

A.E.Pritula, V.G.Shalyapin

TREATMENT OF ACUTE CHOLECYSTITIS AGAINST A CHRONIC OPISTHORCHIASIS

Medical Therapeutic Institution "City Hospital", Megion, District Clinical Hospital, Khanty-Mansiysk, Russia

Abstract:

Have inspected 110 case-records of patients with diagnostic of acute cholecystitis against a chronic opisthorchiasis. These patients were treated since 1997 to 2007. 45(40,9%) of patients were treated with help of trial conservative therapy and traditional cholecystectomy in radical treatment. And 65(59,1%) of patients were treated with help of step-wise treatment involving endermic transhepatic micro-cholecystostomy and small approach in radical treatment.

In the application result of step-wise treatment and mini-invasive approach in the curing acute cholecystitis against a chronic opisthorchiasis, lengthen decompression, incipient sanitation and dehelmintization, it has given an opportunity to reduce postoperative lethality to 1,5%, to reduce heavy postoperative complications to 1,53%, to reduce the period of hospitalization to 14,43 days .

Key words:

endermic transhepatic micro-cholecystostomy, acute cholecystitis, chronic opisthorchiasis, step-wise treatment

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CLINICAL AND RADIOGRAPHIC STUDY REGARDING FACTORS OF CHRONIC PERIAPICAL LESIONS

Faculty of Dental Medicine, University of Medicine and Pharmacy „Gr.T.Popa” Iasi, Romania

Abstract:

Our clinical and radiographic study aimed to assess some potential factors producing chronic periapical periodontitis. Our lot included 128 patients , every patient being submitted to clinical and radiography exam. The chronic periapical lesions were classified in four categories: fibrous periapical lesions, periapical granuloma, radicular cyst, periapical osteitis. Our study established a relation between odontal status, amalgam and composite resins restorations status, radicular canal obturations, and chronic periapical lesions.

Ключевые слова:

chronic periapical lesions, odontal status, amalgam restorations, composite restorations, radicular canal obturations, favourising factors

Introduction

Our study focused on the most encountered factors implied in pathogeny of periapical chronic lesions. The factors as infection, improper amalgam and composite restorations and incomplete radicular canal obturations was assessed in some studies (1,3).

Materials and methods

The assessment of relation between favourising factors and distribution of periapical lesions was performed through clinical and radiographic exams. The patient group included 128 patient and 145 teeth, divided in: anterior teeth, bicusps and molars. The treatments of studied teeth were at least 2 years age. The study focused on teeth with amalgam and composite resin restorations with marginal defects, applied in deep cavities. Also, were taken in study teeth with minimum 2 years pulp necrosis. Through radiographic exam, were assessed teeth treated for pulpitis, with incomplete radicular canal obturations and coronal restorations with marginal defects. The periapical pathology was divided in four groups: fibrous periapical lesions, periapical granuloma, radicular cyst, periapical osteitis. The recorded data were processed and expose in tables and graphs performed with Microsoft Excel.

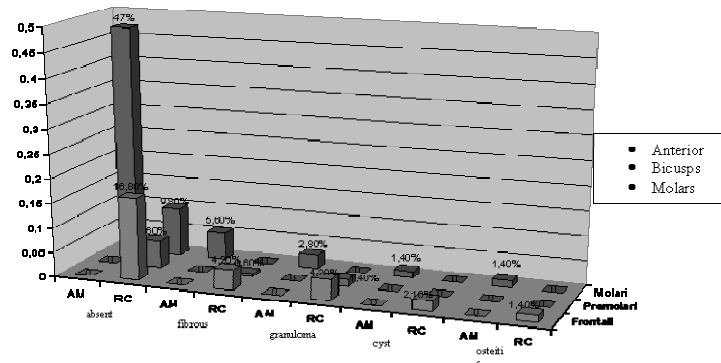
Results and discussions

In the following tables and graphs is presented distribution of periapical lesions related to favourising factors.

Table 1 and graph 1 presents distribution of periapical pathology to teeth with amalgam and composite resins resto-

Table 1. Prevalence of chronic periapical lesions at teeth with amalgam (AM) and composite resins (RC) restorations

	absent		fibrous periapical lesions		periapical granulom		radicular cyst		periapical osteitis	
	AM	RC	AM	RC	AM	RC	AM	RC	AM	RC
Anterior	0	24	0	6	0	6	0	3	0	1
Bicusps	0	8	0	1	0	2	0	0	0	0
Molars	70	14	8	0	4	0	2	0	2	0



Graph 1. Distribution (%) of periapical lesions to teeth with amalgam (AM) and composite resin (RC)

rations with marginal defects applied in deep cavities. For amalgam restorations, there are 5,6% fibrous periapical lesions, 1,4% periapical osteitis, 1,4% radicular cyst and 2,8% periapical granuloma . For composite resins restorations, there are 4,2% fibrous periapical lesions, 1,4% periapical osteitis, 2,1% radicular cyst and 4,2% periapical granuloma .

Table 2 and graph 2 presents distribution of periapical pathology related teeth with pulp necrosis longer than 2

Contact Information:

Dr. Mihaela Salceanu

E-Mail: drmihaelasalceanu@yahoo.com

years. The percents for periapical lesions are as follows: 35% fibrous periapical lesions, 15% radicular lesions and 50% periapical granuloma .

Table 3 and graph 3 present distribution of periapical lesions for teeth with incomplete radicular canal obturations, treated for pulpitis. The percents for periapical lesions are as follows: fibrous periapical lesions in 36% anterior teeth and 17% molars, periapical granuloma in 19,5% molars and 4,2% anterior teeth, radicular cysts in 4,2% from total number of teethicular cysts.

A few studies (2,5) demonstrate that periapical lesions are not always present for teeth with incomplete radicular obturations. A great percent from teeth with coronal restorations that assure a good marginal sealing, do not present periapical lesions. Our results can be correlated with other studies (2,3). Accordingly these studies, the main factors that influence long term results of radicular obturations are represented by marginal sealing of coronal restoration and quality of canal radicular obturation.

The amalgam and resin composite restorations with marginal defects or without pulpal protection, can conduct to pulp necrosis, followed by periapical reactions.

Pulp necrosis with long term evolution are closely related to advanced chronic periapical lesions (granuloma, radicular cyst).

Incomplete radicular canal obturations present a high risk for periapical pathology, especially for teeth with inadequate coronal restorations.

**Conclusion**

The knowledge of favourising factors for periapical lesions is important in dentists practice. This will focus them on pulp tissue protection and on prevention of pulp necrosis and endodontic space infection.

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**M.Salceanu, M.Vataman, C.Topoliceanu, R.Vataman**  
**КЛИНИЧЕСКИЕ И РАДИОГРАФИЧЕСКИЕ ИССЛЕДОВАНИЯ ПО ПОВОДУ ЭТИОЛОГИЧЕСКИХ ФАКТОРОВ СПОСОБСТВУЮЩИХ РАЗВИТИЮ ВЕРХУШЕЧНЫХ ХРОНИЧЕСКИХ ПЕРИОДОНТИТОВ**  
 Кафедра Терапевтической Стоматологии Медицинского Университета г.Иассы, Румыния

**Аннотация:**

Клинические и радиографические анализы оценивают роль потенциальных факторов способствующих развитию верхушечных хронических периодонтитов. Исследования проводились на 128 пациентах у которых проводился анализ клинических и радиологических параметров. При анализе результатов было установлено что есть реальная связь между зубным статусом, реставрациями из амальгама и композита и правильностью канального obturирования и типа хронических периодонтитов.

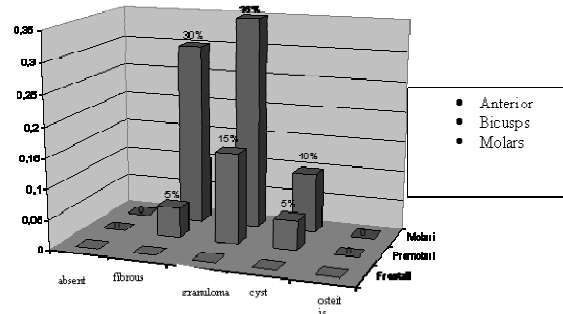
**Ключевые слова:**

верхушечные хронические периодонтиты, потенциальные факторы, клинические и радиологические параметры, реставрации из амальгама и композита

Table 2.

Distribution of periapical lesions to necrosis pulp teeth

	absent	fibrous periapical lesions	periapical granulom	radicular cyst	periapical osteitis
Anterior	0	0	0	0	0
Bicusps	0	4	12	4	0
Molars	0	24	28	8	0

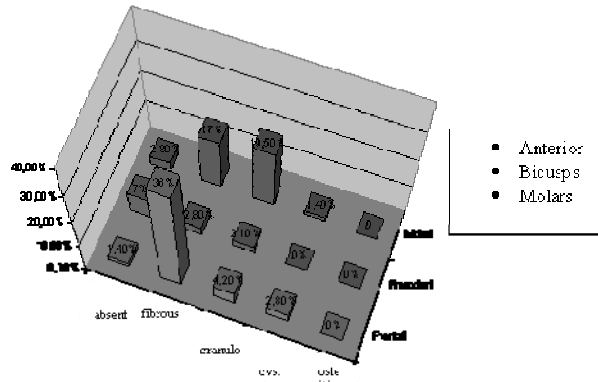


Graph 2. Distribution (%) of periapical lesions to necrosis pulp teeth

Table 3.

Distribution of periapical lesions to teeth with incomplete radicular obturations and inadequate coronal restorations

	absent	fibrous periapical lesions	periapical granulom	radicular cyst	periapical osteitis
Anterior	2	36	12	8	0
Bicusps	10	8	6	0	0
Molars	4	24	28	4	0



Graph 3. Distribution (%) of periapical lesions to teeth with incomplete radicular obturations and inadequate coronal restorations