BULGARIAN DENTAL ASSOCIATION

EIGHTH
SCIENTIFIC CONGRESS
OF BgDA

Organized jointly with FDI
June 13 & 14, 2008
Burgas, Bulgaria

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Dental Pharmaceuticals
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ADDRESS TO THE PARTICIPANTS IN THE 8TH SCIENTIFIC CONGRESS OF BGDA

Dear colleagues,
Dear ladies and gentlemen,

The 8th Scientific Congress of the Bulgarian Dental Association (BgDA) will be traditionally held in the beautiful city of Bourgas.

As in the previous years, we will have the opportunity during two days to be in touch with the new concepts, scientific achievements and technologies, and we will acquire new theoretical and practical knowledge in modern dental medicine. The papers will be presented by renowned and respected international and Bulgarian lecturers. For the third consecutive time, our colleagues from the faculties of dental medicine will demonstrate their scientific work in the poster section of the Congress.

The traditional accompanying dental exhibition will promote the novelties in dental equipment, appliances, materials and consumables.

We will apply the knowledge acquired during the Congress in our daily practice, in order to enhance the quality of our care, in order to bring happy smiles on our patients' faces!

The blossoming limetrees, the blue sea, the breeze, the clamorous seagulls, and the cordiality of the people in Bourgas will contribute to the nice moments accompanying the scientific program.

Today the Bourgas Municipality is supporting us actively in this most important scientific event of BgDA! I would like to thank the Municipality represented by the Mayor of Bourgas Mr. Dimitar Nikolov and his deputy Dr. Loris Manuelyan who have taken up the baton of the previous years.

And last, but not least, I would like to thank our main sponsors: FDI (World Dental Federation), Wrigley Bulgaria Ltd., ACTAVIS, UniCredit Bulbank, GC - Japan, Mtel!

Dear friends,
On behalf of the Organizing Committee of the 8th Scientific Congress of BgDA, and on my personal behalf as well, I am pleased to wish you health, professional success, and fruitful congress days on the beautiful side of our Black Sea, which you would remember forever!

God bless you!

Dr. Nikolai Sharkov
President of the BgDA
President of the Organizing Committee of the 8th Scientific Congress of BgDA
ОСМИ НАУЧЕН КОНГРЕС НА БЪЛГАРСКИЯ ЗЪБОЛЕКАРСКИ СЪЮЗ С ДЕНТАЛНОМЕДИЦИНСКА ИЗЛОЖБА
13 И 14 ЮНИ 2008 Г., ГР. БУРГАС, ВОЕНЕН КЛУБ И БУРГАСКИ СВОБОДЕН УНИВЕРСИТЕТ
ОРГАНИЗИРАН СЪВМЕСТНО С FEDERATION DENTAIRE INTERNATIONALE (FDI)
ГЕНЕРАЛНИ СПОНСОРИ: WRIGLEY, ACTAVIS, UniCredit Bulbank, GC, M Tel

ПРОГРАМА
Четвъртък, 12.06.2008
15.00 - 18.00 Регистрация (фоайето на Бургаски свободен университет)

Петък, 13.06.2008
08.00 - 13.00 Регистрация (фоайето на Бургаски свободен университет)
09.00 - 10.00 Откриване на конгреса (атриума на Бургаски свободен университет)

ВОЕНЕН КЛУБ
Петък, 13.06.2008
Утринна сесия
Председател: Д-р Константин Даков
10.30 - 12.00 ЛЕЧЕБНИ ВЪЗМОЖНОСТИ ЗА РЕХАБИЛИТАЦИЯ НА ПОСТЕРИОРНАТА МАКСИЛА
Assoc. Prof. Rui Figueiredo, Portugal

Следобедна сесия
Председател: Д-р Явор Голчев
14.00 – 15.30 ВСИЧКИ МИТОВЕ И РЕАЛНОСТИ В ИМПЛАНТАТИНОТО ЗЪБОЛЕЧЕНИЕ
Проф. М. Кемал Юнсал, Турция
15.45 – 16.15 Търговска презентация на ф. Дентакон: АЛТЕРНАТИВНИ ТЕХНИКИ ЗА МИКРОИНВАЗИВНО ЛЕЧЕНИЕ НА ЗЪБНИЯ КАРИЕС - ВЪЗДУШНО АБРАЗИО, ОЗОНОТЕРАПИЯ И ДР.
Assoc. Prof. Maya Rashkova, Dept. of Pediatric Dental Medicine, Faculty of Dental Medicine, Sofia

БЪЛГАРСКАТА ДЕНТАЛНА МЕДИЦИНА ДНЕС
Д-р Николай Шарков & Д-р Живко Михайлов, България

MILITARY CLUB
Friday, June 13, 2008
AM Session:
Chairman: Dr. Konstantin Dakov
10.30 – 12.00 TREATMENT OPTIONS FOR THE REHABILITATION OF THE POSTERIOR MAXILLA
Assoc. Prof. Rui Figueiredo, Portugal

PM session
Chairman: Dr. Yavor Golchev
14.00 – 15.30 ALL THE MYTHS AND REALITY ABOUT DENTAL IMPLANT TREATMENT
Prof. M. Kemal Unsal, Turkey
15.45 – 16.15 Commercial presentation, company Dentacon: ALTERNATIVE TECHNIQUES FOR MICROINVASIVE TREATMENT OF DENTAL CARIES – AIR ABRASION, OZONOTHERAPY ETC.
Assoc. Prof. Maya Rashkova, Dept. of Pediatric Dental Medicine, Faculty of Dental Medicine, Sofia

BULGARIAN DENTAL MEDICINE TODAY
Dr. Nikolai Sharkov & Dr. Jivko Mihailov, Bulgaria
Saturday, June 14, 2008

AM Session

Chairman: Dr. Daniela Andreeva

10.00 – 11.30
APPLICATION OF MICROSURGICAL TECHNIQUES IN PLASTIC SURGERY OF THE HEAD AND NECK
Assoc. Prof. Vassil Sveshtarov, Bulgaria

11.45 - 12.45
Commercial presentation, company Romident: MODERN DISINFECTANTS IN DENTAL PRACTICE – THE PRODUCTS OF THE COMPANY SHULKE, GERMANY

PM session

Chairman: Dr. Milko Basarkov

13.30 – 15.00
TREATMENT APPROACH FOR SEVERE INFLAMMATORY DISEASE IN HEAD AND NECK: THE ROLE OF THE HUPERBARIC OXYGENATION
Dr. Tsvetan Tonchev, Bulgaria

15.15 - 16.45
INTRALIFT – THE HYDRODYNAMIC SINUSLIFT
Dr. Andreas Kurrek, Germany

BURGAS FREE UNIVERSITY

HALL 1

Friday, June 13, 2008

AM Session

Chairman: Dr. Borislav Milanov

10.30 – 12.00
ZIRKONIA FOR ALL
Enrico Steger, Italy

PM session

Chairman: Dr. Svetoslav Gachev

14.00 – 15.30
NON-OPERATIVE PREVENTIVE TREATMENT OF DENTAL CARIES – THEORY OR NECESSARY ALTERNATIVE
Assoc. Prof. Milena Peneva, Bulgaria

14.00 – 15.30
Commercial presentation, company Patricia: ENDODONTICS HAS NEVER BEEN SO EASY – THE INSTRUMENTS OF THE COMPANY MAILLEFER, SWITZERLAND
Dr. Silvia Dimitrova, Head Asst. Prof., Faculty of Dental Medicine, Plovdiv

16.30 - 18.00
ENDODONTICS: MODERN ASPECTS
Dr. Janet Kirilova, Bulgaria
Saturday, June 14, 2008

AM Session

BIOMIMETIC ASPECTS OF CONSERVATIVE RESTORATION OF POSTERIOR TEETH
Assoc. Prof. Ivan Filipov, Bulgaria

ANALGESIC THERAPY WITH DICLAC® AND HEXALGIN®. TREATMENT OF HERPES LABIALIS WITH ACIC®.

PM Session

DIRECT COMPOSITE RESTORATIONS: OVERCOMING THE MAIN DIFFICULTIES
Dr. Joseph Sabbagh, Lebanon

INDIRECT POSTERIOR RESTORATIONS: GOLDEN RULES FOR SUCCESS
Dr. Joseph Sabbagh, Lebanon
15.15 – 16.15 INSTRUMENTARIUM AND INSTRUMENTATION IN PERIODONTOLOGY (FILM)
Authors: Assoc. Prof. Christina Popova, Dr. Teodora Bolyarova, Dr. Kamen Kotsilkov

20.00 CLOSING CEREMONY AND GALA DINNER
WILL BE IN THE RESTAURANT OF HOTEL “PLANETA”, KK “SLANCHEV BRIAG”

Poster Section is in Burgas Free University, Saturday, 14.06.2008, 11.30 - 12.45

The Dental exhibition is situated in the lobbies of the Military Club and Burgas Free University.

Transportation to the GALA DINNER - June 14, 2008, 18.00 h, Burgas Free University
ПОСТЕРНА ПРОГРАМА

Постерната секция е в Бургаски Свободен Университет
събота, 14.06.2008, 11.30 - 12.45

Председатели: Доц. Ангел Бакърджиев
Д-р Женя Маслинкова

1. ОРАЛНО-ХИГИЕНЕН СТАТУС НА ДЕЦА СЪС СПЕЦИФИЧНИ ЗДРАВНИ ПОТРЕБНОСТИ
   Илиева Ем.*, В. Велеганова**

2. СЛУЧАЙ НА ОЛИГОДОНТИЯ НА ПОСТОЯННОТО СЪЗЪБИЕ ПРИ ДЕТЕ С ЕКТОДЕРМАЛНА ДИСПЛАЗИЯ
   Илиева Ем., Д. Георджева

3. СЛУЧАЙ НА НЕПРАВИЛЕН КЛИНИЧЕН ПОДХОД ПРИ ЛЕЧЕНИЕ НА ДЕТЕ С ТЕЖКА ФОРМА НА КАРИЕС НА РАННОТО ДЕТСТВО
   Илиева, Ем.*, Н. Маркова**

4. УПОТРЕБА НА МЕТАМФЕТАМИН И НЕГОВОТО ВЛИЯНИЕ ВЪРХУ ДЕНТАЛНОТО ЗДРАВЕ
   Томов, Г.*, Сн. Цанова*

5. ОЛИГОДОНТИЯ – КЛИНИЧНО, РЕНТГЕНОЛОГИЧНО И ГЕНЕТИЧНО ПРОУЧВАНЕ
   Томов, Г.*, Р. Стоева**

6. ПРОУЧВАНЕ НА ЗЪБНА И ОРАЛНО-ХИГИЕНЕН СТАТУС ПРИ ДЕЦА ОТ СОЦИАЛНИ ДОМОВЕ В ГРАД ПЛОВДИВ
   Димитрова, М., М. Гордиева, Т. Новакова, Й. Търпоманов

7. УСЛОЖНЕНИЯ ОТ ЛОКАЛЕН ХАРАКТЕР, ВЪЗНИКВАЩИ ПРИ ЕКСТРАКЦИЯ НА МЪДРЕЦИ
   Печалова, П.*, Бл. Петров*, Ал. Печалов**

8. АПИКАЛНА ОСТЕОТОМИЯ – СЪВРЕМЕННО СЪСТОЯНИЕ И ДОКЛАД НА СЛУЧАЙ
   Сбиркова Т.*, Василиадис Л.*, Ставрианос Х.*, Ставриану И.*

9. СЪВРЕМЕННИ ТЕХНИКИ И СИСТЕМИ ЗА МАШИННА ОБРАБОТКА НА КОРЕНОВИ КАНАЛИ
   Илиева Т.*, Е. Илиева*, С. Димитрова**

10. ЕСТЕТИЧНО ВЪЗСТАНОВЯВАНЕ С КЕРАМИЧНА ФАСЕТА
    Влахова, А.

11. ИЗПОЛЗВАНЕ НА ВАЛЕРИАНОВИТЕ ПРЕПАРАТИ В ДЕНТАЛНАТА ПРАКТИКА
    Кирова Д., Хр. Лалабонова

12. ОТНОЩЕНИЕТО НА ЛЕКАРИТЕ ПО ДЕНТАЛНА МЕДИЦИНА КЪМ СТРЕСА ОТ ПРОВЕЖДАНОТО ЛЕЧЕНИЕ
    Кирова, Д. Хр. Лалабонова

13. ЕФЕКТИВНОСТ НА УЛТРАЗВУКА КАТО СРЕДСТВО ЗА АКТИВИРАНЕ НА ЕНДОДОНТСКИ ИРИГАНТИ. ИЗСЛЕДВАНЕ СЪС СКАНИРАЩ ЕЛЕКТРОНЕН МИКРОСКОП
    Ставрианос Х.*, Василиадис Л.*, Владимиров Ст.*, Томов Г.*, Ставриану И.*

Poster Section is in Burgas Free University, Saturday,
14.06.2008, 11.30 - 12.45

Chairmen: Assoc. Prof. Dr. Angel Bakardjiev
Dr. Jenia Maslinkova

1. ORAL HYGIENE STATUS OF CHILDREN WITH SPECIAL NEEDS
   Ilieva Em.*, В Veleganov**

2. OLIGODONTHIA OF PERMANENT TEETH AT A CHILD WITH ECTODERMAL DYSPLASIA - A CASE REPORT
   Ilieva Em., D. Geordjeva

3. INCORRECT CLINICAL APPROACH TO THE TREATMENT OF A CHILD WITH SEVERE FORM OF EARLY CHILDHOOD CARIES - CASE REPORT
   Ilieva, Em.*, N. Markova**

4. METHAMPHETAMINE USE AND ITS IMPACT ON DENTAL HEALTH
   Tomov, G.*, Sn. Tsanova*

5. OLIGODONTIA - A CLINICAL, RADIOGRAPHIC AND GENETIC EVALUATION
   Tomov, G.*, R. Stoeva**

6. EVALUATION OF THE DENTAL AND ORAL-HYGIENIC STATUS OF CHILDREN FROM ORPHANAGES IN THE CITY OF PLOVDIV
   Dimitrova, M., M. Georgieva, T. Novakova, J. Tarpomanov

7. LOCAL COMPLICATIONS IN THE THIRD MOLAR EXTRACTIONS
   Pechalova, P.*, Bl. Petrov*, Al. Pechalov**

8. ROOT APICAL OSTEOTOMY- CASE REPORT

9. MODERN TECHNIQUES AND SYSTEMS FOR ROOT CANAL PREPARATION WITH ROTARY INSTRUMENTS
   Ilieva T.*, D. Ilieva*, S. Dimitrova**

10. ESTHETIC RESTORATION WITH PORCELAIN VENEER
    Vlahova, A.

11. USING OF VALERIAN DRUG PREPARATIONS IN THE DENTAL PRACTICE
    Kirova, D., Hr. Lalabonova

12. ATTITUDE OF THE DOCTORS OF DENTAL MEDICINE TOWARD THE STRESS FROM THE IMPLEMENTED TREATMENT
    Kirova, D., Hr. Lalabonova

13. THE EFFECTIVENES OF ULTRASONICS AS A MEDIA FOR ACTIVATION OF ENDODONTIC IRRIGATION SOLUTIONS. A SCANNING ELECTRON MICROSCOPIC EVALUATION
    Stavrianos Chr.*, Vasilidis L.*, Vladimir St.*, Tornov G.**, Stavrianou I.*
14. МТА КАТО СРЕДСТВО ЗА ПУЛПОТОМИЯ ПРИ ВРЕМЕННИЗЪБИ
Ставрианос Х.*, Владимиров С.**, Стаматова И.**, Ставриану И.*

15. ТЕРАПИЯ НА ПАРРОДОНТОАЛ-ЕНДОДОНТСКИТЕ ЛЕЗИИ
(представяне на случаи две години след лечение)
Попова, Хр.

16. ТОТАЛЕН КОСТЕН ДЕФЕКТ СЛЕД ОГНЕСТРЕЛНО НАРАНЯВАНЕ НА
АЛВЕОЛАРНИЯ ИЗРАСТЪК НА МАКСИЛАТА: ВЪЗСТАНОВЯВАНЕ ЧРЕЗ
ПРИЛАГАНЕТО НА ИМПЛАНТИ И КСЕНОТРАНСПЛАНТ
Събов, Р.

17. ОПАСНИ УСЛОЖНЕНИЯ, ПРИЧИНЕНИ ОТ ЕНДОДОНТСКОТО ЛЕЧЕНИЕ
Ставрианос Хр.*, Владимиров Ст.**, Ставриану И.*, Манолова М.**

18. IN VITRO ИЗСЛЕДВАНЕ НА ПРЕЦИЗНОСТТА НА ЧЕТИРИ РАЗЛИЧНИ
ЕЛЕКТРОННИ АПЕКСЛОКАТОРИ ПРИ ОПРЕДЕЛЯНЕ НА РАБОТНА
ДЪЛЖИНА СЛЕД ОТСТРАНЯВАНЕ НА КАНАЛНА ЗАПЛЪНКА
Ставрианос Х.*, Владимиров С.**, Ставриану И.*, Панайотов И**,
Pamporakis P.*

19. ИМЕДИАТНО ПОСТАВЯНЕ НА ДЕНТАЛНИ ИМПЛАНТИ И РОЛЯТА НА
НАПРАВЛЯВАНА КОСТНА РЕГЕНЕРАЦИЯ (G.B.R) С КСЕНОТРАНСПЛАНТ
Събов, Р.

20. ВЛИЯНИЕ НА ПАРРОДОНТАЛНОТО ЗАБОЛЯВАНЕ ВЪРХУ ЖИВОТ НА ПАЦИЕНТИТЕ
Болярова, Т.

21. ГИНГИВАЛНО РАЗРАСТВАНЕ, ИНДУЦИРАНО ОТ НОВИТЕ ГЕНЕРАЦИИ
КАЛЦИЕВИ АНТАГОНИСТИ
Болярова, Т.

22. ВЛИЯНИЕ НА ДЕНТАЛНИТЕ ФИЗИЧЕСКИ И ФУНКЦИОНАЛНИ
ОГРАНИЧЕНИЯ ВЪРХУ КАЧЕСТВОТО НА ЖИВОТ ПРИ ГЕРИАТРИЧНИ
ПАЦИЕНТИ
Щерева, Н.

23. ОДОНТОГЕНИЧНИ КИСТИ НА ЧЕЛЮСТИТЕ
Бетова, Т.*, Йорданов Й.*, Трифонов Г.**

24. РАДИКУЛЕРНИ КИСТИ НА ЧЕЛЮСТИТЕ
Бетова Т.*, И. Йорданов*, Г. Трифонов **

25. ИНФОРМИРАНОСТ НА БРЕМЕННИ ЖЕНИ ЗА ВЛИЯНИЕТО НА ФЛУОРА
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26. ЕНДОДОНТСКО ПЕЧЕНЕ И ДИРЕКТНО ВЪЗСТАНОВЯВАНЕ НА СИЛНО
РАЗРУШЕНИ ПОСТОЯННИ ДЕТСКИ ИНЦИЗИВИ-КЛИНИЧЕН СЛУЧАЙ
Търпоманов, Й.

27. УКРАШЕНИЯ В ЛИЦЕВО-ЧЕЛЮСТНАТА ОБЛАСТ ПРИ ДЕЦА И МЛАДЕЖИ
– ЕПИДЕМИОЛОГИЧНО ПРОУЧВАНЕ
Ишева, А. **, М. Куклева*, В. Кондева*, С. Рималовска*

28. ХИСТОЛОГИЧНА НАХОДКА ПРИ ОСТЪР ПУЛПИТ НА ПАЦИЕНТ СЪС
СИНДРОМ НА ПРИДОБИТА ИМУННА НЕДОСТАТЪЧНОСТ
Ставрианос, Chr.*, Ст. Владимиров **, I. Ставриану*, Б.Тодорова**, Р.
Каса*
29. ТРАНСЛУЦЕНТНОСТТА НА КОРЕНОВИЯ ДЕНТИН КАТО ПОКАЗАТЕЛ ЗА
ВЪЗРАСТА
Василиадис, Л.*, Ставрианос, Хр.*, Владимирчов, Ст.*, Ставрианов, И.*,  
Вълчева, Г.**

30. ФАКТОРИ ОКАЗВАЩИ ВЛИЯНИЕ ВЪРХУ НЕКАРИЕСНАТА ЦЕРВИКАЛНА
ЗАГУБА НА ТВЪРДИ ЗЪБНИ ТЪКАНИ - КЛИНИЧНИ СЛУЧАИ
Чолакова, М.*, Дойкова, Г.*, Несторова, Т.*, Манолова, М.*
Панайотов, И.**, Калъчев, Я.***

31. ПРОУЧВАНЕ ВЛИЯНИЕТО НА ВИДА НА ПАСТАТА ЗА ЗЪБИ И
СУБЕКТИВНИЯ ФАКТОР ПРИ ОПРЕДЕЛЯНЕ ГОЛЕМИНАТА НА ДОЗАТА
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Куклева, М., А. Ишева, В. Кондева

32. ПРОУЧВАНЕ ВЛИЯНИЕТО НА ДИАМЕТЪРА НА ОТВОРА НА ТУБАТА ПРИ
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35. ФЛУОРНА ПРОФИЛАКТИКА НА ЗЪБНИЯ КАРИЕС И РИСК ОТ ЗЪБНА
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36. ЕФЕКТИВНОСТ НА СУБГИНГИВАЛНИТЕ ИРИГАЦИИ С POVIDON IODINE
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37. ОСНОВНИТЕ ПАРОДОНТАЛНИ ПАТОГЕНИ В ДЪЛБОКИ ДЖОБОВЕ НА
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38. ПРОУЧВАНЕ ВЛИЯНИЕТО НА ПРЕДВАРИТЕЛНИЯ ПОДБОР И
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ЗЪРНО"
Куклева, М., А. Ишева, В. Кондева

39. ВЪЗМОЖНОСТИ ЗА ИЗПЪЛНЕНИЕ НА ИНСТРУКЦИЯТА "ГРАХОВО
ЗЪРНО" С РАЗЛИЧНИ ПАСТИ ЗА ЗЪБИ – МНЕНИЕ НА ПРЕПОДАВАТЕЛИ
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41. ПРЕДИМСТВА И НЕДОСТАТЪЦИ НА АЛЕРГОЛОГИЧНИТЕ КОЖНИ
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43. DIAGNOSTIC OF OCCLUSAL CARIES BY LASER-INDUCED FLUORESCENCE IN FIRST PERMANENT MOLARS IN CHILDREN AGE 7 – 9 YEARS OLD
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44. VISUAL DIAGNOSTIC OF OCCLUSAL CARIES IN FIRST PERMANENT MOLARS IN CHILDREN AGE 7 – 9 YEARS OLD
Kondeva, V., M. Kukleva

45. RECOMMENDATIONS FOR PREVENTION AND TREATMENT OF OCCLUSAL CARIES IN FIRST PERMANENT MOLARS IN CHILDREN AGE
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46. ASSESSMENT OF THE ROLE OF THE TEMPORARY PROSTHESIS IN THE COURSE OF TREATMENT OF PROGNATIA
Todorova, T.*, R. Todorov**

47. COMPLEX TREATMENT OF CLINICAL CASE WITH GODON'S PHENOMENON
Shopova, D.*, M. Drangov**, G. Todorov*

48. SIDE EFFECTS OF USING LATEX GLOVES BY DENTAL STAFF

49. APPROACH OF THE DOCTORS OF DENTAL MEDICINE TO THE RISK PATIENTS TREATMENT
/Preliminary report/
Daskalov, Hr., Hr. Lalabonova
The placement of dental implants in the posterior region of the maxilla presents a slightly inferior success rate when compared to other areas, mainly due to several anatomic and physiological factors. The maxillary sinus, as well as, the presence of a type IV bone, with a very low density and a thin cortical layer, often leads to a more complex surgery. Augmentation techniques in the maxillary sinus are therefore common procedures with very low complication rates. The scientific evidence available on the above-mentioned techniques and on the different GBR materials will be discussed. Furthermore, the author will present the main indications, advantages and limitations of the several approaches available to rehabilitate the posterior area of the maxilla with an important degree of resorption.

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- Dentistry degree. Oporto, Portugal.
- Master degree in Oral Surgery and Implantology. School of Dentistry of the University of Barcelona.
- Associate Professor of Oral Surgery. School of Dentistry of the University of Barcelona.
- Professor of the Master degree program in Oral Surgery and Implantology. School of Dentistry of the University of Barcelona.
- Author of 6 scientific papers published in international impact factor journals.
- Author of 4 book chapters in the dentistry field.
- 46 oral presentations in national and international congresses.
- 5 funded research projects in the fields of Oral Surgery and Guided Bone Regeneration.
- Several contributions in Oral Surgery and Implantology courses in the Teknon Medical Center (Barcelona) and in the School of Dentistry of the University of Barcelona.
ALL THE MYTHS AND REALITY ABOUT DENTAL IMPLANT TREATMENT

Prof. M. Kemal Unsal, Turkey

Until recently, the conventional dental education is based on to keep natural teeth for whatever it costs. However, the evidence based success of dental implant treatment alternative have changed this view. Since its first use in early 70’s, a number of guidelines and suggestions have been made in an attempt to achieve the best outcome of this treatment protocol. However, most of these suggestions were based either on the early findings or the clinical common sense of the researchers. Now, more than 30 years since its first introduction, many earlier suggestions that has been put forward proved either to be unnecessary or even wrong. This lecture will initially give an insight to the early suggestions mentioned above. Then, by using evidence based dental literature, discuss the status of those suggestions and prove whether it is a Myth or Reality.

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Born in 1965 he had his whole education including dentistry in Ankara, Turkey. He has been granted a scholarship from Ankara University Faculty of Dentistry to have his Ph D on dental implants at the University of Sheffield, School of Clinical Dentistry on 1991. In October 1994 he has been awarded his Ph D degree with the topic ‘The Clinical Measurement of Stress & Strain Induced in Branemark Implant Fixtures and Abutments During the Fitting of a Cast Beam & During Application of Simulated Functional Loads’. His military service was in Gülhane Military Medical Academy, Dental Center in Ankara. He has been granted as an Associate Professor in 1999 and a Professor in 2005. During this time he has made academic studies about biomechanics of dental implants and the behaviour pattern of metal free ceramic restorations. He is still teaching and practising as a part time professor at University of Ankara, Faculty of Dentistry, Department of Fixed & Removable Prosthetics.

He also works in his private clinic in Ankara Turkey where he is mainly concentrated on dental implants & metal free ceramic treatment options. He is also the co-founder of IDEA (Advanced Dental Education Academy) a non profit post graduate educational organization in Turkey. Prof. Unsal is an active fellow of the International team for Oral Implantology (ITI) and a member in European Association for Osseointegration (EAO).

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BULGARSKATA DENTALNA MEDICINA DNEС
Д-р Николай Шарков & д-р Живко Михайлов, България

Настоящият и бившият председатели на Българския зъболекарски съюз представят съвместно една обшира картина на живота на съсловието в България – от възникването и първоначалното развитие на Българския зъболекарски съюз до съвременната съсловна история в светлината на политическите промени в България и присъединяването ѝ към Европейския съюз.

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BULGARIAN DENTAL MEDICINE TODAY
Dr. Nikolai Sharkov & Dr. Jivko Mihailov, Bulgaria

The present and the past president of the Bulgarian Dental Association jointly present an extensive picture of the life of the dental profession in Bulgaria – from the establishment and the initial development of the Bulgarian Dental Association, to the contemporary professional history in the light of the political changes in Bulgaria and the accession of the country in the European Union.

* * *
CV на д-р Николай Иванов Шарков

Месторабота:
Български зъболекарски съюз (БЗС)
Бул. "Княз Дондуков" № 49
1000 София

Дължност:
Председател на УС на БЗС

Месторабота:
Висши медицински университет
Факултет по дентална медицина
Катедра "Детска дентална медицина"
Бул. "Св. Г. Софийски" № 1
1431 София

Дължност:
Главен асистент

Роден на 12.07.1956 г. в гр. София в семейството на икономист и професор по химия.

1975 Завършва Английска езиков гимназия „Гео Милев“ в гр. Бургас с отличен успех.
1982 Завършва стоматология в Медицински университет, Стоматологичен факултет, гр. София с отличен успех.
1995 Придобива специалност „Дентална стоматология“.
2000 Придобива специалност „Оща стоматология".
2005 Избран за Председател на Управлятелния съвет на Българския зъболекарски съюз.

Владее отлично писмено и говоримо английски език и добре руски и френски езици.
От самото начало на стоматологичната си дейност работи по проблемите на профилактиката на стоматологичните заболявания - внедряване на CPI TN индекс, социо-психологични проблеми на стоматологичната профилактика, флуоропрофилактика на зъбния кариес, биохимия на флуора и др. Той има редица публикации на тези теми.
Целта си поставя да развие своята професионална практика по проблемите на профилактиката на стоматологичните заболявания и внедряване на CPI TN индекс, социо-психологични проблеми на стоматологичната профилактика, флуоропрофилактика на зъбния кариес, биохимия на флуора и др. Той има редица публикации на тези теми.
През периода 1989 - 1992 г. е член на работна група на успешно приключил обществено базиран демонстрационен проект на Световната здравна организация (СЗО), Министерството на народното здраве и GABA International в гр. Пазарджик – “Кариес профилактика на стоматологичните заболявания - внедряване на CPI TN индекс, социо-психологични проблеми на стоматологичната профилактика, флуоропрофилактика на зъбния кариес, биохимия на флуора и др. Той има редица публикации на тези теми.
През периода 1989 - 1992 г. е член на работна група на успешно приключил обществено базиран демонстрационен проект на Световната здравна организация (СЗО), Министерството на народното здраве и GABA International в гр. Пазарджик – “Кариес профилактика на стоматологичните заболявания - внедряване на CPI TN индекс, социо-психологични проблеми на стоматологичната профилактика, флуоропрофилактика на зъбния кариес, биохимия на флуора и др. Той има редица публикации на тези теми.

Command of foreign languages: English – fluent; Russian – fluent.

CV of Assist. Prof. Dr. Nikolai Ivanov Sharkov MD

Current place of work:
President of the Bulgarian Dental Association (BgDA) 49, Kniaz Dondukov Blvd.
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Current place of work:
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1431 Sofia, Bulgaria
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E-mail: sharkov@omega.bg

Born on July 12, 1956 in Sofia, Bulgaria in the family of chemistry professor and economist.
1975 Graduated from English Language School with excellent grades.
1982 Graduated from Faculty of Stomatology, Higher Medical Institute, Sofia, with excellent grades.
1982-1989 Worked as a dentist at state clinics in the cities of Bourgas and Sofia.
Since 1989 Assistant Professor at the Department of Paediatric Dental Medicine, Faculty of Dental Medicine, Sofia
1995 Specialty in Paediatric Dental Medicine.

Working on the problems of prevention of oral diseases / implementation of CPI TN, social and psychological problems of oral prevention, prevention of dental caries by use of fluorides, biochemistry of fluorides etc./ from the very beginning of his career; over twenty scientific publications.

1989-1992 Member of a team working on a WHO community demonstration project: “Caries Reducing Effect of an amino fluoride dentifrice in Children”. It was carried out by arrangement between WHO, the Swiss company GABA Int. Ltd. and the Bulgarian Ministry of Health, with successful results. The project was supervised by Prof. G. Pakhomov, Chief Dental Officer, WHO, Geneva and Prof. I. Möller, WHO, Regional Office for Europe, Copenhagen.

1992 Invited to study the Danish experience in community based oral health prevention by the Regional Office for Europe, WHO, Copenhagen; the School of Dentistry, University of Copenhagen and the Danish Dental Association. The study was made under the supervision of Prof. Pouli Erik Petersen, Department of Community Dentistry & Graduate Studies.


1993 Participant in a workshop “Organization of Oral Health Care and Research in Central & Eastern Europe” in Iasi, Romania, organized by the University of Copenhagen, the WHO Collaborating Center for Child Dental Health, Iasi, Romania, and the WHO, Regional Office for Europe.

1994 Appointed by the Minister of Health as a working consultant of a WHO community demonstration project on the implementation of
D-р Н. Шарков е участвал в редица конгреси, симпозиуми, конференции, школи и др. у нас и в чужбина. Има над тридесет научни доклади и публикации и десетки съсловни и популярни статии както и участви в телевизионни предавания.

* * *

1995 Elected Secretary General of the section of Paediatric Dental Medicine at Bulgarian Scientific Dental Association.

1995 Elected an Active member of the European Academy of Paediatric Dentistry /E.A.P.D./.

1996 One of the founders of the Balkan Stomatological Society /BaSS/, which was registered in April 1996 in Thessaloniki, Greece. He was elected member of the Board of the Society - Councilor for Bulgaria, and member of the Editorial Board of the Society’s journal - Balkan Journal of Stomatology ISSN 1107 - 1141.

1996 Secretary General of the 17th Congress of the Bulgarian Scientific Dental Association in Sofia, Bulgaria.

1996 Expert in the WHO Collaborating Center - Department of Paediatric Dental Medicine, Faculty of Stomatology, Sofia, Bulgaria.

1998 One of the founders of the Balkan Stomatological Preventive Group.

1998 President of the Organizing Committee of the 3rd Congress of BaSS.

1999 Elected Vice President of Association of Dentists in Bulgaria /ADB/ - Chairman of the Standing Committee for negotiation and contracting with the National Health Insurance Fund.

1999 Invited in the United Kingdom on BDMF grant for collaborating research work in BDMF chemical laboratory – Padnell Grange, Cowplain, England and in Liverpool University, School of Dentistry.

1999 Member of British Society of Paediatric Dentistry /BSPD/.

2001 Depute Director of the WHO Collaborating Center - Department of Paediatric Dentistry, Faculty of Stomatology, Sofia, Bulgaria.

2001 Won BDMF Studentship PhD Grant among 40 candidates from all over the world.

2002 Master degree in “Buisness administration”, speciality - “Health Management” with excellent grade in the State University “Prof. Asen Zlatarov”, Bourgas.

2002 Reelected Vice President of Association of Dentists in Bulgaria /ADB/ - Chairman of the Standing Committee for negotiation and contracting with the National Health Insurance Fund.

2003 Research projects in Liverpool University, School of Dentistry and in Leeds Dental Institute, School of Dentistry.

2005 Elected President of Association of Dentists in Bulgaria /ADB/.

2008 Reelected President of Bulgarian Dental Association /BgDA/.

Participated in more than a dozen scientific and professional dental congresses and symposia abroad, and many more inland.
CV of Dr. Jivko Mihailov

1951 Born in Sofia, Bulgaria
1969 Graduated from high school in Sofia
1976 Graduated from the Faculty of Stomatology in Sofia
1976-1979 Assigned as a newly graduated GDP in the town of Nikopol, Bulgaria
1979-1981 Internship in General Dentistry in a rural healthcare service near Sofia
1981-1985 Internship in Prosthetic Dentistry in the Dept. of Prosthetic Dentistry of the 5th District Polyclinic in Sofia
1982 Acquired Specialty in Prosthetic Dentistry
1985-1986 Internship in Prosthetic Dentistry in a Centre of Implantology, Sofia
1986-1988 Head of the Dept. of Prosthetic Dentistry in the 2nd District Polyclinic in Sofia
1988-1990 Head of the Dept. of Prosthetic Dentistry in the Dental Clinic „Juniordent“, Sofia
1990 Participant in the re-constituent assembly, and Founding Member of the reestablished Bulgarian Dental Association (founded in 1905)
1990-1994 Director and Editor-in-Chief of the journal “Stomatolog”, edition of the Association
1992-1996 Consultant and lecturer of the company 3M; numerous lectures and promotions for 3M in Bulgaria and Ukraine in Bulgarian, English and Russian languages. Co-founder, Chairman and lecturer of the Bulgarian Dental Information Society
1992 Numerous oral and written English Bulgarian and Russian Bulgarian translations of books, articles, documents, as well as scientific, clinical and commercial presentations in all fields of dentistry
1992 Private dental practice in Sofia
1996-1999 President of the Managing Board of the Bulgarian Dental Association
1999-2005 President of the Managing Board of the newly created Association of Stomatologists in Bulgaria (since 2007 – again Bulgarian Dental Association), established by virtue of the law
1999-2005 Member of the Supreme Medical Council at the Minister of Health
1999-2001 Member of the Standing Committee of the Association for negotiation and contracting with the National Health Insurance Fund
2002 Member of the Expert Committee on Dental Care of the Association
2002 Member of the Board of the Balkan Stomatological Society
2003-2006 Lecturer in the Qualification Programme of the Association on “Direct Restoration: Modern Techniques and Materials”
2005 Vice-President of the Managing Board of the Association of Stomatologists in Bulgaria (since 2007 – again Bulgarian Dental Association), and Chairman of the Standing Committee for Information
Professional interests:
Unilateral partial dentures with precision attachments;
Direct adhesive esthetic restorations
Languages: English, Russian, French
Hobbies: Music, books, films
Married, with two children and three grandchildren.

CV на д-р Живко Михайлов

1951 Роден в София
1976 Завършва Стоматологичния факултет в София
1976-1979 Разпределен като новозавършил стоматолог в гр. Никопол
1979-1981 Ординатор-стоматолог в селска здравна служба Казичеве
1981-1985 Ординатор по ортопедична (протетична) стоматология в Ортопедично отделение, 5-та РСП, София
1982 Специалност Ортопедична стоматология
1985-1986 Ординатор по ортопедична (протетична) стоматология в Център по имплантология, София
1986-1988 Завеждащ Ортопедично отделение, 2-ра РСП, София
1988-1990 Завеждащ Ортопедично отделение „Юниордент“, София
1990 Участник във възстановителното събрание и член-основател на възстановения Български стоматологичен съюз – БСС (основан през 1905 като Български зъболекарски съюз)
1990-1994 Директор и главен редактор на списание „Стоматолог“, издание на Съюза за зъболекарски съюзи
1990 Член на многобройни съвместни и вътрешни работни групи в областта на българското здравно законодателство, съюзната регулация, вътрешни нормативни актове на Съюза и пр.
1992-1996 Член на Националния координационен съвет на БСС
1992-1996 Консултант и лектор на компанията 3М; многобройни български и обратно, както и от руски на български език
1992 Член на многообразни устни и писмени преводи от английски на български, на книги, статии, документи, научни, клинични и търговски презентации във всички области на денталната медицина
1992 Член на Националния координационен съвет на БСС
1993-1994 Председател на Съюза за зъболекарски съюзи
1995-1999 Председател на Националния координационен съвет на БСС
1995-2005 Председател на Управителния съвет на новоуреденния Съюз на стоматолозите в България – ССБ (от 2007 – отново Български зъболекарски съюз), създаден със закон
1999-2005 Член на Висшата медицинска комисия в областта на здравеопазването
1999-2001 Член на Работната комисия на ССБ за изработване и подписване на Националния рамков договор с НЗОК
2002 Член на Експертната комисия по дентална помощ на Съюза на зъболекарите в България
2002-2007 Член на Борда на Българската стоматологическа организация (ВаСС)
2003-2006 Лектор в квалификационната програма на Съюза на тема: “Директно възстановяване: съвременни техники и материали”
2005 Зам. председател на Управителния съвет на Съюза на стоматолозите в България – ССБ (от 2007 – отново Български зъболекарски съюз) и председател на Работната комисия по информация
Професионални интереси:
Единостранни ставни частични протези;
Директно адхезивно естетично възстановяване
Езици: английски, руски, френски
Хоби: Музика, книги, филми
Женен, с две деца и три внучета.
APPLICATION OF MICROSURGICAL TECHNIQUES IN PLASTIC SURGERY OF THE HEAD AND NECK  
Assoc. Prof. Vassil Sveshtarov, DMD, PhD, Bulgaria

This lecture is focused on microsurgical techniques which greatly improved the possibilities of plastic and reconstructive surgery. Today free tissue transfer is firmly established within the repertoire of modern oral and maxillofacial surgery. The lecture contains chapters on soft tissue reconstruction in head and neck region by use of musculocutaneous and fasciocutaneous grafts, such as radial forearm, parascapular and latissimus dorsi. Another chapter is dedicated to microsurgical bone transplantation for reconstruction of the mandible. Excellent functional results can be obtained by using free fibular graft and Unilock titanium plates.

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Assoc. Professor Vassil Svechtarov is senior lecturer in Oral and Maxillofacial Surgery at the Faculties of Dental Medicine in Sofia and Varna. He has specialized clinical dentistry and microsurgery at the Kyushu University – Japan. Since 2005 is a faculty member of the AO foundation. His medical practice covers all aspects of Oral and Maxillofacial Surgery – reconstructive, micro vascular, oncology and traumatology. Chairman of the Bulgarian Association for Oral and Maxillofacial Surgery and Councilor for Bulgaria of the European Association for Cranial and Maxillofacial Surgery /EACMFS/. In April 2006 he is elected Dean of the Faculty of Dental Medicine – Varna.

TREATMENT APPROACH FOR SEVERE INFLAMMATORY DISEASE IN HEAD AND NECK: THE ROLE OF HYPERBARIC OXYGENATION  
Dr. Tsvetan Tonchev, DMD, PhD, Bulgaria

The aim of the lecture is presentation of advanced concepts for the treatment of severe inflammatory disease in Head and Neck field. The role of general dentists to prevent of this situation is critical. At the first is made of review of familiar things- clinic, topographic anatomy, and principle of treatment in inflammatory process in Head and Neck field. Hyperbaric oxygenation has been presented like treatment approach and has been exhibited indication, contraindication for application as for inflammatory and the other diseases.

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Dr. Tsvetan Tonchev, DMD, PhD, has graduated in 1988 from the Faculty of Stomatology, Higher Medical Institute in Sofia with distinction. He worked consecutively in the surgical departments of Tyrgovishite until 1990, and Varna until 1993. Since 1993 till 2007 he is working at the Dept. of Maxillofacial and Neurosurgery of the Naval Hospital in Varna. In 2007, he is founder ahn Head of Oral and Maxillofacial surgery Department at St. Marina hospital who is underlying to medical university of Varna. He has more than 20 years surgical experience. He has two specialties: Oral Surgery and Maxillofacial Surgery. The...
Dr. Tonchev is a member of the Managing Board of the Regional College of BDA (Bulgarian Dental Association) in Varna and of the Standing Committee of Qualification and Accreditation. Married, with two children.

**INTRALIFT – THE HYDRODYNAMIC SINUSLIFT**

* Dr. Andreas Kurrek, Germany

The lecture shows the different stages from standard techniques (Tatum, Summers) to the revolutionary Hyrodynamic Sinus Lift and its different indications. How to predict the augmentation’s result and how to handle with ruptures? – useful hints for everyday’s work by a practitioner.

* * *

1996 Exam and Promotion in the same year in Düsseldorf, Germany
Since 1999 in mundart-clinic and office in Ratingen, Germany (Head of clinic) Medical inventor of Q-IMPLANT by TRINON, Germany
Implantology Workshops in own office since 2000
International Congresses- and lecturer since 2000
Author of various medical publications in implantology-
Journal of DGZI, Int. Dental Tribune etc.

Since 2004 permanent teacher and lecturer in implantology marathon on Cuba, Dominican Republic and Laos
2005 “Specialist Implantology” of DGZI – Deutsche Gesellschaft für zahnärztliche Implantologie
2007 Assistant Professor of Heinrich-Heine Universität Düsseldorf - anatomical Institute 1 (Prof. JK Mai)
2007 1. Vice-president and founding member of IAUSI (International Academy For Ultrasonic Surgery And Implantology)
2007 medical inventor of “hydrodynamic Sinuslift” (Intralift™ by Company ACTEON, France)
2007 founding member of „Implantology quality-circle – Vienna“, Austria
2007 1st dental implantation in Laos in the history of the country
The presentation of Enrico Steger, the South Tyrolese creator of the manual milling system, will discuss the raw material zirkonia in the light of material science and the processing techniques. The newest ideas of the lecturer will be presented, i.e. the special kind of zirkonia he has created.

This new material has a 10% lower flexural strength compared to the classical material Transluzent; however this poses no restriction in the manufacturing of various restorations. The advantage of the high translucency is the possibility to fabricate full zirkonia crowns. Consecutively, in large and complex bridge restorations there is no problem related to the chipping (splitting) of the ceramics. Restorations' longevity (strength) can be exceptionally high. This new material is supplied with colorants, which are to be brushed before the sintering, hence being irreversibly baked in-depth. The border colours are the tooth colours. There are also pigments like blue, orange, beige, and grey, enabling the more nice and natural view of the crowns.

After the sintering, superficial colour adjusments are possible with the aid of the border colours, followed by application of a glaze, giving a natural gloss to the entire restoration. In the posterior region, there restorations are “veneered” with zirconia ceramics, thus enabling a perfect outcome with maximum strength in the occlusal area, and maximum esthetics in the visible area.

The results of the newest research, as well as the impressive practical examples will guarantee to all participants a meeting full of information and variety, with possibilities for discussion and exchange of experience.

* * *

Born in Sand, Taufers (South Tyrol)
Graduated from a High dental technology school (5 years curriculum) in Bosen, South Tyrol
Owner of a dental laboratory since 1981
Author of the monograph “Anatomical masticatory surface”
Lecturer in international meetings
Participant in the development of various ceramic materials
Creator of different processing methods in dental technology
Creator of the manual milling system
Founder of the company Zirkonzahn GMBH
Creator of the ceramics Zirkonzahn
Creator of the CAD_CAM system Zirkonzahn
NON-OPERATIVE PREVENTIVE TREATMENT OF DENTAL CARIES – THEORY OR NECESSARY ALTERNATIVE
Assoc. Prof. Milena Peneva, Bulgaria

The preventive strategy in contemporary cariesology – aimed at non-operative preventive treatment – requires early diagnosing of the caries process. Such a strategy presupposes the ascertainment of the character of the developing process and the intensity of the caries lesion, and not simply the finding of the mere caries lesions, however early they are. In order that the dental doctor’s behaviour is efficient and the best choice of therapy is made, it must be found out if a caries lesion is at a stage of progression, if it has been made stationary or has undergone a reverse development.

The situation observed in the group of a 1000 children checked up is that the reversible lesions are the prevalent pathology in almost all age groups. It is not the overall pathology or the activity of its oral environment that ultimately matter, though. What ultimately matters is the correlation between reversible and irreversible lesions. It is that correlation that makes us rethink our approach to the treatment of carious lesions. Clearly, the correlation between reversible and irreversible lesions suggests that operative treatment is not the most adequate therapeutic approach here. It is our main aim to alter the activity of the oral environment and to start applying non-operative preventive treatment with regard to the stage of development of the caries lesions. The right application of non-operative preventive treatment will remove much of the pathology observed. If such a treatment is applied when the child is 6 years old, the level of irreversible lesions can be stabilised at the minimum level. These results show the tremendous potential of non-operative preventive treatment and the possibility of - within a couple of years only - changing for the better the dental health of children and adolescents.

** * * *

** Born: 05.02.1949
1973 Graduated, Faculty of Dental Medicine, Sofia
1973 Internship in the District Dental Polyclinic, Targovishte
1974 Regular post-graduate worker, Dept. of Pediatric Dental Medicine, FDM, Sofia
1977 Part-time Asst. Professor, Dept. of Pediatric Dental Medicine, FDM, Sofia
1979 Thesis “Eruption of permanent teeth in children”
1979 Junior Asst. Professor, Dept. of Pediatric Dental Medicine, FDM, Sofia
1981 Speciality in Pediatric Dental Medicine
1983 Senior Asst. Professor, Dept. of Pediatric Dental Medicine, FDM, Sofia
1984 Head Asst. Professor, Dept. of Pediatric Dental Medicine, FDM, Sofia
1990 Habilitation
1990 Assoc. Professor, Dept. of Pediatric Dental Medicine, FDM, Sofia
1992-1994 Head of the Dept. of Pediatric Dental Medicine, FDM, Sofia

Since 2006: National consultant in Pediatric Dental Medicine

Chairperson of the National Society in Pediatric Dental Medicine

Winner of the prize "Panacea – gold" for fundamental contribution in teaching, research and expert activities in Dental Medicine

Additional training: 2 courses in pedagogics; 1 course in English language; 1 course in X-ray diagnostics

Foreign languages: English, French, Russian
ENDODONTICS: MODERN ASPECTS
Dr. Janet Kirilova, Bulgaria

The modern aspects of endodontics include:
1. Tooth morphology and root canal variation of different groups of teeth – clinical cases.
2. Determination of the working length.
4. Cleaning and shaping of the root canal system – advantages and disadvantages of rotary instruments.
5. Root canal filling methods – comparison of different methods – clinical cases.

* * *
1992 Speciality in conservative dental medicine and periodontology
1988 Speciality in general dental medicine
1979-1984 Faculty of Dental Medicine – Sofia – doctor of dental medicine
2003-2007 Leading practical courses in Endodontics (Preparation of root canals with rotary instruments and Warm condensation techniques for root canal treatment) in MSU – 2000
Since 1990: Assistant Professor in the Department of Operative
BIOMIMETIC ASPECTS OF THE CONSERVATIVE RESTORATION OF POSTERIOR TEETH
Assoc. Prof. Dr. Ivan Filipov, PhD, Bulgaria

In dental medicine, the term "bio-mimetics" refers to the mimicking or recovery of the biomechanics of the original tooth by the restoration. The goal of biomimetics in restorative dentistry is to return all of the prepared dental tissues to full function. Advances in dental material science continue to generate products with increasingly biomimetic and bioactive qualities. It is incumbent upon the clinician to be cognizant of these issues and to account for them to obtain consistently predictable outcomes. Furthermore, material properties are often mistakenly assigned greater significance than treatment planning and clinical technique in influencing the longevity of adhesive restorations.

In the current presentation are classified the different adhesive restorative techniques, used by posterior teeth. Furthermore, recommendations for their use are presented. Clinical considerations about direct and semi-direct techniques for obturation with composite resins and porcelain inlays, as well as the technique of execution are discussed.

** * * *

Dr. Ivan Filipov is Asst. Prof. in Department of Operative Dental medicine and Endodontics, Faculty of dental medicine, Medical University-Plovdiv. His teaching activities are related to the education of students from third, fourth and fifth course, as well as probationers and post graduate students. He is giving lectures at the university and is involved in continuing education program for physicians of dental medicine.

Dr Filipov has a specialty in General dental medicine-1990,
Doç. İvan Filipov is a specialist in the Department of Operative Dentistry at Medical University – Plovdiv. His work is dedicated to the field of professional ethics of the BFMS at the Regional College of city of Plovdiv and author and co-author of more than 25 publications in national and international journals.

His scientific interests are in the field of esthetic reconstruction of the diseased tooth structures with conservative and minimally invasive methods. He participates and lectures at different local and international congresses and symposiums. Author and coauthor of above 25 publications in Bulgarian and international journals. Currently, he maintains a private practice in Plovdiv. Dr. Filipov is a member of the Commission of professional ethics of the Plovdiv Regional College of BFMS (Bulgarian Dental Association) and of the Standing Committee of Qualification and Accreditation of BFMS.

DIRECT COMPOSITE RESTORATIONS; OVERCOMING THE MAIN DIFFICULTIES
Dr. Joseph Sabbagh, Lebanon

The increased aesthetic demands of our patients, and the polemic raised about mercurial toxicity of amalgams have encouraged the extensive use of resin composites, and now, they are employed with greater frequency for posterior restorations. But achieving a posterior composite restoration may look sometimes a challenging task for the dentist. Obtaining an adequate and tight contact point, the stiffness of the instrument to the composite, and postoperative sensitivity, are the main problems to solve. All means and tools that help to obtain trouble free posterior composite will be detailed, emphasizing the best way of their use. This presentation will address some clinical cases performed with the most recent composites and techniques, showing the different steps to be followed in order to obtain a predictable and long lasting composite restoration.

* * *
- Fellow researcher in the Catholic University of Louvain (Cribio division), Belgium.
- Senior Lecturer in the department of Conservative and Aesthetic Dentistry in Saint-Joseph University and the Lebanese University, Lebanon.
- Lecturer in Operative and Cosmetic Dentistry in the “Dental College” (a Lebanese private college for dental continuing education) Beirut, Lebanon.
- Private practices in Beirut and Brussels specialized in Cosmetic Dentistry and Endodontics.

Dr. Joseph Sabbagh graduated from the Saint-Joseph University (Beirut) in 1996 and in 2000 he obtained a Master in Operative Dentistry (Restorative Dentistry and Endodontics) from the Catholic University of Louvain (Belgium). He also obtained two certificates of Advanced Studies in Biomaterials and Operative Dentistry from the University of Paris-VII (France) in 1997 and 1998. In 2004, he obtained his PhD in Biomaterials from the Catholic University of Louvain. He has published many papers in the dental literature and has lectured locally and internationally. He is a
INDIRECT POSTERIOR RESTORATIONS : GOLDEN RULES FOR SUCCESS
Dr. Joseph Sabbagh, Lebanon

In some clinical situations such as extensive tooth destruction or cusp fractures, the use of direct restorative techniques would compromise the structural integrity of the tooth. Therefore indirect inlay-onlays are indicated. Besides their highly aesthetic properties, indirect posterior restorations allow to treat several teeth in the same time, to obtain an adequate contact point, to reduce polymerisation shrinkage and to enhance the strength of the tooth through the bonding procedure.

Inlays are usually carried out over two appointments, and are made of ceramics or resin composites. The later material is preferred because of its repairability in case of fracture. Through different cases using the most recent materials, a step by step clinical procedure will be defined in order to achieve easy and successful aesthetic inlay-onlay restorations.

PERIODONTAL ASPECT TO ANALYSE THE IMPLANT FAILURES
Dr Sarkis Sozkes, DDS, PhD, Turkey

Oral implants have revolutionized the practice of dentistry. Over the years, a large number of different implant systems have been introduced. Due to the long-term clinical use of osseointegrated oral implants, the scientific literature is extensive and continuously increasing. Many experimental and clinical studies have focused on the mechanisms of tissue integration and the possibilities to secure long-term success. Closely related to these issues are, however, the less well-known biological processes which may contribute to the failure of an implant.

The aim of the presentation is to focus on the biological factors contributing to failures of osseointegrated oral implants. The first part of this presentation includes definitions of implant failures, parameters for success/failure evaluation, reliable diagnostic tools for the evaluation of implant conditions and the epidemiology of implant losses. The etiology and the patho-physiology of failing implants will be discussed. In the second part of the presentation, the periodontal aspect to peri-implant pathologies to treat the ailing implant will be presented and the importance of the periodontal

ПАРОДОНТАЛЕН АСПЕКТ ЗА АНАЛИЗА НА ИМПЛАНТАТНИЯ НЕУСПЕХ
Д-р Саркис Сьозкес, Турция

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осмi наукeн конгрeс нa бзс  Eighth scientific congress of the bgda

Д-р Джозеф Сабах завършва Университета Свети Йосиф в Бейрут през 1996, а през 2000 получава магистърска степен по оперативно зъболечение (възстановително зъболечение и ендодонтия) от Католическия Университет в Лувен, Белгия. Получава също два сертификата за напреднали студии по биоматериали и оперативно зъболечение от Университета в Париж-VII (Франция) през 1997 и 1998. През 2004 получава докторска титла по биоматериали от Католическия Университет в Лувен. Публикува многобройни статии в денталната литература и изнася лекции на местни и международни прояви. Член на Ливанската дентална асоциация, член на редакционния съвет на списанието на Ливанската дентална асоциация, член на Академията по оперативно зъболечение и Академията по дентални материали.
D-р Сьозкес завършва зъболечение в Университета Мармара в Истанбул и след това специализира пародонтология и биомедицинско инженерство. Изнася множество лекции в страната и в чужбина, води курсове по имплантология. Известен е като специалист по неуспехи в имплантологията и биомеханични конструктивни принципи на имплантатите. Участва в изследвания в Института по биомедицинско инженерство към Университета Босфорус. Член е на Международната акаедемия по пародонтология и Европейската академия по остеоинтеграция. Член е на Академията по биомедицинско инженерство и вчленен е в Турската дентална асоциация. Програма за непрекъснато обучение в Босфорус Университет се основава на Европейската програма за непрекъснато обучение на FDI.
профилактиката. Извън утвърдените и използвани понастоящем методи, някои новаторски и вълнуващи процедури показват научни успехи, които най-вероятно ще бъдат използвани в бъдеще за кариес-профилактика.

* * *
Проф. д-р Бетюл Каргюл завършва Университета Мармара в Истанбул и специализира детско зъболечение. От 2004 г. е професор по детско зъболечение. Има много международни награди и признания, активен член на редакционния екип на Journal of the Scientific Research for Oral Health Center, Oral Health And Dental Management In The Black Sea Countries. Има над 50 публикации и 80 презентации в страната и в чужбина. Активен член на Европейската академия за детско зъболечение (наблюдаващ съветник) и Международната академия за детско зъболечение. Преподавател в катедрата по детско зъболечение на Денталния факултет към Университета Мармара.
POSTERS

Abstract № 1

Title: ORAL HYGIENE STATUS OF CHILDREN WITH SPECIAL NEEDS

Authors: Ilieva Em.*, V. Veleganova**

*Private clinic “Medicus-Alfa”, Plovdiv
** Department of Pediatric Dentistry, Faculty of Dentistry, Medical University – Plovdiv

Children with special health care needs are those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. (Pediatrics, 1998) Accumulation of bacterial plaque has been identified as the main cause of the two most common dental diseases (caries and periodontal disease) seen in handicapped and normal children. However in the handicapped there are some modifying influences such as muscular influences, nutritional disturbances and genetic influences.

AIM. To determine the oral-hygiene status of children with special needs in comparison with healthy coevals.

Patients and methods: 150 children with special needs have been observed. They all have received oral rehabilitation under general anaesthesia. The control group includes 150 healthy children who visit the dental setting for treatment. The oral hygiene of each child has been assessed using the partial scoring of Simplified Oral Hygiene Index (OHI-S) of Greene and Vermillion. The index teeth examined have been as recommended by the index.

Results and discussion: Children with special needs have higher scores for all the indices measured and these were found to increase generally with age. The comparison with healthy children shows a significant difference (p<0.05). The 14 - 18 years age group children with special needs having the highest scores - OHI-S=4.18. There is a significant delay of Bulgarian dental education in comparison with European and world standards of dental care for children with special needs.

Conclusion: Children with special needs have a poorer oral hygiene status in comparison with the healthy coevals; there is a need of professionally applied oral hygiene. This involves the use of dental hygienists.

Key Words: oral hygiene, special needs
Резюме № 2

Заглавие:
СЛУЧАЙ НА ОЛИГОДОНТИЯ НА ПОСТОЯННОТО СЪЗЪБИЕ ПРИ ДЕТЕ С ЕКТОДЕРМЪЛНА ДИСПЛАЗИЯ

Автори:
Илиева Ем., Д. Георджева
Частна клиника „Медикус-Алфа”, Пловдив

Ектодермалната дисплазия (ЕД) обхваща голяма и разнородна група от наследствени заболявания, които се определят от първичен дефект в развитието на две или повече тъкани, произхождащи от ембрионалната ектодерма. Включват се предимно кожа, коса, нокти, жлези с вътрешна секреция и зъби. Първото съобщение за пациент с ЕД е направено през 1848 година отthurman, а наименованието е дадено от Weech през 1929 година.

В момента са известни 150 типа на ЕД. Различните подгрупи се определят въз основа на наличието или отсъствието на четирите основни дефекта на ЕД: Trichodysplasia (дисплазия на косата), Зъбна дисплазия, Onychodysplasia (дисплазия на ноктите), Dys-hidrosis (дисплазия на потните жлези).

Уврежданията на зъбите включват: липсващи зъби или промяна на формата им в клиновидна или заострена; емайлови дефекти.

Описание на клиничен случай: Клиничният случай се отнася до М.Д., 8-годишно момиче, с ЕД. Екстраорално се наблюдава намалена долна трета на лицето и протрудирани устни. При преглед се установява временно съзъбие, липсва 52-ри. На мястото на 61-ви се наблюдава клиновидно зъбно образувание със заострен и завит дистално връх. Анализът на ОПГ показва липса на зародиши на постоянни зъби, с изключение на 11,21, 17 и 27.

Планът на лечение включва: запазване на наличните временни зъби, повдигане на захапката, подобряване на дъвкателната и фонетична функция.

Ключови думи: ектодермална дисплазия, олигодонтия.

Abstract № 2

Title:
OLIGODONTHIA OF PERMANENT TEETH AT A CHILD WITH ECTODERMAL DYSPLASIA - A CASE REPORT

Authors:
Ilieva Em., D. Geordgeva
Private clinic “Medicus-Alfa”, Plovdiv

The ectodermal dysplasia (ED) comprises a large, heterogeneous group of inherited disorders that are defined by primary defects in the development of 2 or more tissues derived from embryonic ectoderm. The tissues primarily involved are the skin, hair, nails, eccrine glands, and teeth. Although Thurman published the first report of a patient with ED in 1848, the term ectodermal dysplasia was not coined until 1929 by Weech. Currently there are about 150 different types of ectodermal dysplasias. In an attempt to classify these, different subgroups are created according to the presence or absence of the four primary ectodermal dysplasia (ED) defects: Trichodysplasia (hair dysplasia), Dental dysplasia, Onychodysplasia (nail dysplasia), Dyshidrosis (sweat gland dysplasia).

Description of the clinical case: The described clinical case concerns M.D., a 8-years-old girl with ectodermal dysplasia. She has a reduced lower facial height and lip protrusion. The clinical exam has shown primary dentition and missing 52 tooth. On the place of 61 tooth it can be observed a peg-shaped tooth with pointed peak, turned to the distal direction. The analysis of panoramic radiography shows missing permanent teeth, except for 11, 12, 17, 27. The treatment plane includes: preservation of primary teeth, management of deep overbite, improving the chewing and the phonetics.

Key Words: ectodermal dysplasia, oligodontia.
Резюме № 3

Заглавие:
СЛУЧАЙ НА НЕПРАВИЛЕН КЛИНИЧЕН ПОДХОД ПРИ ЛЕЧЕНИЕ НА ДЕТЕ С ТЕЖКА ФОРМА НА КАРИЕС НА РАННОТО ДЕТСТВО

Автори:
Илиева, Ем.*, Н. Маркова**
*Частна клиника „Медикус-Алфа“, Пловдив
**Катедра по Детска дентална медицина, Факултет по Дентална медицина, МУ - Варна

Кариесът на ранното детство (ECC) протича в различни по тежест форми. „Тежка форма на ЕСС“ (ECC-s) означава атипично, прогресивно, остро и рампантно протичане на заболяването. ЕСС-s се изявява като тежко, унищожително разрушение на временните зъби. (ADA). Тежката орална патология е в съчетание с психо-емоционална незрялост, предопределяща невъзможност за възприемане на денталното лечение. Три са предизвикателствата пред лекаря по дентална медицина: възрастта на пациента; обема и тежестта на патологичните промени на временните зъби; определено негативно поведение.

Описание на клиничен случай:
Отнася се до С.К., момче на 2г. и 2м. с диагноза “тежка форма на кариес на ранното детство”. Родителите търсят помощ за лечение на увредените зъби. От анамнезата става ясно, че детето е преживяло вече лечение в рутинна дентална среда. Родителите съобщават за приложено физическо обуздаване и за негативна промяна в ежедневното поведение на детето – “плач и треперене при вида на големи сгради, които приличат на болници”. От статуса: при влизане в кабинета отчетливо се забелязва тремор на ръцете и устните; орален – кариозни лезии на всичките налични 16 зъба; проведено лечение – обтуриране на горни фронтални инцизиви с амалгама (отпаднала обтурация на 61 и секундерни кариеси на 62, 51, 52 ), а при останалите зъби – импрегнация със сребърен нитрат.

Заключение:
Непознаването на методите за управление на поведението, както и прилагането на неподходящи методи за лечение водят до лоши резултати не само по отношение на оралното здраве, но и увреждат незрялата психика на детето.

Ключови думи:
кариес на ранното детство, поведение, лечебни методи.

Резюме № 4

Заглавие:
УПОТРЕБА НА МЕТАМФЕТАМИН И НЕГОВОТО ВЛИЯНИЕ ВЪРХУ ДЕНТАЛНОТО ЗДРАВЕ

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There are different degrees of severity of early childhood caries (ECC). The term “severe ECC refers to atypical, progressive, acute, rampant patterns of decay. ECC-s results in devastating teeth destruction. (ADA) Apart from the oral pathology, there is also an immaturity of psycho-emotional development predetermining the child's ability to cope with the dental treatment. The age, the extensive and severe oral pathology and the definitely disruptive behaviour are the challenges for the dentist.

Description of the clinical case: The described clinical case concerns S.K., a 26-months-old boy with ECC-s. The parents are looking for help for dental treatment of the child. The medical history shows a past dental treatment in a routine dental setting. The parents are reporting of physical restraint during the treatment. There are also negative changes of the child's everyday behavior – “screaming and trembling on seeing big buildings looking as hospitals”. The observation shows a clear trembling of hands and lips; oral exam: there are carious lesions of all 16 teeth; amalgam restorations with secondary decays of 51,52, 61, 62. All the rest have been treated with silver nitrate.

Conclusion: The lack of knowledge of child-behaviour management as well as using inappropriate treatment methods lead to bad consequences not only for the oral health but also for the child's immature mentality.

Key Words:
early childhood caries, behavior, treatment methods.
Drugs addiction is serious medical and social problem. Methamphetamine use is on the rise in Bulgaria. However, dental aspects of this addiction are slightly known to dental professionals.

**Aim:** Two cases of Methamphetamine addiction are presented and its major dental aspects are discussed.

**Material and methods:** 19-old male and 25-old female both Methamphetamine addicted are object of dental examination.

**Results:** Oral status: Rampant caries with atypical lesions localization on the buccal smooth surfaces of the teeth and the interaproximal surfaces of the anterior teeth (Methamphetamine – induced caries). Missing or severe destroyed teeth were observed. The patients demonstrated poor oral hygiene, gingivitis, hyposalivation and soft tissue lesions.

**Discussion and conclusion:** Accelerated tooth decay, xerostomia, excessive bruxism, oral lesions, undesired drugs reactions (anesthetic/narcotic), potential virus infection (HIV, HBV etc), aggressive behavior are part of a problems accompanying Methamphetamine addicted patients. Dental professionals must recognize the Methamphetamine addiction and the risk factors associated with its deleterious oral effects. This knowledge will allow appropriate and effective preventive and treatment strategies for these patients. Periodical oral health control is recommended in order to avoid relapse. Dentists should also support patients in seeking needed medical care and counseling.

**Key Words:** methamphetamine addiction, dental health.

**Abstract № 5**

**Title:** OLI GODONTIA - A CLINICAL, RADIOGRAPHIC AND GENETIC EVALUATION

**Authors:**

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Congenital lack of six or more permanent teeth – oligodontia is extremely rare.

**Aim:** The aim of the study was to analyze the inheritance and phenotypic features of familial nonsyndromic oligodontia, and to study the association of dental anomalies with oligodontia.

**Subjects and methods:** A 6 ½ year old male patient reported to the dental clinic with complaint of retarded permanent teeth eruption. In his history, a systemic disease or syndrome was not determined, and it was discovered that oligodontia presented his mother maternally.

**Key Words:** oligodontia, dental health.
линия стратегия от олигодонция. Клиничните и рентгенологични изследвания потвърждават диагнозата олигодонция, като бяха отбележани множество дентални аномалии. Беше съставено родословно дърво на засегнатото семейство, в който всички индивиди с вродена липса на зъби бяха отбележани като засегнати.

Резултати: Родословието на семейството на пробанда показва автозомно доминантен модел на наследственост. Пробандът, майката и баба му имат вродена агенезия съответно на 22, 16 и 14 постоянни зъба. Останалите членове на семейството имат нормален брой зъби, но различни дентални аномалии бяха наблюдавани, както при пробанда, така и при тях.

Обсъждане и Заключение: Скринингът за олигодонция на деца от засегнати семейства чрез клинични и рентгенологични прегледи трябва да се осъществява между 6 и 7 годишна възраст с оглед планиране на подходящо лечение.

Ключови думи: олигодонция, дентални аномалии.

Резюме № 6

Заглавие: ПРОУЧВАНЕ НА ЗЪБНИЯ И ОРАЛНО - ХИГИЕННИЯ СТАТУС ПРИ ДЕЦА ОТ СОЦИАЛНИ ДОМОВЕ В ГРАД ПЛОВДИВ

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Материал и методи: Обект на проучването са 194 деца от социални домове в град Пловдив. Включени в проект „Усмихни се” на БЗС. За снемане на зъбния статус се провежда еднократен преглед, съгласно изискванията на СЗО. Определя се и опростен ОНІ-С. Изчисляват се показателите епидемичност по лица Ер% и DMFT. За установяване нивото на познания относно оралната хигиена, се провежда пряка групова анкета. Данните се обработват с помощта на алтернативен и графичен анализ.

Резултатите: Епидемичността на зъбния кариес при децата от изследваната група е Ер=84,02%, а средната стойност на DMFT е 4,32. Прави впечатление, че 21,13% от децата са с повече от 8 кариеса, а процентът на нелекуван кариес в изследваната група е 41,89%. При изследване на орално-хигиенния статус става ясно, че само 17,5% от децата са с добра устна хигиена (ОНІ-С под 1,0), с незадоволителна хигиена са 46,39% (ОНІ-С =1,1-2,0), и с лоша хигиена – 36,1% (ОНІ-С = 2,1 – 3,0). Получените данни от анкетата показват ниско ниво на познанията за орална хигиена.

Clinical and a radiographic examination were performed for diagnosing oligodontia and all dental abnormalities were recorded. Pedigree of the family was constructed and individuals with congenitally missing teeth were recorded as affected.

Results: Pedigree of the proband's family indicates an autosomal dominant mode of transmission with anticipation. The proband, his mother and grandmother lacked respectively 22, 16 and 14 permanent teeth. The rest family members had normal dentition, but different dental anomalies were observed in both proband and his relatives.

Conclusion: Screening children of families with oligodontia by clinical and radiographic examinations should be carried out at 6 to 7 years of age to plan the best possible treatment for the developing dentition.

Key Words: oligodontia, dental anomalies.
Conclusion: The estimated results give us reason to believe that children from the orphanages in the city of Plovdiv need specific care concerning oral health and oral hygienic status.

Key Words: dental caries, oral hygiene.

Abstract № 7

Title: LOCAL COMPLICATIONS IN THE THIRD MOLAR EXTRACTIONS

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**Private dental practice – Plovdiv

We show a classification of the complications that occur during the third molar extraction, illustrated with two cases of clinical practice – a third molar extraction concluded with mandibular fracture, and extraction of the upper jaw wisdom tooth cause it luxation in the infratemporal space. The authors concluded that wisdom teeth removal have to precede of exact x-ray diagnostic, plan to treatment, and assessment of dental practioner’s possibility.

Key Words: complications, extraction, wisdom teeth.

Abstract № 8

Title: ROOT APICAL OSTEOTOMY- CASE REPORT

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According to current literary information, the authors examine the usage of contemporary methods and materials for root apical osteotomy. The extended analysis shows that the root apical osteotomy is still a method in the treatment of periapical lesions, that is complemented...
with new technologies, such as ultrasonic, new root end filling materials, new means for acceleration of the bone regeneration at the area of the resection. The authors report a case of root apical osteotomy of tooth 12 and discuss the steps of the operation.

Key Words: root apical osteotomy.

Abstract № 9

Title: MODERN TECHNIQUES AND SYSTEMS FOR ROOT CANAL PREPARATION WITH ROTARY INSTRUMENTS

Materials and Methods: In vivo research upon teeth of different groups with different pathology. We studied the following NiTi rotary instruments: ProTaper and K3, applied according to their clinical protocols. As irrigants we used NaOCl, EDTA and citric acid. Lateral condensation, Termafill and Epiphany were used for obturation.

In result of so performed clinical research we determined:
1. Work with NiTi rotary instruments in comparison with standard hand instruments is easier, faster and with more predictable results.
2. The optimal shape of root canal system, which enables good cleaning and 3-D obturation is achieved by 3 or 4 instruments.
3. Post operative pain and complications during or after endodontic treatment are reduced.

Conclusion: To achieve best clinical results a dentist needs proper theoretical and practical education and to follow strictly the clinical protocol for each NiTi instrument. It is essential to have good and appropriate equipment and practicing crown-down techniques.

Key Words: NiTi, ProTaper, K3, crown-down technique.
Abstract № 10

Title: ECONOMIC RESTORATION WITH PORCELAIN VENEER

Authors: Vlahova, A.

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Veneers are micro prosthetic constructions, made by ceramics or composite.

Aim: The purpose of that summary is to present an esthetic restoration at a superior central incisor.

Materials and methods: We took precursory impressions for pouring stone models and for making a pre-treatment wax pattern. We made the preparation of the tooth with control deprivation of tooth structures by depth-cut grooves and a silicone matrix, taken by the pattern. We developed shallow supragingival chamfer preparation – 0, 4-0, 5 mm. The interproximal extension is prepared about half-way into the interproximal contact area. We reduced the incisal edge and made “butt joint” on the lingual aspect of the tooth. We finished the preparation with increasing - cycles angular handpiece. We retracted the gum and took single-stage impression with polyvinyl siloxane (Elite, Zhermack). We made a provisional veneer with composite material for temporary restorations (Structur 2C, VOCO).

Skelletът на конструкцията бе пресован от HeraCeram, Kulzer. Фасетата бе завършена с козметични порцелани. Вътрешната й повърхност бе ецвана. Циментирахме адхезивно с композитен цимент Variolink II, Ivoclar. Цветът му бе предварително определен чрез пробващи пасти.

Results: Porcelain veneers are exceptionally esthetic and sparing prosthetic restorations.

Conclusion: More and more non-metal constructions with adhesive cementation will be made in the future.

Key Words: porcelain veneer, adhesive cementation.

Abstract № 11

Title: USING OF VALERIAN DRUG PREPARATIONS IN THE DENTAL PRACTICE

Authors: Kirova, D. Hr. Lalabonova

Department of Oral surgery, Faculty of Dental medicine, Medical University – Plovdiv

Materials and methods: We took precursory impressions for pouring stone models and for making a pre-treatment wax pattern. We made the preparation of the tooth with control deprivation of tooth structures by depth-cut grooves and a silicone matrix, taken by the pattern. We developed shallow supragingival chamfer preparation – 0, 4-0, 5 mm. The interproximal extension is prepared about half-way into the interproximal contact area. We reduced the incisal edge and made “butt joint” on the lingual aspect of the tooth. We finished the preparation with increasing - cycles angular handpiece. We retracted the gum and took single-stage impression with polyvinyl siloxane (Elite, Zhermack). We made a provisional veneer with composite material for temporary restorations (Structur 2C, VOCO).

The framework was pressed by HeraCeram, Kulzer. It was finished with veneer porcelains. The internal surface was etched. We made an adhesive cementation with composite cement Variolink II, Ivoclar. Its shade was selected with try-in pastes.

Results: Porcelain veneers are exceptionally esthetic and sparing prosthetic restorations.

Conclusion: More and more non-metal constructions with adhesive cementation will be made in the future.

Key Words: porcelain veneer, adhesive cementation.
Valerian is a popular drug among the population. It can be used against nervousness, fear and tension. Our purpose was to study to what a degree it is included in the practice of the doctors of dental medicine against the stress from the dental manipulations. A direct anonymous group inquiry among 278 doctors of dental medicine in the whole country was carried out. From the received information we established that 77,72% from the investigated doctors have positive attitude toward applying valerian and its derivatives in affecting the stress from the dental treatment. The most of them report on decrease of anxiety by the patients, others – on hypotensive effect and some of them – on lack of effect.

Key Words:
valerian, dental anxiety, fear from dental manipulation.

Abstract № 12

Title:
ATTITUDE OF THE DOCTORS OF DENTAL MEDICINE TOWARD THE STRESS FROM THE IMPLEMENTED TREATMENT

Authors:
Kirova, D., Hr. Lalabonova

Department of Oral surgery, Faculty of Dental medicine, Medical University – Plovdiv

The aim of the investigation was to establish the attitude of the bulgarian doctors of dental medicine toward the stress from the implemented treatment. Object of the investigation were 278 doctors in the clinical practice. A direct group inquiry was carried out.

The study established that the investigated doctors are experienced physicians with over 10 years length of service, the most of them with speciality and they have positive attitude toward the stress from dental treatment. Seriously is the doctors' attitude toward the verbal contact. 74,88% of them use drugs in order to prepare the patients for the dental manipulations, especially by the patients with dental anxiety, immediately before the treatment, before the visit or both the cases.

Key Words:
dental anxiety, fear from dental manipulations.

Abstract № 13

Title:
THE EFFECTIVENES OF ULTRASONICS AS A MEDIA FOR ACTIVATION OF ENDODONTIC IRRIGATION SOLUTIONS. A SCANNING ELECTRON MICROSCOPIC EVALUATION

Authors:
Stavrianos Chr.*, Vasiliadis L.*, Vladimirov St.**, Tomov G.**, Stavrianou I.*
Ultrasonic is known to enhance the efficiency of irrigating solution by elevating the temperature and increasing the molecular kinesis of solution through the phenomena of acoustic streaming and acoustic cavitation.

**Aim:** The present investigation evaluate the activation of irrigating solutions using SEM.

**Subjects and method:** Twenty human upper premolars were used. All root canals were instrumented up to #60, and received a final flush with 3 ml NaOCl 1% followed by 3 ml distilled water. The roots were then randomly divided into 4 equal groups (A1, A2 and B1, B2), and a different irrigating solution was used for each group. NaOCl 1% solution was used for groups A, and EDTA 15% for groups B. The root canals were irrigated with the corresponding solution, with consistent speed 1 ml/min for 3 minutes. The irrigation solution was stirred manually with a K-file size 25 in one root canal and with a smooth broach ultrasonically activated in the other. After irrigations the canals were prepared for and viewed with S.E.M.

**Results:** Groups A: The walls of the root canals in which the NaOCl solution was manually stirred, were completely covered by a thick smear layer. Plugs were observed in the dentinal tubules extending up to 4 μm. The amount of smear layer covering the walls of the root canals in which the irrigant was ultrasonically stirred was considerably less and even absent in areas. Plugs were observed in the majority of the dentinal tubules extending up to 40 μm. Groups B: The findings of groups B were almost identical. No smear layer was found on any root canal of these groups and the lumens of all the dentinal tubules were enlarged and plug free. This enlargement extended from 0.5 to 6 μm in the tubules of the root canals in which the irrigants were manually stirred and from 14 to 25 μm in the tubules of those in which the irrigants were ultrasonically stirred.

**Conclusion:**
1. The ultrasonically stirred irrigating solutions left considerably less smear layer on the root canal walls than the corresponding manually stirred.
2. The ultrasound stirring resulted in at least 2-fold increase in the depth of penetration-action of the irrigants in the dentinal tubules.
3. The use of ultrasonics for agitation of EDTA 15%, after the end the conventional root canal preparation creates conditions that may lead to a better entrance of the sealers in the dentinal tubules.

**Key Words:**
ultrasonics, irrigants, activation.
Abstract № 14

Title: MTA USED IN PRIMARY PULPOTOMIZED TEETH

Authors:

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The aim of this study was to evaluate radiographic images when MTA has been used as a pulpotomy agent in primary teeth. Because of the limitations and restrictions of performing conservative endodontic treatment due to consequent root resorption pulpotomy in primary teeth is usually the only treatment choice when caries has spread to the dental pulp. In pulpotomy cases MTA is applied as a pulp-dressing and the cavity is restored with a filling. Mineral trioxide aggregate (MTA) mainly consists of tricalcium ciliate, tricalcium alluminate, tricalcium oxide and ciliate oxide. Experimental and laboratory studies have shown high degree of sealing ability over other similar purposed materials and regeneration of new cementum over MTA. Here we show 5 distinctive cases where the radiographic follow up shows the normal root resorption. In comparison to the conventional materials that are used in such treatments which are formocresole (FC) or calcium hydroxide (Ca(OH)2) or glutaraldehyde-zinc oxide, MTA has a higher success rate in clinical, radiographic and histologic examinations. The radiographic follow-up showed uneventful root absorption due to the eruption of the permanent teeth as well as thick dentine bridge formation at the amputation sites.

Key Words: grey MTA, pulpotomy, primary teeth, radiographic study.
Objective: Clinical cases with four combined periodontal-endodontic lesions are presented in which a periodontal-endodontic lesion has been successfully treated with a combination of endodontic therapy and conventional periodontal treatment and results two years after treatment.

Patients and methods: Three patients with a clinical and radiographic diagnosis of a combined periodontal-endodontic lesion. At baseline, root canal treatment was performed by a standard protocol, and scaling/oral hygiene instruction provided. All the presented teeth were treated with endodontic therapy including calcium hydroxide filling of the root canal system for two months. Simultaneously a standardized non-surgical periodontal treatment was undertaken to resolve periodontal infection and pocketing. Clinical measurements, including probing depths, attachment levels and bleeding on probing were recorded at baseline, three months after initial treatment and two years later in the periodontal maintenance phase. Long-cone periapical radiographs and panoramic radiographs taken at baseline and two years after treatment were analysed for bone changes and visualization the gain of alveolar bone.

Results: From baseline to month three, there were significant mean probing depth reduction and reduction in the associated with periodontal-endodontic lesion pockets and reduction in mean bleeding on probing. Radiographic analysis two years after combined treatment exhibit bone gain in all presented cases and clinical measurements reveal reduction of the periodontal pocket and gain of attachment.

Conclusions: Within the limitations of this case study, treatment of periodontal-endodontic lesions by endodontic and conventional nonsurgical periodontal treatment was effective, resulting in clinical parameters improvements together with alveolar bone gains in presented teeth.

Key Words: periodontal-endodontic lesion, advanced periodontal destruction, periodontal therapy, endodontic therapy, calcium hydroxide.
Abstract № 16
Title: TOTAL BONE DEFECT IN MAXILLA AFTER GUNSHOT INJURING: RECOVERY BY APPLYING OF ANKYLOS IMPLANTS AND OSTEOBIOL’S XENOGRAFTS
Authors: Sabov, R.
OPL Ankylos Bulgaria;DC“Special&Ivodent92”-Soﬁa
The recovery of total and partial teeth rows defects with movable fixture denture construction on intrabone screw implants is daily clinical practice. Applying of dental implants for fixture on endo – prostheses for jaw defects recovery is comparatively rarely discuss in present clinical practice.
Aim: of this poster is representing an isolate clinical case of recovery with endo-prosthesis in total bone defect of alveolus growth in maxilla after gunshot injuring, combination with palate lamella fracture and front wall’s fracture in maxilla sinus.
Material and method: To fixture endo-prosthesis are used intrabone screw Ankylos implants and it was applied one moment horizontal and vertical Guide bone’s augmentation with Osteobiol’s xenografts in shape of spongiosa blocks. For planned place of putting and tracing on clinical result were used X-ray orto. Primary and secondary implants stability (ISQ) were measured by Radio-Frequency Analysis (R.F.A.).
Result: In the 12-th postop month we determined excellent functional applicability to Ankylos implants , as and good bone’s defect recovery in horizontal plan and satisfactorily recovery in vertical plan. Aesthetic and function recovery is a huge plus psycho- somatic effect over patience.
Key Words: gunshot injuring, xenograft, dental implant, endoprostheses.
The aim of this study was to evaluate in vitro the accuracy of four different electronic apex locators (EALs) for determining the working length (WL) of endododically retreated teeth.

Material and methods: Forty human single rooted teeth with mature apices, recently extracted due to periodontal disease or orthodontic reasons, retained in thymol solution 1%, were used for this study. The WL was established by subtracting 0.5mm from the actual canal length. The root canal systems were instrumented and disinfected and then divided in two groups, the control group (n=8) and the experimental group (n=32). The root canals of the experimental group were obturated using vertically compacted gutta-percha with AH 26 sealer. In a wax sheet of 2mm thickness, 40 holes were made and both control and experimental groups were inserted into them up to their neck while a box containing a gel of AH 26 was inserted into them up to their neck while a box containing a gel of AH 26 (n=32) and the experimental group (n=32). The root canals of the experimental group were obturated using vertically compacted gutta-percha with AH 26 sealer. In a wax sheet of 2mm thickness, 40 holes were made and both control and experimental groups were inserted into them up to their neck while a box containing a gel of AH 26 was inserted into them up to their neck while a box containing a gel of AH 26 was inserted into them up to their neck while a box containing a gel of AH 26.
шъйките си в 40 стандартни отвори на възчен лист с дебелина 2 мм, а 0.9% NaCl и метил целулоза бяха използвани да симулират периапикални тъкани. За електронно измерване на работната дължина бяха използвани 4 апекслокатори: Dentaport ZX (J.Morita Co. Kyoto, Japan), Raypex 5 (VDW GmbH, Germany), Endo Master (Electro Medical Systems SA, Switzerland) и Bingo-1020 (Dent Corp Research and Development U.S.A.). По време на измерването на дължината каналът беше обилно иригиран с 2.5% натриев хипохлорит. Измерването се проведе с K-пили No 20, въведени в канала. Разликите между апекслокаторите и електронните апекслокатори беше отчетена и отбелязана за всеки зъб. В kontrolната група електронно измерени дължини с Dentaport ZX, Raypex 5 и Endomaster беше в рамките на + 0.5 мм от работната дължина докато електронно отчетената дължина при Bingo 1020 бе в рамките + 1.0 мм. В експерименталната група имаше голямо варирание в стойностите, но повечето електронно определени работни дължини с помощта на всички апекслокатори се движеха в рамките +0.5 мм от работната дължина.

В заключение работната дължина определена с Dentaport ZX и Endomaster бе по-прецизна в сравнение с определянето на работната дължина на прелекувабите зъби с другите два апекслокатори. От друга страна Raypex 5 и Bingo 1020 също могат да дадат надеждни резултати в повечето случаи.

Ключови думи: електронни апекслокатори, ендодонтски лекувани зъби, електронно определяна работна дължина, точност, надеждност.

Резюме № 19

Заглавие: ИМЕДИЯТНО ПОСТАВЯНЕ НА ДЕНТАЛНИ ИМПЛАНТИ И РОЛЯТА НА НАПРАВЯВАНА КОСТНА РЕГЕНОРАЦИЯ (G.B.R.) С КСЕНОТРАНСПЛАНТИ

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Имедиатното поставяне на дентални импланти все повече се утвърждава в ежедневната клинична практика. Причината за загубата на зъба: Факторите за успех при този подход в денталното имплантиране са: вида на канала, начина на екстракциите; обема на раната; видът на денталните импланти и костната стена; факторите за успех при G.B.R.: времето за натоварване; видът на протезата и конструкцията на протезата.

Цел: Да представим клинични резултати от прилагането на ксенотрансплантите като самостоятелен материал за G.B.R при имедиатното дентално имплантиране.

Материал и методика: Имедиатно приложихме 32 импланти Ankylos в пряка постекстракционна алеова при 23 пациенти. За костно аугментиране приложихме ксенотрансплантите и мембрани OsteoBiol. За проследяване на резултатите ползвахме стандарти ортопантомография, КТ и Радио-Честотен Анализ(ISQ).

0.9% NaCL sol. and methyl-cellulose was prepared to simulate the periapical tissues. For the electronically determined length (EDL) four EALs were used: Dentaport ZX (J.Morita Co. Kyoto, Japan), Raypex 5 (VDW GmbH, Germany), Endo Master (Electro Medical Systems SA, Switzerland) and Bingo-1020 (Dent Corp Research and Development U.S.A.). During canal length measurement, the canal was flushed with 2.5% NaOCL. The measurements were made with the help of a K-file No 20, inserted into the root canal. The difference between AL and EDL was calculated and reported for each tooth. In the control group, the EDLs by Dentaport ZX, Raypex 5 and Endo Master were all eight (100%) within AL+ 0.5mm while the EDLs of Bingo 1020 were within AL+ 1.0mm. In the experimental group we had a variety of prices but the majority of the EDLs determined by the four EALs were within AL+ 0.5mm.

In conclusion the EALs Dentaport ZX and Endo Master were more accurate than the other two EALs in determining WL in retreated teeth. However the RayPex 5 and the Bingo 1020 were also reliable in the majority of cases.

Key Words: electronic apex locator, endododically retreated teeth, electronically determined length, accuracy, reliability.

Abstract № 19

Title: IMMEDIATE PUTTING ON DENTAL IMPLANTS- THE PART OF GUIDE BONE REGENERATION (G.B.R) USING THE XENOGRAFT

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Immediate putting on dental implants more and more is approve in daily clinical practice. Operator of success in this method in dental implanting are: the kind of tooth, the way to extraction; the volume of wound; the kind of bone's defect, the condition of bone's walls or type of bone defect; the implant's place; the distance size between corps of implants and bone's wall; the materials and technics of Guide Bone Regeneration(G.B.R); the time for load ; the kind of prosthesis construction.

Aim: To represent our clinical results of xenograft's application like for Guide Bone Regeneration(G.B.R) by immediate dental implanting.

Materials and Methods: We applied immediate the 32 Ankylos implants in freshly post-extraction sockets in 23 patients. For guide bone augmentation's material we used xenografts and membranes by OsteoBiol. To follow up our results we used X-ray orto, CT and Radio-Frequency Analysis (ISQ).

Results: At 90.3% of treated defects we reported fully recovery ,and at 9.7% only partial recovery but over 50% of defects .
Резултати: При 90.3% от третираните дефекти отчетохме пълно възстановяване, а при 9.7% частично, но над 50%.

Ключови думи: ксенотрансплант, имедиатно имплантиране, постекстракционна рана.

Резюме № 20

Заглавие:
ВЛИЯНИЕ НА ПАРОДОНТАЛНОТО ЗАБОЛЯВАНЕ ВЪРХУ КАЧЕСТВОТО НА ЖИВОТ НА ПАЦИЕНТИТЕ

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Информацията относно влиянието на пародонталното здраве върху качеството на живота е ограничена.

Целта на това пилотно проучване е да се оцени влиянието на пародонталното заболяване върху качеството на живота, свързан с оралното здраве.

Методи: Анкетните данни снети от изследваните възрастни хора с клинически и рентгенографски диагностицирано пародонтално заболяване дават информация по отношение на възраст, пол, общ здравен статус, социално-икономически показатели, демографски статус, ниво на образование, субективна оценка на пародонталното състояние и качеството на живота, свързано с него и други.

Резултатите показват, че количеството на бактериалната плака, кървенето при сондиране, загубата на аташмант, дълбочината на джобовете са в статистическа зависимост с оценката на качеството на живота, свързано с оралното здраве. Лошото орално здраве ограничава изявата на позитивните емоции чрез усмивка, което е и под влияние на социалния статус и самочувствието на пациента.

Заключение: Пародонталното заболяване влияе върху качеството на живота на пациента. Връзката между пародонталното здраве и качеството на живота, свързано с оралното здраве може да помогне на клиницистите да мотивират пациентите за профилактика и по-успешно лечение на пародонталните заболявания и да подобрят резултатите от денталните програми за обществена профилактика.

Ключови думи: пародонтално заболяване, качество на живот.

Key Words:
periodontal disease, quality of life.

Abstract № 20

Title:
IMPACT OF PERIODONTAL DISEASE ON PATIENTS’ QUALITY OF LIFE

Authors:
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The information of the impact of periodontal disease on patients’ quality of life is limited.

The results show that the quantity of bacterial plaque, bleeding on probing, attachment loss, and pocket depth are statistically correlated with the evaluation of quality of life related to oral health. Smiling as a manifestation of positive emotions is limited by poor oral health related to patient’s social status and self-estimate.

Conclusion: Patients’ quality of life is influenced by periodontal disease. The association between periodontal disease and quality of life related to oral health could help the clinicians in motivating their patients to take the adequate preventive and therapeutical measures against the periodontal diseases and could improve the results of dental programmes for public prophylaxis.

Key Words:
xenograft, immediate implanting, postextraction socket.
Резюме № 21

Заглавие: 
ГИНГИВАЛНО РАЗРАСТВАНЕ, ИНДУЦИРАНО ОТ НОВИТЕ ГЕНЕРАЦИИ КАЛЦИЕВИ АНТАГОНИСТИ

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Един от основните лекарствени средства, прилагани за лечение на артериална хипертония са калциевите антагонисти. У нас по данни на Националната здравно-осигурителна каса, само за периода януари – юни 2002 година, на лечение с калциеви антагонисти от първо поколение (нифедипин, верапамил, дилтиазем) са били около 1 700 000 болни, на които лечението е било частично или по-рядко цялостно реимбурсирано. Много и разнообразни са нежеланите реакции от лечението с калциеви антагонисти, които нарушават постигнатото чрез тях по-добро качество на живота на болните, а от друга страна довеждат до допълнителни разходи за обществото и отделния болен. Гингивалното разрастване е най-честият страничен ефект от изследваните от нас 26 странични ефекти при лечението с нифедипин, верапамил и дилтиазем, който все още продължава да не се споменава в упътванията за употреба на лекарствените средства и съвременните български фармако-терапевтични справочници. За някои дихидропиридинови деривати от второ поколение (нитрендипин, фелодипин, никардипин, манидипин, оксодипин) и от трето поколение (амлодипин, исерадипин, мибефрадил, зиконотид, лерканидипин) има съобщения, че предизвикват много по-рядко и по-слаби нежелани реакции, в това число и гингивално разрастване. Въпреки, че не се реинбурсират от Здравната каса, поради осигуреното по-добро качество на живота, някои от тези лекарствени средства се предпочитат за употреба на лекарствените средства и съвременните български фармако-терапевтични справочници. 

Ключови думи: 
нови генерации калциеви антагонисти, нежелани реакции, гингивално разрастване.

Summary № 21

Title: 
AGINGIVAL OVERGROWTH INDUCED BY THE NEW GENERATIONS OF CALCIUM ANTAGONISTS

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Calcium antagonists are main medicinal agents used for the treatment of arterial hypertension. The data of the National Insurance Fund show that in Bulgaria, for the period of January – June 2002 only, 1,700,000 patients have been treated with I generation calcium antagonists (Nifedipine, Verapamil, Diltiazem), the treatment itself being partially or, in less cases, completely reimbursed.

The number and variety of calcium antagonist side effects interfere with the improved quality of life of calcium antagonist treated patients and lead to additional public health and individual expenditures. Our investigations on 26 side effects during the treatment with Nifedipine, Verapamil and Diltiazem show that gingival overgrowth is the most common side effect, which has still not been mentioned in the instructions for calcium antagonist use and present Bulgarian pharmacotherapeutical reference books. There are reports for side effects lower frequency and intensity, including gingival overgrowth, of some II generation (Nitrendipine, Felodipine, Nicardipine, Manidipine, Oxodipine) and III generation (Amlodipine, Isradipine, Mibebradil, Ziconotide, Lercanidipine) dihydropyridine derivatives. Although not reimbursed by the National Insurance Fund, they are of physician and patient’s preference for the quality of life offered is better. In our practice we have observed that clinical features of gingival overgrowth induced by Plendil (Astra), (Felodipine), Norvask (Pfizer), (Amlodipine), resemble these induced by I generation calcium antagonists. These findings should draw the attention of doctors of dental medicine to the necessity of taking medical history, more detailed in relation to the drugs used. This could ensure timely preventive/early treatment of calcium antagonist induced gingival overgrowth.

Key words: 
new generations of calcium antagonist, side effects, gingival overgrowth.

Резюме № 22

Заглавие: 
ВЛИЯНИЕ НА ДЕНТАЛНИТЕ ФИЗИЧЕСКИ И ФУНКЦИОНАЛНИ ОГРАНИЧЕНИЯ ВЪРХУ КАЧЕСТВОТО НА ЖИВОТ ПРИ ГЕРИАТРИЧНИ ПАЦИЕНТИ

Summary № 22

Title: 
INFLUENCE OF FUNCTIONAL AND PHYSICAL DENTAL LIMITATIONS ON QUALITY OF LIFE IN GERIATRIC PATIENTS

...
Authors:
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Good dental health is more than healthy teeth, absence of caries or paradontal disease. It is related to healthy food, ability to chew, taste and swallow and clear pronunciation, i.e. dental health can influence different aspects of one’s life.

The aim of this study is to investigate the influence of functional and physical dental limitations on quality of life in geriatric patients.

Methods and materials: The study includes 79 geriatric patients, divided by sex (46 women and 33 men) and age (65-74 and over 75) into 4 groups. A special questionnaire with 16 questions is used and patients were asked about specific functional and physical dental problems related to quality of life.

Results: Due to dental problems 57.4% of all patients have difficulties in biting and chewing of food, and 52.8% from them have changed their food diet. 56.5% from asked patients over 75 years have difficulties in pronunciation, especially with consonants.

Conclusion: Dental health can be used as an indicator for quality of life in patients over 65 years. Its recognition can lead to new perspectives in clinical care for the patient.

Keywords: quality of life, functional and physical limitations, geriatric patients.
**Results:** Of the 56 cases, 19 are male and 37 are female. The age range is between 13 to 68 years. Twenty-one cases occurred in the maxilla, the rest thirty-five in the mandibula. In the maxilla, nineteen cysts were radicular. Dentigerous and calcifying odontogenic cysts presented with one case each. In the mandibula, twenty-six cysts were radicular. Lateral periodontal cyst was presented by three cases – dentigerous and odontogenic keratocysts presented by two cases each, calcifying odontogenic cyst and paradental cyst presented by one case each.

**Conclusion:** Diagnosis of OCJ could be established clinically, but histopathological examination is necessary to confirm the diagnosis, especially for calcifying odontogenic cysts.

**Key words:** cysts, jaws, diagnosis.

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**Summary № 24**

**Title:** RADICULAR CYSTS OF THE JAWS

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** АИППШ – Плевен

Radicular cysts of the jaws (RCJ) are the most common type of cysts in the jaws.

**Aim:** To investigate the occurrence, distribution and histology of RCJ.

**Material and methods:** Forty-five cases were studied, clinically diagnosed, X-rayed and histologically confirmed by the Department of General and Clinical Pathology – MU-Pleven in the period 2005-2006. Routine histologic methods were used.

**Results:** Of the 45 cases, 13 are male and 32 are female. The age range is between 13 to 68 years. Nineteen cysts were radicular. Dentigerous and calcifying odontogenic cysts presented with one case each. In the mandibula, twenty-six cysts were radicular. Lateral periodontal cyst was presented by three cases – dentigerous and odontogenic keratocysts presented by two cases each, calcifying odontogenic cyst and paradental cyst presented by one case each.

**Conclusion:** Diagnosis of RCJ could be established clinically, but histopathological examination is necessary to confirm the diagnosis, especially for calcifying odontogenic cysts.

**Key words:** radicular cyst, jaws, diagnosis.
Title: PREGNANT WOMEN'S KNOWLEDGE OF THE INFLUENCE OF FLUORIDE ON THE TEETH DEVELOPMENT IN CHILDREN

Summary № 25

The number of the children with dental fluorosis of their permanent teeth, as well as of their deciduous teeth, attended the Department of Pediatric Dentistry in Medical University – Plovdiv, increased in the last few years.

Aim: The aim of the study is to investigate the pregnant women's knowledge of the influence of the fluoride on the teeth development in children.

Material and Methods: The study sample includes 100 pregnant women, aged from 15 to 40 years, selected from women health centers and schools for pregnant women in Plovdiv. An inquiry is conducted, which contains questions about the information, which the future mothers have about the influence of the fluoride on the teeth development, as well as the possible ways of overdose.

Results: 64% of the inquired women have not information for the influence of fluoride on the teeth development, 8% get such information from the media, 9% from internet, 10% from their dentists and 18% from the obstetricians. The answers of the other questions in the inquiry indicate the deficiency of knowledge of the possible ways of fluoride overdose. 72% of the women consider that they need more information about fluoride prophylaxis during the pregnancy and the early childhood.

Conclusion: The results from the inquiry indicate the absence of a system for education of pregnant women for the correct implement of fluoride prophylaxis of the dental caries.

Key words: fluoride prophylaxis, deciduous teeth, dental fluorosis.

Summary № 26

Title: ENDODONTIC TREATMENT AND DIRECT RESTORATION OF HEAVILY DESTROYED YOUNG PERMANENT INCISORS - A CLINICAL CASE

Summary № 26

The endodontic treatment and restoration of teeth with wide apical gauges and heavily destroyed clinical crowns is a challenge for dental practitioners.
The aim of this study is to provide contemporary endodontic treatment and to restore clinical crowns of young permanent incisors.

Materials and methods: The object of this treatment is a young 12 years old girl with rampant caries. Teeth 11,12 and 21 show heavily destroyed clinical crowns, infected necrosis of pulp tissues and radiolucencies. The central incisors show wide apical gauge. The treatment includes:

- Crown lengthening
- Mechanical and chemical cleaning and shaping, made by rotary nickel-titanium instruments with greater taper
- Intermediate obturation of root canals with water suspension of Ca(OH)2 for a week
- Apical plug with MTA of right central incisor
- Vertical condensation of warm gutta-percha of lateral and left central incisor
- Restoration of clinical crowns with composite resin, made after placing fiber posts in teeth 11 and 12.

Results: The endodontic treatment, fixed in the exposed treatment protocol passed without complications during the period of treatment and immediately after the end of it. The clinical crowns were restored and the result was a considerable improvement of function, speech and esthetics of the child.

Conclusion: The optimistical results, received from solving this clinical case, give us a reason to proceed our efforts for preservation of heavily destroyed teeth in children.

Key words: MTA, rampant caries, fiber posts.

Summary № 27

Title: JEWELLERY WEARING IN THE ORO-FACIAL AREA AMONG CHILDREN AND YOUNG PEOPLE – EPIDEMIOLOGICAL STUDY

Authors: Isheva, A. **, M. Kukleva*, V. Kondeva*, S. Rimalovska*

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There are cases of allergic and inflammatory reactions caused by jewellery. In Bulgaria there are no studies investigating the prevalence and trends of oro-facial piercing and jewellery wearing in the oro-facial area.

Aim: To investigate the prevalence of oro-facial piercings and jewellery and type of materials they are made of.
Материал и методи: Обект на проучването са 2328 деца и младежи на възраст от 7 до 25 години от гр. Пловдив, включени чрез случаен подбор. Изследва се наличието на украшения по локализация, пол и вид на материала. Данните се нанасят в статистически лист и се обработват чрез алтернативен анализ.

Резултати: Резултатите показват, че 54,04% от участниците в проучването имат украшения в лицео-челюстната област, като 87,84% от тях са жени, а 12,16% са мъже. Разликата при съпоставяне е статистически значима (P<0,01). Най-големи са относителните дялове на екстрораоралните украшения (ухо, вежда), следвани от периоралните (нос, устна, буза) и интраоралните украшения (език, френулум, увула). Най-често използваните материали са злато (43,39%) и сребро (41,85%). 12,79% от украшенията са от други метални сплави и само 1,97% от тях са изработени от други материали (пластмаса, тефлон и други).

Заключение: Изследването показва, че носенето на украшения в лицео-челюстната област е широко разпространено сред деца и младежи. Украшенията са от различни материали и са различни по вид. Данните дават основание за продължаване на изследванията за установяване на възможни усложнения.

Ключови думи: украшения, пиърсинг, материали, усложнения.

Material and methods: Objects of the study are 2328 children and young people from seven to twenty-five years of age from the town of Plovdiv, Bulgaria, randomly selected. Presence of jewelleries is investigated according to localization, gender and the type of material used. The data is registered on statistic cards and is processed by alternative analysis.

Results: The results show that 54,04% of the investigated children and young people have jewelleries in the oro-facial area, as 87,84% of them are females and 12,16% are males. There is statistically significant difference (P < 0,01), comparing them. The extraoral jewelleries (ear, eyebrow) take the highest percentage of all, followed by the perioral (nose, lip) and the intraoral (tongue, frenula, uvula) jewelleries. The materials most frequently used are gold (43,39%) and silver (41,85%). 12,79% of the jewelleries are made of other alloys and just 1,97% of them are made of other materials (plastics, teflon and others).

Conclusion: The study shows that jewellery wearing in the oro-facial area is widely spread among children and young people. The jewelleries are made of different materials and are of different kinds. The results give reasons for continuing the studies investigating probable complications.

Key words: jewellery, piercing, materials, complications.
Summary № 29

Title:
DENTAL ROOT TRANSLUCENCY AS AN INDICATOR OF AGE

Authors:
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The aim of the present research was the investigation of root dentine that matures in a more protected environment than crown dentine, with special emphasis on translucent dentine. This project estimates the root translucency as an indicator of age.

Material and methods:
As a material we used 70 human canines divided in 5 equal groups according to the age of the donors. Serial longitudinal ground sections 250μm thick were prepared, paper prints were produced from each section by the enlarger technique, all areas of each section were measured on the paper prints with a digitizing table. Translucency in each individual tubule always started at the periphery of the tubule, which, chronologically, is the part of the tubule first formed as the “oldest”. It also started from the tubules near the apex of the tooth which are the last tubules of the tooth to be formed and thus the youngest. It was found that the amount of translucent dentine increases only with age and is independent of pathological conditions.

The relationship between the amount of translucency and age. The main difference between actual and estimated age of the teeth was + -3.5 years.

The results of the “student” t tests showed that no statically significant difference existed between the amount of translucent dentine of the roots of the “pathological” teeth and that of the roots of normal teeth of corresponding ages. The group of teeth with diseased periodontal tissues showed the greatest difference from the normal teeth.

Conclusion:
Finally, although the proportion of translucent dentine of the root increases with age, the pattern of distribution of the translucency is such that it indicates that translucency is not a direct result of increasing age.

Key words:
dental root translucency, dental age estimation, amount of dentine, pattern of distribution.
Summary № 30

Title: FACTORS AFFECTING INFLUENCING NON-CARIOUS CERVICAL TOOTH LOSS - CASE REPORTS

Authors: Cholakova, M. *, Doykova, G. *, Nestorova, Tr. *, Manolova, M. **, Panayotov, I. ***, Kalachev, J. ***

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Abfraction is the pathological loss of tooth substance, caused by biomechanical loading that leads to flexure and failure of enamel and dentin at a location away from the loading. These cyclic reiterated forces to pressure and tension leading to crack chips and rupture in this flexible cervical area. Non-carious cervical tooth loss is observed and appearance of the usura cervicalis.

Current evidence suggests that the mechanism of abfraction is unable to clearly explain the occurrence of usura cervicalis nevertheless it is considered a causative factor for the emergence of these defects. Biodental engineering factors (BEF): stress concentration, stress corrosion and piezoelectric effect in the cervical area are in close interaction during occlusal activity, leading to physico-chemical degradation of cemento-enamel junction area. Clinical cases presented in this study demonstrate the influence of various etiological factors in the occurrence of non-carious cervical tooth loss. Distribution of occlusal pressure in dental arches is registered while assessing the occlusal contacts in the teeth with usura cervicalis defects by means of articulation paper and T-Scan. The mode of tooth brushing and acid attack in the cervical region is taken into consideration when assessing the cases.

Key words: non-carious cervical tooth loss; biodental engineering factors; T-Scan.

Summary № 31

Title: INVESTIGATION OF THE INFLUENCE OF THE TYPE OF THE TOOTH-PASTE AND THE SUBJECTIVE FACTORS IN DETERMINING DOSE AMOUNT FOR BRUSHING

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Aim: To investigate the influence of the type of the toothpaste and the subjective factors in determining dose amount following different instructions.

Material and methods: The experimental setting includes two toothpastes for children – Astera Kids (gel, 1000 ppm F) and Dental for Children (paste, 500 ppm F). They are offered in same type of packaging, with same quantity in the tube (50 ml) and with same inner diameter of the orifice. Thirty probants are included in the study, instructed without previous demonstration to perform “pea-size” amount and “smear layer” on the toothbrush with the toothpastes given. Identical toothbrushes (STS Cosmetics) are used. Dose weight is determined as the difference between the brushweights before and after placing the toothpaste.

Results: The data from the experiment show great differences in determing the dose weights among the different probants with both of the toothpastes. Following the instruction “pea-size” amount using Astera Kids the dose weights vary from 0,13 g to 0,75 g. In 40% of probants the dose weights are from 0,10 to 0,30 g, in 50% of probants the dose weights are from 0,31 to 0,50 g, and in 10% of them dose weights are over 0,51 g. The results after using Dental for Children are identical as well as following the “smear layer” instruction using both of the toothpastes.

Conclusion: The great individual differences in determing the dose amount are a precondition for overdosing the fluoride, that is why fluoride toothpastes for children should be offered in packages provided with proportioners.

Key words: fluoride toothpastes, dental fluorosis, risk.
Rезюме № 33
Заглавие: ПРОУЧВАНЕ ВЛИЯНИЕТО НА ВИДА НА ЧЕТКАТА ЗА ЗЪБИ И ИНСТРУКЦИЯТА ПРИ ОПРЕДЕЛЯНЕ ГОЛЕМИНАТА НА ДОЗАТА НА ПАСТАТА
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Наши проучвания показват големи индивидуални различия при определяне дозата на пастата за зъби при инструкция "гряхово зърно" и "възможно най-тънко намазване" при еднакви четки и различни части. Не открихме данни за големината на дозите при инструкция "възможно най-тънко намазване" при еднакви състави дози. Статистическата значимост на разликите между пробните групи (P > 0,05). 70% от пробните групи са смятали, че инструкция "гряхово зърно" е по-голяма по отношение на определение дозата на пастата, а инструкция "възможно най-тънко намазване" е по-малка.

Резултати: При всички детски четки средното тяло на дозите при инструкция "гряхово зърно" е по-голямо в сравнение с инструкция "възможно най-тънко намазване". При четката за възрастни, която е с по-голяма дължина на работната част, средното тяло на дозите при инструкция "възможно най-тънко намазване" е по-голямо в сравнение с инструкция "гряхово зърно". Резултатите се съпоставят чрез вариационен анализ.

Заключение: Диаметърът на отвора на четката не е решаващо значение за определяне големината на дозите при различна консистенция на пастите.

Key words: new generations of toothbrushes and toothpastes with different consistencies.

Authors: Kuklева, M., A. Icheva, V. Kondeva
Department of Pediatric Dentistry, Faculty of Dental Medicine, Medical University – Plovdiv
Our studies show great individual differences in determining dose amounts of toothpaste following the instructions “pea-size” amount and “smear layer”, using identical toothbrushes and different toothpastes. We did not find data about the dose amounts determined by a single probant, using different toothbrushes and following different instructions with the same toothpaste.

Aim: To investigate the influence of the type of toothbrush and the instruction on determining dose amount.

Material and methods: The experimental setting consists of four types of toothbrushes – one of them designed for children with different width and length of their working parts. Thirty sixth-semester dental students performed the instructions “pea-size” amount and “smear layer”, using identical toothbrushes and different toothpastes. We did not find data about the dose amounts determined by a single probant, using different toothbrushes and following different instructions with the same toothpaste.

Results: When children toothbrushes are used the mean dose weights following the instruction “pea-size” amount of the toothpaste are greater than dose weights following the “smear layer” instruction. When the adults toothbrush is used, which working part is longer, the mean dose weight following the “smear layer” instruction is greater than that following the “pea-size” instruction. Great individual differences of dose weights are established not only in the different groups but among the doses determined by a single

Summary № 33
Title: INVESTIGATION OF THE INFLUENCE OF THE TYPE OF TOOTHBRUSH AND THE INSTRUCTIONS ON DOSE AMOUNT OF THE TOOTHPASTE
Authors: Kuklева, M., A. Icheva, V. Kondeva
Department of Pediatric Dentistry, Faculty of Dental Medicine, Medical University – Plovdiv
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Aim: To investigate the influence of the type of toothbrush and the instruction on determining dose amount.

Material and methods: The experimental setting consists of four types of toothbrushes – one of them designed for adults and three of them designed for children with different width and length of their working parts. Thirty sixth-semester dental students performed the instructions “pea-size” amount and “smear layer”, using identical toothpaste without previous demonstration by the examiners.

Results: When children toothbrushes are used the mean dose weights following the instruction “pea-size” amount of the toothpaste are greater than dose weights following the “smear layer” instruction. When the adults toothbrush is used, which working part is longer, the mean dose weight following the “smear layer” instruction is greater than that following the “pea-size” instruction. Great individual differences of dose weights are established not only in the different groups but among the doses determined by a single
Conclusion: The instruction "smear layer" using toothbrushes designed for children leads to reducing mean dose weights. Individual differences in determining dose amount of the toothpaste following the "pea-size" instruction are not influenced by the type of the toothbrush.

Key words: fluoride toothpastes, toothbrushes, dental fluorosis, risk.
Summary № 35

Title: FLUORIDE PREVENTION OF DENTAL CARIES AND DENTAL FLUOROSIS RISK - AN INQUIRY AMONG DENTAL PRACTITIONERS

Authors: Kukleva, M., V. Kondeva

Department of Pediatric Dentistry, Faculty of Dental Medicine, Medical University – Plovdiv

In Bulgaria there are no yet professional and social debates about the risk of overdosing of fluoride during preeruptive dental development in the contemporary lifestyle and fluoride prevention, which motivated us to endevour this survey.

Aim: To investigate the opinion of Bulgarian dental practitioners about fluoride prevention of dental caries and dental fluorosis risk.

Material and methods: A direct inquiry, including 182 dental practitioners from all Bulgarian regions is held during the Extraordinary Meeting of BDA in december 2007.

Results: Results of the study show that 95,05 % of the practitioners recommend means for the fluoride prevention of dental caries. The most popular among the fluoride supplements are fluoride tablets (89,59 %), followed by fluoride containing mineral waters (58,38 %), fluoride drops (32,95 %) and fluoride granules (2,89 %). As far as topical fluorides are concerned the practitioners recommend fluoride toothpastes (73,41 %), fluoride varnishes (35,26 %), fluoride gels (24,28 %). 89,84 % of the dental practitioners inquired have seen dental fluorosis cases in their practicing, 22,53 % of them have difficulties in diagnosing dental fluorosis, and 35,16 % think they have not enough information about dental fluorosis. There is a lack of knowledge about the risk of overdosing of fluoride by everyday oral hygiene procedures of up-to-7 years old children.

Conclusion: Results of the study show that a professional debate about the risk of overdosing in the fluoride prevention of dental caries is necessary.

Key words: fluoride prevention, dental fluorosis, risk.

Summary № 36

Title: EFFECTIVENES OF SUBGINGIVAL IRRIGATIONS WITH POVIDON IODINE AS ADJUNCTIVE TREATMENT OF CHRONIC PERIODONTITIS - PILOT STUDY

Authors: Kotsilkov, K., Chr. Popova

Department of Periodontology, Faculty of Dental Medicine, Medical University – Sofia

In Bulgaria there are no yet professional and social debates about the risk of overdosing of fluoride during preeruptive dental development in the contemporary lifestyle and fluoride prevention, which motivated us to endevour this survey.

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Conclusion: Results of the study show that a professional debate about the risk of overdosing in the fluoride prevention of dental caries is necessary.

Key words: fluoride prevention, dental fluorosis, risk.
Periodontal pathogens reside in deep subgingival sites but also colonize supragingival plaque, tongue dorsum and other oral sites. Controlling destructive periodontal disease warrants a comprehensive antimicrobial approach that targets periodontal pathogens in various ecological niches of the oral cavity. Scaling and root planing, with or without periodontal surgery, along with proper oral hygiene, constitute the primary approach to controlling periodontopathogens. Antimicrobial agents administered systemically or locally can help suppress periodontal pathogens in periodontal sites and in the entire mouth.

Solutions of iodine have been used as antisepsics in medicine for more than 150 years but early formulations were associated with irritation and staining. These problems were overcome by the development of iodophores, the most widely used being povidone-iodine.

Iodophores are complexes of iodine and a solubilizing carrier that acts as a reservoir for the active "free" iodine. A significant feature of iodine is rapid killing of bacteria and yeasts, that's why iodophore solutions has been a valuable antiseptic in periodontal treatment.

**Aim:** The goal of the presented study is to evaluate the effectiveness of the subgingival irrigation with 10% povidone-iodine solution as an adjunctive treatment to the basic mechanical periodontal therapy of patients with severe chronic periodontitis.

**Material and methods:** Eleven patients with generalized severe chronic periodontitis with 114 periodontal pockets ≥5mm were included in the presented study. One periodontal pocket of 5mm per quadrant was the minimal inclusion criteria. Patients with periodontal or systemic antibiotic treatment in the last 6 months, allergic to iodine, hyper/hypothyroid or smokers were excluded from the study. The mechanical periodontal treatment was performed with ultrasonic device P5 Newton in four visits. On the first visit full month periodontal status was recorded along with supragingival debridement (tip N1 and abrasive aerosol). The following three visits (once per week) included removal of the supragingival plaque (abrasive aerosol) and subgingival ultrasonic scaling (tip H3-frontal sextant, tips H4L/H4R-distal sextants).

Subgingival irrigation of the periodontal pockets in the right two quadrants (split-mouth study) were performed with 10% povidone-iodine solutions (3 irrigations with 1ml solution with interval 1 minute per periodontal pocket). The active phase of the treatment was followed with four visits (one per week) for control of the oral hygiene effectiveness and supragingival plaque removal (abrasive aerosol). Full month periodontal status evaluation was recorded again on the last visit.

**Results:** The results from this study show significant improvement of the clinical parameters of periodontitis in all treated patients and in almost all periodontal sites. In the regions treated with subgingival irrigation with 10% povidone-iodine solution superior reduction of the probing depth was recorded in comparison with regions treated with SRP only.

**Conclusion:** This pilot study demonstrates positive effect of the subgingival irrigations with 10% povidone-iodine in cases of severe chronic periodontitis. This results are rationale for future studies on the effectiveness of the iodophore solutions in the treatment of the disease and on the clinical significance of the investigate treatment.

**Key words:** chronic periodontitis, adjunctive antimicrobial therapy, povidone-iodine.
The recent understanding considers periodontitis as a multifactorial infectious disease in which subgingival bacteria play an essential role. It has become clear that not all patients with periodontitis harbour the same subgingival microflora, and a limited number of species have been recognised as indicators for progression of the site-specific periodontal breakdown. These findings are the basis for the use of clinical periodontal microbiology. Different techniques to test for marker bacteria have been proposed as supplemental diagnostic tests for screening or to detect sites or individuals at high risk for progressive disease. The identification of pathogenic species in the periodontal pocket in patients with different type of periodontitis can assist in diagnosis and treatment planning, and is essential for the rational use of topical and systemic antimicrobial treatment, as well in re-evaluation and controlling periodontal therapy outcomes.

**Aim:** To evaluate the presence and quantity of the main periodontal pathogens (Actinobacillus actinomycetemcomitans, Bacteroides forsythus, Porphyromonas gingivalis and Treponema denticola) in deep periodontal pockets in patients with severe chronic periodontitis using IAI PadoTest 4•5 for identification.

**Materials and methods:** In this preliminary study 10 patients with clinical and radiographic diagnosis advanced chronic periodontitis and periodontal pockets depth ≥5 and ≤9 mm are included. The IAI PadoTest 4•5 is applied for periodontal subgingival pathogens identification. The samples of the subgingival biofilm from the most deep pockets of each quadrant are taken with paper points (4 samples / patient). The presence of the investigated bacteria, total bacterial load (TBL) and total marker load (TML) are determined.

**Results:** On the base of the microbial findings all the investigated periodontal pockets are divided in 5 types. The obtained data for the total bacterial load are TBL = 43.65% (mean value) and total marker load TML = 10.45% (mean value).

**Conclusion:** n the limitations of this preliminary study it may concluded that deep periodontal pockets in severe chronic periodontitis harbor most of the main periodontal pathogens. Based of the microbial composition of the subgingival biofilm in these patients a target antimicrobial therapy (mono- or poly- therapy) may be recommended after the conventional periodontal debridement.

**Key words:** periodontal pocket, periodontal pathogens, severe chronic periodontitis, periodontal diagnosis.
Summary № 38

Title: INVESTIGATION OF THE INFLUENCE OF PRELIMINARY SELECTION AND KNOWLEDGE ON PERFORMING THE "PEA-SIZE" INSTRUCTION

Authors: Kukleva M., A. Icheva, V. Kondeva

Department of Pediatric Dentistry, Faculty of Dental Medicine, Medical University – Plovdiv

The great variety of toothbrushes and toothpastes on the market and the lack of knowledge lead to great individual differences in determining the "pea-size" dose amount.

Aim: To investigate the influence of preliminary selection of toothpaste and toothbrush and knowledge in performing the "pea-size" amount instruction.

Materials and methods: The experimental setting is held using "Jordan" toothbrush which working part's width is 15 mm, length - 10 mm, and has a 5/5 mm marking that indicates the "pea-size" amount. "Chicco 12 m+" toothpaste with orifice diameter of 4.0 mm is used. Preliminary demonstration to the probands showing the "pea-size" amount weighted 0.25-0.30 g is carried out. Thirty sixth-semester dental students are included in the study.

Results: Results of the investigation show that only 6.67 % of probands performed dose amounts weighting over 0.3 g, varying from 0.31 to 0.33 g. Comparison to other our experimental settings show that the proper selection of toothpaste and toothbrush and training are factors that influence dose amount.

Conclusion: The results are of importance for making recommendations for the oral hygiene with the use of fluoride toothpastes of little children.

Key words: fluoride toothpastes, "pea-size" amount, children.

Summary № 39

Title: POSSIBILITIES OF PERFORMING THE "PEA-SIZE" INSTRUCTION WITH DIFFERENT TOOTHPASTES – OPINION OF DENTAL MEDICINE LECTURERS

На основата на композицията на микробната находка в субгингивалния биофилм на тези пациенти може да се препоръчва адекватна допълнителна антимикробна терапия след пародонталната механична терапия.

Ключови думи: пародонтален джоб, пародонтални патогени, тежък хроничен пародонтит, диагноза на пародонтита.
Authors:

Kukleva M., V. Kondeva, A. Isheva

Department of Pediatric Dentistry, Faculty of Dental Medicine, Medical University – Plovdiv

The Directive 2007/53/EO of The European Committee obliges the producers of children toothpastes to put a label on the product containing instructions of the "pea-size" amount of toothpaste for brushing.

Aim: To investigate the opinion of dental medicine lecturers about the possibilities of determining "pea-size" amount using different toothpastes.

Materials and methods: Thirty dental medicine lecturers from the Faculty of Dental Medicine in Plovdiv, treating children in their dental practice, are included in the study. They performed "pea-size" amount instruction, according to their views, using the following toothpastes: Elgydium junior, 9 ml, Ø 2.0 mm; Elgydium junior, 50 ml, Ø 4.8 mm; Chicco 12m+, 75 ml, Ø 4.0 mm; Fresh Time Kids, 50 ml, Ø 7.0 mm; Aqua fresh kids, 50 ml, Ø 8.0 mm. An inquiry is also held asking the following questions: "Which toothpaste did you perform better the instruction with?" and "Which factors influenced the performing of the instruction?"

Results: Results of the study show individual differences in determining the dose amount following the "pea-size" instruction and preferencing of different toothpastes. 100 % of the inquired dental medicine lecturers think that consistency of the toothpaste influences the dose amount. The next factor of importance, in their opinion, is the orifice diameter of the tube (93.33 %), followed by the quantity of the paste in the package (50.00 %).

Conclusion: The results of the study support our suggestion fluoride toothpastes for children to be offered in packages provided with proportioners with regulated dose amount, corresponding to the "pea-size" instruction.

Key words: fluoride toothpastes, "pea-size" amount.

Summary № 40

Title: USE OF SMAS-FLAP TECHNIQUE IN CASES OF TOTAL CONSERVATIVE PAROTIDECTOMY

Authors:

Radev Iv.,* P. Pechalova**

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**Clinic for Maxillo-facial Surgery, Medical University Hospital “St. Georgi” – Plovdiv

A series of consequences can be observed in patients undergoing conservative parotidectomy for different causes – Frey’s syndrome, a depression in retromandibular region, visible scars. In order to avoid them the SMAS-flap technique (Superficial Musculo-Aponeurotic System – flap) can be use. This procedure insignificantly prolongs operative time, gives a good visibility to the operative field, and...
leaves no visible scars on the face and neck. The cases with Frey's syndrome decrease significantly. In cases of sialoadenitis, benign and some malignant tumours, no requiring a lymph node dissection, the SMAS-flap technique can be an acceptable alternative of classical parotidectomy.

**Aim:** to evaluate the results of SMAS-flap technique in classical parotidectomy as methods for operative treatment of chronic inflammations, benign and some malignant tumours of the parotid glands.

**Materials and methods:** during the period 2004 – 2007 eleven patients underwent total conservative parotidectomy according to SMAS-flap technique, the indications being chronic sialoadenitis (2), benign (8) and malignant (1) tumours of the parotid glands.

**Results:** lack of visible scars, as well as retromandibular hollow (in one patient – lightly shown), lack of Frey's syndrome.

**Conclusion:** in cases of chronic inflammation, benign and some malignant tumours of the parotid gland the use of SMAS-flap technique can be an alternative of classical conservative parotidectomy.

**Key words:** SMAS-flap technique, conservative parotidectomy.

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Summary № 41

**Title:** ADVANTAGES AND DISADVANTAGES OF THE ALLERGOLOGY SKIN TESTS BY THE METHODS “PRICK” AND “SCRATCH” - COMPARATIVE STUDY

**Authors:** R. Grozdanova, M. Cekova, R. Velikova, A. Kisselova

**Department of Image and Oral diagnostics, Faculty of Dental medicine, Medical University – Sofia**

The more increasing requirements of the patients for painless treatment and the more often contact with allergens explains the greater need for allergy tests for local anesthetics. Although the progress of science and technology, the allergy skin tests remain “golden standard” - the only and most exact method for the determination of allergy “in vivo”. The allergy to anesthetics goes by the mechanism of IgE – mediated reactions (first type by the classification of Coombs & Gell) and can be ascertained by two kinds of allergy tests - “scratch” and “prick”.

**Aim:** The goal of the investigation is to establish the advantages and disadvantages of the two tests and to help the doctor of dental medicine - allergologist in the choice of test method.

**Material and methods:** For this purpose 35 patients have been tested as on both their hands the two kinds of test have been performed for 4 anesthetics - Lidocain, Ultracain DS, Scandanal 3%.
Ubistesin, m positive and negative control.

**Conclusion:** After the analysis of the gathered data a certain conclusion can be made that the “prick” test is much more atraumatic, more objective and easy for reading, gives much less side effects and gives the opportunity to compare the results gathered by different researchers and these reasons make this test preferable in practice as well as for scientific research.

**Key words:** allergy, anesthetics, “prick” test, “scratch” test.

**Summary № 43**

**Title:**
DIAGNOSTIC OF OCCLUSAL CARIES BY LASER-INDUCED FLUORESCENCE IN FIRST PERMANENT MOLARS IN CHILDREN AGE 7 – 9 YEARS OLD

**Authors:**
Kondeva, V., M. Kukleva

Department of Pediatric dentistry, Faculty of Dental medicine, Medical University - Plovdiv
DIAGNOdent Pen is the last generation of device, made for diagnostics of dental caries by laser fluorescence. The device makes a diagnosis and quantification the degree of development or stating the caries process.

Arm: Conduction of clinical examination for determining the possibilities to diagnose the occlusal caries in first permanent molars in children, made by laser-induced fluorescence.

Material and methods: A clinical examination is conducted in December, 2007 – February, 2008 and it includes 32 children in the age of 7-9 years old. An object of observing are 128 occlusal services of first permanent molars. Clinical prophylaxis and motivation for oral hygiene must be done before conducting the measure with DIAGNOdent Pen. First must be determined the average value, registered at the time of doing measures with DIAGNOdent Pen. These measures must be done on intact occlusal services and every degree of visual-diagnostics Espelid , s scale.

Results: The results of studies show, that average values, conducted by the device in health occlusal surfaces are: 7.94 ± 0.23; in first degree the results are 11.33 ± 0.58; in second degree – 14.90 ± 0.39; in third degree – 32.89 ± 1.45; in fifth degree – 45.80 ± 1.67. Making comparison between the separate groups by Anova Test, shows huge reliability of differences $F=261.228$, $P<0.0001$.

Conclusion: The results of examination shows, that DIAGNOdent Pen is a device, which possibly can be used in clinical conditions for diagnostics of non-cavitated and cavitated forms of occlusal caries in permanent dentition of children.

Key words:
DIAGNOdent, occlusal caries.

Zagлавие:
ВИЗУАЛНА ДИАГНОСТИКА НА ОКЛУЗАЛЕН КАРИЕС ПРИ ПЪРВИ ПОСТЯННИ МОЛАРИ ПРИ ДЕЦА ОТ 7 ДО 9 ГОДИНИ

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Употребата на по-престиж критерии за визуална диагностика увеличава точността на диагнозата С повишаване на опита и специфичния тренинг на екзаминаторите се увеличава точността на диагнозата на оклузалния карие

Цел: Да се прouчат възможностите за визуална диагностика на оклузалния карие in vivo, чрез предварително хистологично валидизирана 5 степен скала на Espelid.

Материал и методи: Обект на наблюдение са 128 първи постоянни молари при 32 деца на възраст 7 – 9 години. Използвана е 5 степенна визуално-диагностична скала на Espelid, която включва некавитирани и кавитирани форми на оклузален карие и е хистологично валидизирана. Изследването се извършва от двама независими екзаминатори.
after preparation („gold standard”). Reproducibility of the method is estimated by calculating the Kappa coefficient.

Results: Inter-reproducibility of the examiners in visual diagnostics is very good (Kαρρα = 0.874). Reproducibility of the method according to the „gold standard” is also very good (Kαρρα = 0.739).

Conclusion: The usage of preliminary histological validated scale for development of occlusal caries will improve the diagnostics and treatment of occlusal caries, without any additional investments.

Key words: visual diagnostic, occlusal caries.
Key words: occlusal caries, sealants, treatment.

Summary № 46

Title: ASSESSMENT OF THE ROLE OF THE TEMPORARY PROSTHESIS IN THE COURSE OF TREATMENT OF PROGNATIA

Authors:

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* Private dental practice
** Department of Prosthetic dentistry, Faculty of Dental medicine, Medical University - Plovdiv

The prosthetic treatment of progeny can change the profile and the appearance of the third lower part of the face. Utilization of diagnostic temporary prosthesis in these cases is strongly recommended. As in this way the final change cannot become an unpleasant surprise for the patient. He can also play an active role in the course of the determination of the final appearance. This is very helpful procedure for the dental medic and the technician.

The authors of the study represent the stages of the treatment of the patient with progeny.

Key words: temporary prosthesis, prognatia.

Summary № 47

Title: COMPLEX TREATMENT OF CLINICAL CASE WITH GODON’S PHENOMENON

Authors:

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* Department of Prosthetic dentistry, Faculty of Dental medicine, Medical University - Plovdiv
** Department of Oral surgery, Faculty of Dental medicine, Medical University – Plovdiv

The treatment of the excessive forms of Godon’s phenomenon needs collaboration between the different dental specialists. The authors studied stage-by-stage the complex treatment of a clinical case with Godon’ phenomenon. We also did surgical and endodontic preparation. The case was finished with removable partial dentures. We also used precision attachments of Reihn 83.

Key words: Godon’s phenomenon, complex treatment.
Summary № 48

**Title:** SIDE EFFECTS OF USING LATEX GLOVES BY DENTAL STAFF

**Authors:** Dencheva-Garova, M.*, R. Velikova*, M. Cekova-Yaneva *, B. Guirova**, А. Kisselova*

*Department of Image and Oral Diagnostics, Faculty of Dental Medicine, Medical University – Sofia

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The use of protective gloves is an integral part of the daily medical practice. In the last several years latex sensitivity became a major problem.

**Aim:** An investigation of the side effects in using latex gloves among the dental staff on the basis of inquiry examination.

**Methods:** An 8 topic questionnaire has been used.

**Results:** 106 medical specialists (doctors and nurses) have been questioned during the investigation. 33% of them answered that they have side effects in using medical gloves. The most frequent compliances are pruritus and urticaria.

**Conclusion:** The high percentage of side effects in using latex gloves requires an accurate diagnostics of the latex allergy and information for the medical staff about the prophylaxis.

**Key words:** latex gloves, allergy, dental staff.

Summary № 49

**Title:** APPROACH OF THE DOCTORS OF DENTAL MEDICINE TO THE RISK PATIENTS TREATMENT

**Authors:** Daskalov, Hr., Hr. Lalabonova

*Department of Oral surgery, Faculty of Dental medicine, Medical University – Plovdiv

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**Conclusion:** The high percentage of side effects in using latex gloves requires an accurate diagnostics of the latex allergy and information for the medical staff about the prophylaxis.

**Key words:** latex gloves, allergy, dental staff.
Целта на настоящото проучване е да се установи подходът на лекарите по дентална медицина при обслужването на пациенти със сърдечно-съдови заболявания.

Материал и методи: Обект на проучването са 134 практикуващи лекари. Данните са събрани чрез пряка групова анонимна анкета през април и май 2008 год., на общи форуми на СЗБ в гр. Пловдив, София, Смолян. За целта е изготвена анкетна карта. Тя съдържа въпроси за пол, трудов стаж, специалност, населено място, кабинетите посещават ли се от пациенти със СС заболявания, как процедурат лекарите при необходимост от екстракция на зъб, поставят ли локална анестезия, получават ли се усложнения, използват ли коригенти, кой е най-често използваната от тях анестетика, необходима ли е консултация със специалист. Резултатите са обработени статистически чрез ANOVA.

Резултати: От направеното проучване се вижда, че 95,52% от кабинетите се посещават от пациенти със СС заболявания. 34,33% от тях не се обслужват, а се насочват към орален хирург. Сериозен е процентът на възрастните се от анестезия лекари, най-вероятно от случващите се усложнения. Не се установи единно становище по въпросите за употребата на вида на анестетика и съдържанието на коригент в него.

Ключови думи: СС заболявания, анестетици, коригенти, лечебен подход.

The aim of the present study is to find out the approach of the doctors of dental medicine to the treatment of patients with cardiovascular diseases.

Material and methods: The investigation includes 134 dental practitioners. The information is collected by using a group anonymous inquiry in April and May 2008 in Plovdiv, Sofia and Smoljan. For that purpose a questionnaire is prepared. It includes questions about sex, length of service, speciality, live in place, visit patients with cardiovascular diseases the practice, how did physicians proceed in case of needed tooth extraction, did they put a local anesthesia, arise in these cases complications, use the doctors of dental medicine corrigents, what is the most used anesthetic, is a consultation with specialist needed.

Results: The results of the investigation show, that 95,52% of the dental offices are visited from patients with cardiovascular diseases. 34,33% of them are directed to specialists of oral surgery. Serious is the percentage of the doctors of dental medicine which did not use anesthetics, probably because of eventually complications. No uniform position on the kind of the anesthetics are used and the contents of corrigent in them was established.

Key words: cardiovascular diseases, anesthetics, corrigents, treatment approach.
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