

**The statistics of antro-oral communication cases among patients of the Dental Surgery Department at the Warsaw Medical University in 2006 and presentation of Wasmund-Borusiewicz method as a way of treating this post—operative complication**

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**Introduction:** in patients with upper teeth apices located close to the maxillary sinus there may occur a communication between the mouth and the sinus after the extraction of these teeth. This kind of communication can be effectively treated. The effectiveness of treatment depends on the time elapsed since the surgery, the method of fixing the communication, the patient-doctor cooperation and the patient's consequence in following the indications.

**Aim:** The aim of the work was statistical estimation of occurrence of antro-oral communication after maxillary teeth had been extracted in patients who underwent treatment at the Dental Surgery Department of the Warsaw Medical University in 2006 and presentation of the Wasmund—Borusiewicz method as a way to treat this post—operative complication.

**Material and methods:** In 2006, at the Dental Surgery Department of Warsaw Medical University, among patients admitted for upper teeth extraction, 55 had antro-oral communication as a post—operative complication. The patients were aged 16 to 81. 27 patients were women and 28 men. The surgery of closing the communication by Wasmund—Borusiewicz method was performed on all of them. Additionally, they were administered pharmacological therapy consisting of antibiotics, nasal mucosa vasoconstrictor, vitamin C and calcium. The day following the surgery, the patients were admitted for postoperative check- up, and after 10 days for the final check—up with removal of the stitches.

**Results:** Regardless of sex, antro-oral communication occurred most frequently after the first, second and third molar extraction (23, 16 and 11 cases accordingly). 2 cases occurred after first premolar extraction, as well as after the second. 1 case occurred after impacted canine extraction. 11 days after surgery, in all cases, the wound was healed and the stitches were removed. The closing of communication was tight.

**Conclusions:** Antro—oral communication occurs most often after extractions of molar teeth, especially after the first molar teeth. After extraction of these teeth it is necessary to examine most

carefully whether this complication happened. Potential connection communication treated by Wasmund-Borusiewicz method gives tight closing of the sinus, which is important to avoid further complications.

### **Steering bone regeneration appliances in dental surgery**

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**Introduction:** Nowadays steering bone regeneration systems are commonly used in dental surgery. In implantology it is to improve anatomical conditions and provide better implant stabilization. They are used more often to rebuild bone deficiency in post-extraction alveolus, after tooth apex resection and after cyst enucleation. Steering bone regeneration systems are also used in periodontal treatment, e.g. vertical bone loss. Steering bone regeneration procedures may be performed with various osteogenic materials. That can optimize treatment in every clinical case.

**Aim:** The main aim of the presentation was to analyze steering bone regeneration systems in dental surgery.

**Material and methods:** The thesis was based on medical documentation from the Institute of Dental Surgery gathered during 2002-2006. Based on the case records from a group of patients between 30 and 65 years old, who had steering bone regeneration, patients were classified into 5 groups by clinical recognition and by materials which were used. Indications and possibility of various osteogenic materials in various clinical cases were analyzed.

**Results:** On the basis of the analysis it was found that osteogenic material was used in 115 cases, implantation procedures in 30% of cases, in periodontal procedures 23%, bone regeneration after cyst enucleation 22%, augmentation after extraction 14%, and after tooth apex resection 8%. In 14% of cases of steering bone regeneration PRP was used, in 21% tissue glue, RTR in 3%, autogenic bone 3%. Procedures with Biol Osteo + Tissue glue application was observed in 6% of cases, while with Biol Putty + Tissue glue application in 3%.

**Conclusions:** The most frequent use of steering bone regeneration systems was in implantology (30% of all cases) and alveolus bone loss in 23%. The correlation between clinical

recognition and material used for steering bone regeneration was observed. This correlation as well as the full data analysis will be included in the presentation.

### **The procedure in dental surgery with patients from groups of risk — 5 years' observations**

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**Introduction:** In everyday dental practice we meet patients who are affected with various systemic illnesses. Appropriate procedure with such patients will lead to eliminating the complications which may appear during and after surgical procedure.

**Aim:** The main aim was to constitute a group of patients who need specialist dealing before, during and after surgery and to feature the appropriate procedure in surgical treatment.

**Material and methods:** The thesis was based on the medical documentation from the Institute of Dental Surgery gathered during 2000-2007. From all registered patients in the institute of Dental Surgery a group of those particularly exposed to complications during and after surgical procedure was formed. Patients were classified into 6 groups of risk by criteria proposed by the American Society of Anesthesiologists (ASA). Patients from group ASA—1 (healthy) and ASA-2 (light general illness) may be treated with local anaesthesia. Patients from ASA~3 (serious general illness) should have every procedure performed under additional anaesthetic care. Procedures for patients from ASA—4, ASA-5, ASA—6 should be performed only if it will save the patient's life. For patients from ASA—1, 2 and 3 stated concrete prophylactic proceeding. In the thesis patients with cardio-vascular, metabolic, infectious and immunology sicknesses and those who have problems with respiratory system, coagulation, also patients with tumors, were analyzed.

#### **Results and conclusions:**

1. From all patients registered in the Institute of Dental Surgery, 16% were from groups of risk. Most cases refer to cardio—vascular sicknesses — 37%. 2. All patients classified in the group of risk need specialist procedure. 3. We observed a correlation between patients from specific group of risk and appropriate dental procedure.

## **Surgical sutures — history, kinds, classification, indications regarding application of surgical sutures to wounds**

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**Aim:** Aim of the study is of a cognitive nature. The authors desire to present, to medical school students and young physicians, a variety of suture materials used in surgeries. Also, the authors will attempt to familiarize the audience with basic rules governing the procedure of fixing sutures.

**Material and methods:** All data regarding the suture materials were acquired thanks to kindness and cooperation with medical companies. Presentation of the basic rules governing surgical application of sutures to wounds is based on well—grounded medical expertise.

**Conclusions:** During the selection of the suture material one should consider the kind of the procedure undertaken and the extent of the wound. The physician should also carefully select an appropriate suture so that the scar remains as small as possible.

## **Surgeries done on the oral mucosa by means of cut procedure and CO2 laser usage**

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**Aim:** The aim of the study was comparison of surgery done on the oral mucosa by means of CO2 laser and the classical method by means of a scalpel. The research was performed on a group of 40 patients of both sexes aged 6-50. The anaesthetic applied during the surgery was 2% Lignocaine.

The persistent beam was used while applying the CO<sub>2</sub> gas laser. For both the patient and the operator protective glasses were applied. In surgery done by classical method, scalpel blade number 15 was used. In the case of frenulum plastic procedure two methods were used, V or Y. Fibroma or epulis changes were cut completely and the injuries were stitched (thread Dexon II 4.0). For comparison of the methods' effectiveness followup examinations were carried out before the surgery and 3, 7 and 14 days afterwards. Mid— and postoperation pictures were taken.

**Methods:** In the acceptance by the patient method of evaluation the following scales were applied: the Venham scale in the children's group and 10 degree Numeric Pain Scale NRS in the adults' group.

**Results:** Laser surgery is better accepted by children: 2 patients gave 0 points, 3-1 point according to the Venham scale. The healing process after laser surgery is better tolerated by adults according to the NRS scale; 7 patients gave 0 points, 9 -1 point, 1- 2 points. It is conditioned by the surgery widespread: in the laser method it lasts from a few days to 3-4 weeks and in the classical method from a few days to 2 weeks.

**Conclusions:**

1. In comparison to classic method CO<sub>2</sub> laser surgery:
  - is a shorter surgery,
  - less bloody (coagulation — bleeding reduction),
  - is less traumatic to the surrounding cells,
  - the surgery and healing process are better accepted by patients,
  - good cosmetic effect,
  - there is no need to stitch the injury.
- 2.The advantage of the classical method is the chance to perform the surgery on practically every patient. The laser method is not recommended for patients prone to koleoids and overgrowth scars.
3. In view of the numerous laser method advantages it is preferred by both the patients and the authors of the task. Not only does it offer convenient operation for the doctor, it also makes a stay in the dental chair comfortable as it ensures high quality surgery.

**Application of a biostimulating laser combined with administration of vitamin B complex in the treatment of sensory paralysis of the alveolar inferior nerve as a complication after impacted teeth extraction**

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**Introduction:** As a result of their specific location, impacted or partially impacted teeth cause many disorders in the oral cavity. The most frequent ailments are: delayed eruptions, overcrowding of the teeth, inflammations and primordial cysts. That is why there are numerous indications for surgical extractions of impacted teeth. In spite of being a common procedure, it involves a high risk of post-operative complications occurring. It is connected with reduced access to the operative area, necessity of bringing down a big amount of a bone lamina and also with the close location of the alveolar inferior nerve. The patient may experience numbness in the area including lower teeth, buccal region of the gingiva, the mucosa of the lower lip and also skin of the lower lip, mentum and submental region. One of the methods of treating mandibular inferior nerve paralysis combines application of biostimulating laser and administration of vitamin B complex.

**Aim:** Our aim was to establish a scheme of managing with the post—operative paralysis of the alveolar inferior nerve by means of biostimulating laser and vitamin B complex.

**Material and methods:** From a group of patients admitted in year 2006 to the Warsaw Medical University's Dental Surgery Department in order to extract impacted inferior teeth 9 of them have experienced paralysis of the alveolar inferior nerve. They were all treated with biostimulating laser and vitamin B complex. At the beginning, they were prescribed one session of biostimulation containing 10 procedures. Additionally the patients were administered vitamin B complex. The laser stimulation took place every second day.

**Results:** From the group of patients 8 have entirely recovered sensation in the area supplied by the alveolar inferior nerve. 1 patient has not finished the treatment yet. 5 patients from our group have regained sensation already after 7 days of the biostimulation. At first the sensation reappeared in the area of the lower lip corner and at the skin of the mental region. 3 patients needed a second session of laser therapy including another 10 doses. The latter group recovered sensation after the fifteenth dose.

**Conclusion:** The application of a biostimulating laser associated with administration of vitamin B complex has significant effects in treating postoperative numbness. Introduced algorithm of therapeutic management can be useful also in case of paralysis of other nerves supplying the oral cavity.

## Epidemiology of third molars surgical removal

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**Introduction:** One of the most common dentoalveolar surgical procedures is removal of third molars. Prevalence of removal apply impacted third teeth and teeth germs. Such procedures may be associated with local complication: dry socket, wound infection, nerve damage and other symptoms: high temperature, shivers, weakness. Complications during the operation (fractured maxilla or mandible) are not so common.

**Aim:** Complete epidemiology data concerns surgical removal of third molar:

- how many surgical extractions are made in two- year period,
- the most common anesthetic,
- the most common local complication,
- the most common antibiotics.

Additionally:

- establish patient's feelings during and after procedures,
- establish the most common painkillers taken by patients,
- establish the most common source of medical information,
- establish complications connected with side of mastication and local — dry socket.

**Material and methods:** In regional anesthesia procedures of surgical removal of third molars were performed. The type of anesthetic was dictated by region, duration, difficulty of the operation, presence of infections and the patient's individual preference. Generally the most common anesthetic was lignocaine in a 2% solution with noradrenalin. During surgical removal standard procedures were applied:

- incise triangular flap (the most common regions are retromandibular triangle, second molar region),
- raise mucoso-periosteum flap,
- teeth removal using: elevators, forceps, drills (sterile low-speed handpieces and sterile saline solution were used for osteotomy and tooth sectioning when necessary),
- clean up the wound (removal of left-over tooth follicle or per chance inflammatory granulation),
- sutures (to close the wound sutures were used in general to know principle).

Some patients dictated by individual preference, health, difficulty of the operation, presence of infection were applied pharmacological therapy: antibiotics, nonsteroidal anti-inflammatory drug, painkillers, mouth rinses. Among patients after procedures a poll was carried out. Questions concern:

- applied painkillers,
- source of medical information,
- patient's feelings during and after procedure; apply anxiety scale — Venham's scale.

Applying to sides of patient's mastication test was carried out. Gums were chewing by the patients for 1 min.

**Results:** Results were put in graphic form. Bring risk factors up for discussion in the light of flashback test and establish conduct of algorithm.

### **Atraumatic extraction performed with Perioscalpel**

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**Introduction:** PerioScalpel is an instrument indicated to break Sharpey's fibres linking root with dental alveolus bone. In the set there are three kinds of instruments: straight, left, right. They consist of a handle and 0.1 mm thick cutting end, which is thinner than the physiological gap.

**Aim:** The aim of the study was to evaluate usability of PerioScalpel in tooth extraction with minimal injury of soft and hard tissues.

**Material and methods:** In the Dental Surgery Department of the Medical University of Warsaw 15 patients were examined. Prior to the procedure degree of luxation and periodontal disease were estimated. The tooth extractions were carried out using PerioScalpel and appropriate Bertel forceps.

**Results:** II and III degree of tooth luxation of Enthin classification was obtained using PerioScalpel. The luxation of the teeth leads to ease of extraction and minimal trauma to gingivae and bone structures.

**Conclusions:** Extractions executed with Perioscalpel are significantly less traumatic to soft and hard tissues, in comparison to traditional elevators. Advantage can be taken during extraction before planned immediate implantation, especially in the front section. Well preserved vestibular



plate and soft tissues structures is a condition of proper wound healing. In the case of implants they have an influence on correct osteointegration.

### **Atraumatic extraction performed with Piezosurgery**

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**Introduction:** Piezosurgery is a device designed to cut bone. It makes use of the impact of varying electric voltage. Surgical ends of the appliance vibrate with the frequency range between 60 and 200 kHz. Piezosurgery is also used in atraumatic extractions. Teeth separation on entire circumference in the periodontal pocket space can be achieved by ultrasonic luxation. Compared to traditional elevators and forceps, it leads to less traumatic extraction executed with appropriate forceps.

**Aim:** The aim of the study was to evaluate usability of Piezosurgery in tooth extraction with minimal injury of soft and hard tissues. **Material and methods:** In the Dental Surgery Department of the Medical University of Warsaw 15 patients were examined. Prior to the procedure degree of luxation and periodontal disease were estimated. The tooth extractions were carried out using Piezosurgery and appropriate Berte forceps.

**Results:** II and III degree of teeth luxation of Enthin classification was obtained using Piezosurgery. The luxation of the teeth leads to ease of extraction and minimal trauma of gingivae and bone structures.

**Conclusions:** Extractions executed with Piezosurgery are significantly less traumatic to soft and hard tissues, in comparison with traditional elevators. Advantage can be taken during extraction before planned immediate implantation especially in the front section. Well preserved vestibular plate and soft tissue structures is a condition of proper wound healing. In the case of implants they have an influence on correct osteointegration.

## **The evaluation of reasons for detachment of orthodontic locks used for the surgical unveiling of impacted teeth**

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**Introduction:** In patients with outlasted deciduous teeth and analogical impacted teeth present, surgical and orthodontic treatment is an alternative to extracting them or leaving in the alveolar bone. The aim of this kind of treatment is to pull the tooth to the level of adjacent teeth. It is achieved by surgical unveiling of an impacted tooth and fixing an orthodontic lock to the surface of the crown. The orthodontic lock is joined to the orthodontic appliance with means of bind and flexible elevator. Forces properly applied pull the tooth to the dental arch.

**Aim:** The aim of the study was to assess the frequency and reasons for detachment of orthodontic locks used during the procedure of unveiling impacted teeth.

**Material and methods:** In the research the charts of 97 patients treated at the Dental Surgery Department and Orthodontic Department of Warsaw Medical Academy were analyzed. Patients between 10 and 30 years old were qualified for treatment due to discrepancies in permanent teeth eruption. In all cases the covered eruption method was used. After uncovering the mucous and periosteum patch the tooth crown was unveiled and the orthodontic lock with the bind was fixed to it. When the healing process was over the orthodontic treatment was started. The analysis of charts covered: patient's age, general condition, type of tooth, its placement, deflection angle from the parallel to adjacent teeth axis, time of treatment, reasons and frequency of orthodontic lock loss, type of orthodontic appliance and elevator used and coexisting bite defects.

**Results:** In 97 analyzed cases, the detachment of the orthodontic lock took place in 25 patients. In 17% of cases the lock came away more than once, in 3% of cases the lock was lost in a

week, in 30% in 2 months time, and in the other 67% the locks were lost during the first year after the procedure.

**Conclusions:** In cases of the lock's loss during the first week, we can assume that the reason for failure was the negligence of proper conditions such as: lack of dryness, not proper adjacency of orthodontic lock to the tooth surface. The most common reason for posterior failures is the fracture of bond or too great load of the lock.

### **incidences of tuberculosis in facial skeleton based on the literature. Presentation of own clinical cases**

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**Introduction:** Tuberculosis is a chronic infection disease which is still a serious diagnostic and therapeutic problem. Diagnosis of tuberculosis in facial skeleton is difficult because of an atypical clinical picture. Primary form of tuberculosis, located in the oral cavity, appears very rarely. In such cases we have to deal with infection by *Mycobacterium tuberculosis* which breaks the mucous membrane continuity by gingival pocket or tooth with necrotic pulp. In most cases the infection of oral cavity and jaws goes by blood from the primary focus in lungs and other organs. A bacteriological and histopathological test which detects activity of *Mycobacterium tuberculosis* is required in diagnosis.

**Aim:** The aim of the study is to indicate the problem of incidences of tuberculosis in facial skeleton, based on the literature published in 1981-2003.

**Material and methods:** The analysis, based on publications between 1981 and 2003, relating to incidences of tuberculosis in facial skeleton, was experimented. The study shows two cases of incidences of tuberculosis treated in the Dental Surgery Department of Warsaw Medical Academy. In the first case the histopathological test showed tuberculosis of mandible, in the second case the histopathological test showed tuberculosis of lymph node in submandibular area.

**Results:** Based on the literature it is estimated that tuberculosis of jaws makes up only 1.4% to 2% of all forms of tuberculosis.

**Conclusions:**

1. Tuberculosis of jaws and soft tissues in facial area appears very rarely.
2. Determination of proper diagnosis is a serious diagnostic problem because the same symptoms may appear in other diseases.
3. Patients with diagnosed tuberculosis of jaws need typical treatment in the Department of Tuberculosis Treatment.

**Evaluation of quantity and kind of planned surgical procedures performed at the Dental Surgery Department in Warsaw in the years 2002-2006**

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**Introduction:** The Dental Surgery Department is an institution carrying out scientific, experimental and service activity. Each year 8000 patients report to the institute with oral cavity complications requiring surgical treatment.

**Aim:** Evaluation of quantity and kind of planned surgical procedures performed in the institute in the years 2002-2006 was the aim of the study.

**Material and methods:** 3128 case records of patients treated between years 2002 and 2006 were taken into consideration based on the following factors:

- sex,
- age,
- permanent address (province),
- procedures performed,
- presence or absence of referral.

**Results:** Between 2002 and 2006 at the Dental Surgery Department in Warsaw the following were carried out:

- 3246 planned surgical procedures,
- 1145 procedures on male patients,
- 2001 procedures on female patients,
- 2342 surgical extractions of teeth,
- 102 removals of cysts,

- 233 removals of cysts with root resection,
- 91 removals of cysts with tooth extraction,
- 94 root resections,
- 18 implantations,
- 12 procedures on mucous membrane of oral cavity,
- 114 exposures of impacted teeth with bonding orthodontic bracket.

**Conclusions:** Surgical extractions of third lower molars and removal of cysts with root resection were the most common procedures carried out at the Dental Surgery Department in Warsaw between 2002 and 2006. The majority of the patients were women from the Mazowieckie province within the age limits of 21-40 years.

### **The efficiency of intraligamentary anaesthesia during the extraction of molars and premolars.**

#### **Objective evaluation and subjective impressions of the patients — in vivo examination**

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**Aim:** (This paper is the continuation of the experiments from last year). The aim of the study is the evaluation of efficiency of intraligamentary anaesthesia during extraction of the molars and premolars of the upper and lower jaw.

**Material and methods:** Twenty patients underwent the subject procedure. There were no contraindications regarding application of the vasoconstrictor into anaesthetics. The reasons for the patients to undergo the procedure were orthodontic, prosthetic, surgical or periodontologist. 2% of lignocaine with noradrenaline was used (Septodont) as an anaesthetic. Blood pressure, pulse and saturation of each patient were measured before, during and after the subject procedure. Each patient described, using the numerical NRS scale of pain, the intensity of pain he or she experienced during the injection and subject procedure.

**Conclusions:** Based on the examinations described above, the efficiency of intraligamentary anaesthesia during the extraction of the molar and premolar teeth was determined.