledu i evaluaciji ortopantomograma četiri djevojčice uzrasta 7-10 godina, kojima je dijagnosticirana izolirana makrodoncija, a koje su pacijenti sarajevskog Doma zdravlja Centar. Studija prati planiranje kao i tretmanske postupke za svakog pojedinog pacijenta.

**Zaključak:** Tretman makrodončnih zuba je uvijek izazov za terapeuta, i kako sa stanovišta različitih faktora koji svaki pojedinačni slučaj čine specifičnim, tako i sa stanovišta mogućnosti različitih tretmana. Zbog toga je važno istaći ranu dijagnozu ovih anomalija i obavezan multidisciplinarni pristup u njihovom rješavanju.

**28 RAMANOVA SPEKTROMETRIJA I PROCJENA STAROSTI ZUBA**Osmani A<sup>1\*</sup>, Gamulin O<sup>2</sup>, Vodanovic M<sup>3</sup><sup>1</sup>Dom zdravlja Kutina (ispostava Kutina and Novska), Hrvatska<sup>2</sup>Odjel fizike i biofizike, Medicinski fakultet Sveučilišta u Zagrebu, Hrvatska<sup>3</sup>Odjel dentalne antropologije, Stomatološki fakultet, Sveučilište u Zagrebu, Hrvatska  
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**Cilj:** Procjena starosti zuba, jedan je od najvećih izazova u forenzičnoj stomatologiji s obzirom da doprinosi identifikaciji pojedinaca. Procjena starosti kod odraslih je manje točna i zahtijeva specifične populacijske reference.

Ramanova spektroskopija je spektroskopska tehnika koja se koristi za promatranje vibracijskih, rotacijskih i drugih nisko-frekventnih stanja u sistemu koji se oslanja na Ramanovo rasipanje monokromatske svjetlosti. Istraživanjem triju točaka na zubu (caklina, vrat i korijen zuba) nastojalo se pronaći korelaciju između primjetnih varijabli Ramanovog spektra i dobi.

**Materijali i postupci:** U ovu svrhu, 37 izvađenih ljudskih kutnjaka je analizirano Ramanovom spektroskopijom. Svaka točka snimana je s 10 spektara (100 skenova i 500 mW) i napravljena je PCA regresijska analiza.

**26 INFLUENCE OF HARMFUL FACTORS ON THE TEETH DEVELOPEMENT**Porović S<sup>1\*</sup>, Jurišić S<sup>2</sup>, Jurić H<sup>3</sup><sup>1</sup>Public Health Centre of Sarajevo Canton, Sarajevo, Bosnia and Herzegovina<sup>2</sup>Dental Polyclinic Jurišić, Mostar, Bosnia and Herzegovina<sup>3</sup>Department of Preventive and Pediatric Dentistry, School of Dental Medicine, University of Zagreb, Croatia  
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**Aim:** To represent the development of each individual tooth, that begins with the foundation of the tooth germ (bud) about the sixth week of intrauterine life and lasts until the end of the root apexogenesis. Numerous internal and external factors can influence the development of tooth crown and root and cause irregularities.

**Materials and methods:** Individually presenting and analyzing each phase of odontogenesis, with emphasis on the intrauterine period of growth and development of teeth, is pointed to the eventual impact of endogenous and exogenous causes of the diseases that are active at an early stage of formation of teeth.

**Conclusion:** Irregularities in the development can occur under the internal and external factors in any stage of development. While we still cannot do much to prevent the onset of hereditary factors, a lot is known about the effects of nutrition, medications and stress on their development. Thus it may be much easier to do good prevention on at this level by controlling risk factors like nutrition, medications and stress.

**27 MACRODONTIA AT SCHOOL AGE – REPORT OF 4 CASES**Pejčinović Janeček T<sup>1\*</sup>, Delić L<sup>1</sup>, Hadžizukić Zečo J<sup>2</sup>, Kobašlija S<sup>3</sup>, Hadžialjević K<sup>3</sup>, Selimović –Dragaš M<sup>3</sup><sup>1</sup>Public Health Centre Sarajevo Canton, Bosnia and Herzegovina<sup>2</sup>Public Health Centre Konjic HNC, Bosnia and Herzegovina<sup>3</sup>Department of Preventive and Pediatric Dentistry, Faculty of Dentistry, University of Sarajevo, Bosnia and Herzegovina  
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**Aim:** Macrodoncia is a rare dental anomaly which consists on the presence of any tooth or teeth larger than the average. Abnormalities in tooth size result from disturbances during the morpho-differentiation stage of tooth development. Macrodoncia can be differentiated into “true generalized,” “relative generalized” and “isolated forms”. Isolated macrodoncia refers to macrodoncia of single tooth, which can be more commonly found in maxillary central incisors and canines and has been rarely reported to involve premolars and molars. Depending on their size and morphology macrodonts can affect the occlusion, so their identification, particularly in the anterior region in young children is extremely important in the esthetic and orthodontic treatment plan. Point out the importance of clinical recognition of macrodoncia and the importance of multidisciplinary approach during the planning a proper treatment.

**Patients and Methods:** The study was based on clinical examination and evaluation of panoramic radiographs of 4 female school children 7-10 years of age, with a history of isolated macrodoncia, who visited the Dental Clinic at Sarajevo Public Health Centre. Study follows treatment planning and dental management for each patient.

**Conclusion:** Managing macrodont teeth is always a challenge in a view of the various treatment options available, as well as the multiple factors that tend to influence each case individually. Thus, it must be point out the importance of early referral and a multidisciplinary approach to treating patients with dental anomalies such as macrodoncia.

**28 RAMAN SPECTROMETRY AND DENTAL AGE ESTIMATION**Osmani A<sup>1\*</sup>, Gamulin O<sup>2</sup>, Vodanovic M<sup>3</sup><sup>1</sup>Health care center Kutina (branch office Kutina and Novska), Croatia<sup>2</sup>Department of physics, Medical school, University of Zagreb, Croatia<sup>3</sup>Department of dental anthropology, School of Dental Medicine, University of Zagreb, Croatia  
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**Aim:** Dental age estimation is one of the main challenges in forensic dentistry since it contributes to the identification of individuals. Age estimation in adults is less accurate and requires population specific references. Raman spectroscopy is a spectroscopic technique used to observe vibrational, rotational, and other low-frequency modes in a system relying on Raman scattering of monochromatic light. By exploring three points on each tooth (enamel, tooth neck, tooth apex) we sought to find a correlation between noticeable variability on Raman spectra and age.

**Materials and methods:** For this purpose 37 human extracted molars were analyzed by Raman spectroscopy. Each point was recorded with 10 spectrums (100 scans and 500 mW) and PCA regression was calculated.

**Results:** The best age estimation results were achieved on the tooth apex, with an error of

**Rezultati:** Najbolji rezultati u procjeni starosti su postignuti na korijenu zuba sa predviđenom i izmjenom greškom od 2,24 godine.

**Zaključak:** Postoji značajna korelacija između Ramanova spektra i dobi.

## 29 KONZERVATIVNO LIJEČENJE PERIIMPLANTITISA UZ PRIMJENU FOTODINAMSKJE TERAPIJE – PRIKAZ SLUČAJA

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**Cilj:** Periimplantitis je jedan od kasnih neuspjeha implantološke terapije. Očituje se krvarenjem pri sondiranju, povećanom dubinom sondiranja, ponekad prisutnošću gnoja, a u uznapredovalim slučajevima i resorpcijom okolne alveolarne kosti u obliku lijevka. Za potrebe liječenja ovog upalnog procesa razvijen je CIST protokol (*engl.* cumulative interceptive supportive therapy) koji sadrži 5 mjera, od A do E. Prikazan je slučaj pacijenta starosti 38 god. koji se 4 mjeseca nakon ugradnje implantata javio zbog krvarenja i neugodnog mirisa u području implantata na mjestu zuba 36. Kliničkim pregledom utvrđeno je krvarenje gingive, dubina sondiranja 6 mm, te resorpcija alveolarne kosti 1 mm.

**Materijali i postupci:** Pod lokalnom anestezijom, bez odizanja reznja, mehanički su uklonjene naslage s površine implantata aparatom Sonicflex. Džepovi su ispirani 0,2% otopinom klorheksidina. Naposljetku je površina implantata tretirana susutavom za svjetlosno aktiviranu dezinfekciju koji uključuje toluidinsko modrilo i svjetlost valne duljine 630 nm. Pacijent je dodatno koristio klorheksidinsku otopinu tijekom 2 tjedna.

**Rezultati:** Postoperativni tijek je bio uredan. Pet tjedana nakon provedenog liječenja gingiva više nije krvarila, a dubina sondiranja iznosila je na najdubljem mjestu 2 mm.

**Zaključak:** Pri liječenju periimplantitisa potrebno je pridržavati se CIST protokola. U njegovom provođenju značajnu ulogu mogu igrati sustavi za svjetlosno aktiviranu dezinfekciju koji vjerojatno kompenziraju nemogućnost potpunog uklanjanja biofilma s površine implantata.

## 30 PREVALENCIJA KARIJESA U DJECE PREDŠKOLSKE DOBI U PRIŠTINI

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**Cilj:** Oralno zdravlje je sastavni dio općeg zdravlja i dobrobiti pojedinca i priznaje se kako je jednako važno u odnosu na opće zdravlje. Zubni karijes je poznat kao glavni problem javnog oralnog zdravlja. Cilj ovog rada je prikazati prisutnost karijesa mlječnih zubi, kod djece predškolske dobi u vrtićima Prištine.

**Materijali i postupci:** Ispitano je 384 djece, u dobi od 4, 5 i 6 godina u nekim vrtićima u Prištini. Djeca su pregledana stomatološkom ogledalom, standardnom sondom i gumenim rukavicama pod prirodnim svjetlom. Podaci su dobiveni u obliku papirnato formulara posebno dizajniranog za ovu studiju. Podaci su obrađeni u SPSS program i izračunati su statistički parametri.

**Rezultati:** Od ukupnog broja djece lijevi očajnik mandibule dijagnosticiran je s najnižim stupnjem karijesa, dok su ostali zubi imali karijes s različitim postocima. Najveći postotak propadanja površine je u mlječnih kutnjaka donje čeljusti. Duboki dentinski karijes bio prisutan s visokim postotkom u mlječnim kutnjacima više na desnoj strani nego na lijevoj strani mandibule i najdublje pogođene karijesom bili su drugi donji kutnjaci.

**Zaključak:** Ovo istraživanje pokazuje da je prvi mlječni kutnjak donje čeljusti imao najveći postotak karijesa cakline, a drugi mlječni kutnjak iste čeljusti je imao najveći postotak dubokih karijesa dentina, u visokom postotku. Dakle, potrebno je poduzeti preventivne mjere kako bi umanjili ovaj problem.

## 31 UTJECAJ PROBIOTIKA NA BROJ STREPTOCOCCUS MUTANS BAKTERIJA U USNOJ ŠUPLJINI U POPULACIJI KARIJES RIZIČNIH ISPITANIKA

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**Cilj:** U istraživanju se procijenio učinak probiotičkih bakterija na broj Streptococcus mutans (SM) mikroorganizama i puferski kapacitet sline.

predicted and measured age of 2.24 years.

**Conclusion:** There is a significant correlation between variability on Raman spectra and age.

## 29 CONSERVATIVE APPROACH IN TREATMENT OF PERIIMPLANTITIS USING PHOTODYNAMIC THERAPY – A CASE REPORT

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**Aim:** Periimplantitis is considered one of the late complications of implant therapy. It is manifested by bleeding on probing, increased probing depth, occasional suppuration, and, in advanced cases, circumferential intra-alveolar bone defects. A protocol developed for treatment of such inflammatory lesions is called CIST (cumulative interceptive supportive therapy), comprising of 5 measures, from A to E. This case report presents a patient aged 38 years who came to dental office 4 months following implant placement with the chief complaints of bleeding gums at the site of implant placement (tooth 36) and halitosis. Clinical examination revealed bleeding on probing, probing depth of 6 mm, and 1 mm alveolar bone loss.

**Materials and Methods:** Hard and soft deposits from the implant surface were removed by using Sonicflex under local anesthesia, without raising a flap. Pockets were rinsed with 0,2% chlorhexidine solution. Finally, implant surface was treated with a system for light-activated disinfection which included application of Toluidine-blue gel and visible red light emitted by LED diode of 630 nm wavelength. Following the intervention, patient rinsed twice daily with 0.2% chlorhexidine solution for two weeks.

**Results:** Postoperative course was uneventful. Five weeks following the procedure, there were no signs of gingival inflammation, while the probing depths were within 2 mm.

**Conclusions:** CIST protocol is absolutely recommended for treatment of periimplantitis. A significant role may be played by light-activated disinfection systems which probably compensate the incomplete biofilm removal from the implant surface.

## 30 THE PREVALENCE OF CARIES IN PRESCHOOL CHILDREN IN PRISTINA

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**Aim:** Oral health is an integral part of the general health and well-being of an individual and is recognized as equally important in relation to general health. Dental caries is known as the principal problem in public oral health.

The aim of this study is to show the presence of deciduous teeth caries, at pre-school children in kindergartens of Pristina.

**Methods and materials:** 384 children were examined, aged 4, 5 and 6 years old in some kindergartens of Pristina. The children were examined by dental mirror, standard probe and Latex gloves under natural light. The data were obtained in form-paper designed especially for this study. The data were processed with SPSS and the statistical parameters were calculated.

**Results:** From the total number of children the left canine of mandible was diagnosed with lowest caries decay, while other teeth had caries with different percentage. The largest percentage of surface decay was in deciduous molars of mandible. Deep dentine caries was diagnosed with high percentage in deciduous molars more in the right side than the left side of mandible and most deeply affected by caries was second mandible molars.

**Conclusion:** This study shows that the first deciduous molar of mandible had the highest percentage of enamel caries, while the second deciduous molar of the same jaw had the highest percentage of deep dentine caries, in high percentage. So, it is necessary to undertake preventive measures in order to lessen this problem.

## 31 THE EFFECT OF PROBIOTICS ON THE NUMBER OF STREPTOCOCCUS MUTANS COUNT IN THE ORAL CAVITY AMONG CARIES RISK INDIVIDUALS

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**Aim:** The purpose was to evaluate the effect of probiotic bacteria on the number of Streptococcus mutans (SM) bacteria count and saliva buffer capacity.

**Materials and Methods:** Subjects between 20 and 24 years were randomly selected and