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13. – 15. studeni 2020., Zagreb (online)

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Doc.dr.sc. Božana Lončar Brzak

International invited speakers • Međunarodni pozvani predavači:

Prof.dr.sc. Nathaniel Treister, Harvard School of Dentistry, Brigham&Women's Hospital, Boston, SAD

Prof.dr.sc. Rui Amaral Mendes, Porto, Portugal i Case Western Reserve University, Cleveland, SAD,

Prof.dr.sc. Giovanni Lodi, Univesrita degli studi di Milano, Milano, Italija

MEDICATION-RELATED OSTEO NECROSIS OF THE JAW - CURRENT CONCEPTS AND MANAGEMENT EXPERIENCE

Rui Amaral Mendes¹

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Thanks to the advances in diagnosis, staging, and treatment modalities, cancer survival has been increasing over the years.

Modern oncological treatment often relies on chemotherapy alone or as an adjunct to surgical treatment or radiation therapy.

Regardless of the anatomical localization of the primary tumor, distant complications at the head and neck level may occur, leading to osteonecrosis of the jaws.

Notwithstanding the physiopathological mechanisms involved, the severity of medication-related osteonecrosis and its effect on the patients vary from cases that are entirely asymptomatic to those that cause severe pain, disfigurement, and functional impairment of the jaws, seriously damaging the patients' quality of life.

Overall management of bone complications arising from bone modifying agents (BMAs) will be addressed in an evidenced-based manner, focusing on the assessment of risk for developing these complications, while further highlighting the role of the oral health-care provider in preemptive clearance, treatment and post-treatment care and follow-up.

OSTEONEKROZA ČELJUSTI UZROKOVANA LIJEKOVIMA – SADAŠNJI KONCEPTI I ISKUSTVO LIJEČENJA

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Zahvaljujući napretku u dijagnozi, stupnjevanju i mogućnostima liječenja preživljenje karcinoma se povećalo tijekom godina.

Suvremeno onkološko liječenje često se oslanja na kemoterapiju, pojedinačno ili kao dodatak kirurškom liječenju ili liječenju zračenjem.

Bez obzira na uključene patofiziološke mehanizme, jačina osteonekroze uzrokovane lijekovima i njen utjecaj na bolesnike variraju od potpuno asimptomatskih slučajeva do onih koji uzrokuju jaku bol, unakaženost i funkcionalno oštećenje čeljusti, ozbiljno šteteći bolesnikovoj kvaliteti života.

Prikaz liječenja koštanih komplikacija koje nastaju zbog lijekova koji modificiraju kost usmjerit će se prema znanstvenim dokazima fokusirajući se na procjenu rizika za razvoj komplikacija, istodobno ističući ulogu zdravstvenih radnika u prevenciji, liječenju i praćenju nakon liječenja.

ANTIBIOTIC RESISTANCE, PRESCRIPTION AND DENTAL PRACTICE

Giovanni Lodi¹

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In 2020 we are experiencing how difficult is to deal with an infectious disease when no effective treatment is available. In recent years about 25 000 patients die in the EU every year from an infection with the selected multidrug-resistant bacteria and experts estimate that by 2050, 10 million lives a year are at risk due to the rise of antimicrobial resistance. The World Health Organisation defines antibiotic resistance "one of the biggest threats to global health, food security, and development today" and foresees a "post-antibiotic era in which common infections and minor injuries can kill is far from being an apocalyptic fantasy".

Antibiotic resistance is rising all over the world and one of its main cause is the misuse and overuse of antibiotics. Dentists are responsible for about 10% of all the outpatient prescriptions of antibiotics, but most of such prescriptions are probably unnecessary and inappropriate, in particular when used as a prophylactic measure.

Dentists urgently need to change how we prescribe and use antibiotics, starting from returning to operative interventions and surgery as the primary management of head and neck infections, considering antibiotics as adjunctive treatments.

OTPORNOST NA ANTIBIOTIKE, PROPISIVANJE RECEPTA I STOMATOLOŠKA PRAKSA

Giovanni Lodi¹

¹Sveučilište u Milanu, Italija

U 2020. godini smo suočeni kako se teško nositi sa zaraznom bolešću kada nije dostupno učinkovito liječenje. Posljednjih godina u EU godišnje umre oko 25 000 pacijenata od infekcije bakterijama otpornim na više lijekova, a stručnjaci procjenjuju da je do 2050. godine 10 milijuna života godišnje ugroženo zbog porasta antimikrobne rezistencije. Svjetska zdravstvena organizacija definira rezistenciju na antibiotike "jednom od najvećih prijetnji globalnom zdravlju, sigurnosti hrane i razvoju danas" i predviđa da je "post-antibiotičko doba u kojem uobičajene infekcije i lakše ozljede mogu ubiti daleko od apokaliptične fantazije".

Otpornost na antibiotike raste u cijelom svijetu, a jedan od glavnih uzroka je zlorabna i prekomjerna upotreba antibiotika. Doktori dentalne medicine su odgovorni za oko 10% svih ambulantnih recepta antibiotika, ali većina takvih recepta vjerojatno je nepotrebna i neprimjerena, posebno kada se koriste u svrhu profilakse.

Doktori dentalne medicine moraju hitno promijeniti način na koji propisuju i koriste antibiotike, počevši od vraćanja na kirurške intervencije kao primarno liječenje infekcija glave i vrata, uzimajući antibiotike u obzir kao dodatno liječenje.

ORAL MEDICINE FUNDAMENTALS - PATIENT EVALUATION AND DIFFERENTIAL DIAGNOSIS

Nathaniel S. Treister¹

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Dentists are experts in the diagnosis and management of diseases of the teeth and periodontium; however most have far less comfort when it comes to "non-dental" oral diseases. Similarly, physicians receive little if any training in dental and oral medicine and are likely to refer their patients with oral diseases to oral health care specialists. For these reasons, it is not at all uncommon for a patient to visit 5-10 doctors before receiving a correct diagnosis and appropriate treatment plan, often months to even years after the initial presentation. Dentists are responsible for providing comprehensive oral health care, and therefore must be familiar with the wide range of non-odontogenic conditions that can affect the oral cavity. This talk will provide a rational, concise, and comprehensive approach to patient evaluation and the diagnosis of oral medicine conditions.

ORAL CARE OF CANCER PATIENTS

Ivan Alajbeg^{1,2}

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The professional role of the dentist also includes care for their particularly vulnerable patients, those whose serious diseases involve a very complex therapy with numerous side effects. These are primarily cancer patients. There are two important postulates that the dentist should be aware of: 1. side effects of treatment of the underlying disease in these patients leads to a number of specific circumstances in which invasive dental procedure can be potentially dangerous, and 2. numerous serious side effects of treatment of the underlying disease can be prevented or minimized by appropriate dental treatment and oral care.

There are two main outcomes that we want to avoid in these patients: 1) discontinuation of radiotherapy due to painful oral mucositis, which would lead to poorer treatment outcomes and lower survival rates, and 2) the need for tooth extraction, which could result in the development of osteoradionecrosis.

In this lecture, the dental aspects of oncological treatment (chemoradiotherapy of head and neck) will be described. The patients we will talk about have a great potential benefit from their dentist, but also a potential additional threat to health if the dentist is uninformed about the specific effects of the patient's disease or therapy on the oral cavity and the course of dental treatment. An uninformed dentist can harm the patient, and the irresponsible will, by avoiding the treatment, deprive the patient from optimal care. Although qualitative shifts exist, such care is still largely unavailable due to insufficient understanding of the issue by relevant medical specialists, but also due to insufficient interest and professional responsibility of dentists to participate in the overall treatment of "patients at risk". The aim of the lecture is for dentists from primary health care to adopt the basic concepts of dental care for such patients, so that they can participate in their overall care with a logical understanding.

TREATMENT OF THE MOST COMMON ORAL DISEASES

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The most common diagnoses that we encounter in the oral medicine clinic, and which are somewhat less common in polyvalent surgeries, are oral lichen planus, aphthous ulcers, traumatic injuries, viral and fungal infections, and dry mouth. The treatment of oral diseases is symptomatic and/or etiologic. Topical corticosteroids are the therapy of choice for most painful and erosive changes of the mucosa, such as oral lesions of erosive lichen planus, aphthous ulcers and traumatic injuries. They are applied three to four times a day, absorption from the mucosa is minimal, there are no systemic side effects, and it usually takes two weeks of treatment until the lesions heal. Symptomatic viral infections in the oral cavity include infections caused by the herpes simplex virus and the coxsackie virus. Systemic antiviral therapy is effective in the initial stage of infection, but later it does not affect virus replication. In the later stage of infection, the therapy of choice is usually symptomatic local therapy, for 7-10 days. Fungal infections are more common in the elderly and immunosuppressed individuals. In addition to treating the infection itself, it is necessary to remove the predisposing factors to prevent recurrence. Oral candidiasis in most cases undergoes local antifungal therapy while in some cases systemic antifungals will be required. One of the predisposing factors for oral candidiasis is dry mouth, which is a common problem in elderly patients. Depending on the sialometry values, treatment involves stimulating the secretion of one's own saliva or substitution with various preparations.

OSNOVE ORALNE MEDICINE – EVALUACIJA PACIJENATA I DIFERENCIJALNA DIJAGNOZA

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Doktori dentalne medicine su stručnjaci za dijagnozu i liječenje bolesti zuba i parodontita; međutim većina ima manje znanja kada su u pitanju "ne-zubne" bolesti usne šupljine. Slično tome, liječnici pohađaju malo ili nimalo edukacije iz dentalne i oralne medicine i vjerojatno će svoje pacijente s oralnim bolestima uputiti stručnjacima za oralnu zdravstvenu zaštitu. Iz tih razloga nije nimalo neobično da pacijent posjeti 5-10 liječnika prije nego što dobije točnu dijagnozu i odgovarajući plan liječenja, često mjesecima ili godinama nakon početnih simptoma. Doktori dentalne medicine su odgovorni za pružanje sveobuhvatne zdravstvene zaštite usne šupljine i stoga moraju biti upoznati sa širokim rasponom ne-odontogenih stanja koja mogu utjecati na usnu šupljinu. Ovo će predavanje pružiti racionalan, sažet i sveobuhvatan pristup evaluaciji pacijenta i dijagnozi bolesti oralne sluznice.

STOMATOLOŠKA SKRB ONKOLOŠKIH BOLESNIKA

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Profesionalna uloga stomatologa sadrži i skrb za posebno vulnerabilne među svojim pacijentima, one čije smrtonosne bolesti podrazmijevaju vrlo kompleksnu terapiju s brojnim nuspojavama. Prvenstveno je tu riječ o onkološkim bolesnicima. Dva su važna postulata koje stomatolog treba osvijestiti: 1. nuspojave liječenja osnovne bolesti u tih bolesnika dovodi do niza specifičnih okolnosti u kojima invazivni stomatološki zahvat može biti potencijalno opasan, i 2. brojne ozbiljne nuspojave liječenja osnovne bolesti mogu biti uklonjenjem pravodobnim aktivnim stomatološkim liječenjem i praćenjem.

Dva su glavna ishoda koja u tih bolesnika želimo izbjeći: 1) prekid radioterapije zbog bolnog mukozitisa, što bi dovelo do slabijeg uspjeha liječenja i niže stope preživljavanja, i 2) potrebe za ekstrakcijom zubi, što bi moglo rezultirati razvojem osteoradionekroze.

U ovom će predavanju biti opisani stomatološki aspekti onkološkog liječenja (kemoradioterapije tumora glave i vrata). Bolesnici o kojima ćemo govoriti u svom stomatologu imaju veliku potencijalnu pomoć, ali i potencijalnu dodatnu prijetnju zdravlju ukoliko je stomatolog neinformiran o specifičnim učincima pacijentove bolesti ili terapije na usnu šupljinu i tijekom stomatološkog liječenja. Neinformirani stomatolog pacijentu može aktivno odmoći, a neodgovoran će, izbjegavanjem liječenja takvih pacijenata, onemogućiti pružanje optimalne pomoći onima kojima je to najpotrebnije. Iako kvalitativni pomaci postoje, takva je skrb još uvijek uglavnom nedostupna zbog nedovoljnog razumijevanja problematike od strane relevantnih medicinskih specijalista, ali i zbog nedovoljne zainteresiranosti i profesionalne odgovornosti stomatologa da sudjeluju u ukupnom liječenju „rizičnih bolesnika“. Cilj je predavanja da stomatolozi iz primarne zdravstvene zaštite usvoje osnovne koncepte stomatološke skrbi takvih bolesnika, kako bi s logičkim razumijevanjem mogli sudjelovati u njihovoj ukupnoj skrbi.

LIJEČENJE NAJČEŠĆIH ORALNIH BOLESTI

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Najčešće dijagnoze s kojima se susrećemo u oralnomedicinskoj ambulanti, a koje nešto rjeđe dolaze i u polivalentne ordinacije su oralni lichen planus, aftozne ulceracije, traumatske ozljede, virusne i gljivične infekcije te suhoća usta. Liječenje oralnih bolesti je simptomatsko i/ili etiološko. Topikalni kortikosteroidi su terapija izbora za većinu bolnih i erozivnih promjena na sluznici, kao npr. lezija erozivnog lichen planus, aftoznih ulceracija i traumatskih ozljeda. Primjenjuju se tri do četiri puta dnevno, apsorpcija sa sluznice je minimalna i nema sustavnih nuspojava, a obično su potrebna dva tjedna terapije do cijeljenja lezija. Od simptomatskih virusnih infekcija u usnoj šupljini javljaju se infekcije uzrokovane virusom herpes simpleks te koksaki virusom. Sustavna protuvirusna terapija je učinkovita ukoliko se započne uzimati u početnom stadiju infekcije, no nakon toga ne utječe na umnažanje virusa. U kasnijem stadiju infekcije terapija izbora je obično simptomatska lokalna terapija, kroz 7-10 dana. Gljivične infekcije češće se javljaju u starijih i imunosuprimiranih osoba. Osim liječenja same infekcije, potrebno je i ukloniti predisponirajuće čimbenike kako ne bi došlo do recidiva. Oralna kandidijaza u većini slučajeva prolazi na lokalnu protugljivičnu terapiju dok će u pojedinim slučajevima biti potrebni sustavni antimikotici. Jedan od predisponirajućih čimbenika za oralnu kandidijazu je i suhoća usta koja je česta tegoba starijih pacijenata. Ovisno o nalazu sialometrije, liječenje uključuje poticanje lučenja vlastite sline ili nadoknadu različitim preparatima.

ORAL POTENTIALLY MALIGNANT LESIONS AND ORAL CANCERAna Andabak Rogulj¹¹Department of Oral Medicine, School of Dental Medicine, University of Zagreb, Croatia

Oral cancer is a significant healthcare problem, and more than 300,000 new cases are diagnosed worldwide each year. In Croatia, between 300 and 400 people die annually from this diagnosis. It is most often oral squamous cell carcinoma (OSCC), which is mostly preceded by oral potentially malignant lesions (OPMLs) that have an increased risk of malignant transformation. The most common OPMLs include oral leukoplakia, oral lichen planus, erythroplakia, actinic cheilitis, and oral submucosal fibrosis. The global prevalence of OPMLs ranges from 1% to 5%. Currently, the risk of developing OSCC is assessed according to the histological degree of epithelial dysplasia. However, it is important to emphasize that some lesions with dysplasia will never evolve into OSCC while others without dysplasia will. Despite advances in diagnostics and recent approaches in the treatment, survival rate of OSCC has not been changed significantly in the last five decades. The poor prognosis of OSCC can be largely attributed to its asymptomatic course and frequent diagnosis in the advanced stage of the disease.

KNOWLEDGE AND ATTITUDES ABOUT ORAL CANCER AMONG GENERAL DENTAL PRACTITIONERSLivia Cigić¹¹University of Split School of Medicine, Croatia

Objectives: The aim of this study was to assess knowledge and attitudes of dental practitioners toward etiology, prevention and clinical appearance of oral cavity cancer.

Material and methods: In the period from the end of February to the beginning of May 2019, a cross-sectional research was carried out. Respondents filled out a questionnaire that was completely anonymous. The first set of questions was related to general data of dental practitioners, and the other one was focused on knowledge and attitudes of oral cancer.

Results: A total of 151 general dental practitioners were included in this study, but only 99 (65.6 %) implement preventive examination of oral cavity for early detection of cancer. A total of 142 (94 %) do not know oral cancer risk factors and 77 (51%) do not recognize precancerous lesions. Despite the facts that 90.1% of doctors believe that they have learned to identify oral cancer, 116 (76.5 %) of them does not know the clinical appearance of oral cavity cancer. A large number of dental general practitioners, 147 (97.4 %), think they know how to examine the oral cavity and 92 (60.7 %) do not know the distribution of cancer in the oral cavity. Unfortunately, 149 (98.7 %) of dental practitioners do not know oral cancer symptoms who therefore will not be able to suspect the disease and refer the patient to appropriate specialists.

Conclusion: Lack of knowledge about oral cancer indicates the need for better education of our dentists in undergraduate education and postgraduate continuing education courses.

INCIDENCE OF ORAL MUCOSAL DISEASES AMONG CROATIAN PATIENTS AT UNIVERSITY HOSPITAL CENTRE ZAGREBIvana Škrinjar¹¹Department of Oral Medicine, School of Dental Medicine, University of Zagreb/Dental clinic, University Clinical Hospital Centre Zagreb, Croatia

Objectives: The aim of the study was to establish the incidence of oral mucosal diseases among patients at University Hospital Centre Zagreb, Croatia.

Material and Methods: The study was conducted at the Department of Oral Medicine, University Hospital Centre Zagreb, Croatia, and was approved by the Ethical Committee. Data was retrospectively collected from electronic database for three years (2015, 2016 and 2018). Patients who came for the first time at our Department were included in the study and we recorded age, gender and diagnosis for each patient. Data were recorded in Excel table and analyzed by MedCalc statistical software.

Results: Total number of patients was 6398 (women 66.43 percent, men 33.57 percent) with median age 57 years (1 - 97). The most common diagnosis was burning mouth syndrome (13.5 percent) followed by xerostomia (7.5 percent), oral lichen planus (6.1 percent), diagnostic of Sjogren syndrome (5.3 percent), candidal infections (4.2 percent), geographic tongue (3.4 percent), fibroma (3.4 percent), atypical facial pain and paresthesia (3.3 percent), aphthous lesions (3.1 percent), viral infections (2.6 percent), traumatic lesions (2.5 percent), gingivitis or periodontitis (2.4 percent), mucocele (2.1 percent) and pigmented lesions (1.4 percent).

Interestingly, 6.2 percent of the patients came because of normal structures in the mouth (e.g. Fordyce spots, lingual papillae, salivary glands ducts). Leukoplakia was diagnosed in 1 percent and oral carcinoma was diagnosed in 0.8 percent of all patients (51 patient).

Conclusion: Elaboration of the obtained data is needed to further analyze the most common oral mucosal diseases.

ORALNE POTENCIJALNO ZLOČUDNE LEZIJE I ORALNI KARCINOMAna Andabak Rogulj¹¹Zavod za oralnu medicinu, Stomatološki fakultet Sveučilišta u Zagrebu, Hrvatska

Oralni karcinom predstavlja značajan zdravstveni problem, a godišnje se u svijetu dijagnosticira više od 300 000 novih slučajeva. U Hrvatskoj godišnje od ove dijagnoze umre između 300 do 400 ljudi. Najčešće je riječ o oralnom planocelularnom karcinomu (OPK) kojem većinom prethode oralne potencijalno zloćudne lezije (OPZL) koje imaju povećan rizik za zloćudnu preobrazbu. U najčešće OPZL ubrajaju se oralna leukoplakija, oralni lichen planus, eritroplakija, aktinični heilitis i oralna submukozna fibroza. Globalna prevalencija OPZL kreće se od 1% do 5%. Trenutno se rizik od razvoja OPK procjenjuje prema histološkom stupnju displazije epitela. Međutim, važno je naglasiti kako pojedine lezije s displazijom nikada neće prijeći u karcinom dok druge bez displazije hoće. Unatoč napretku u dijagnostici i novijim pristupima u liječenju, stopa preživljenja OPK nije se značajno promijenila u posljednjih pet desetljeća. Loša prognoza OPK može se u velikoj mjeri pripisati njegovom asimptomatskom tijeku i učestalim dijagnosticiranjem u uznapredovaloj fazi bolesti.

PREZENTACIJA REZULTATA ISTRAŽIVANJA STAVOVA I ZNANJA DOKTORA DENTALNE MEDICINE O KARCINOMU USNE ŠUPLJINELivia Cigić¹¹Studij dentalne medicine, Medicinski fakultet Split, Hrvatska

Cilj: Utvrditi znanje i stavove doktora dentalne medicine o etiologiji, prevenciji i kliničkoj slici karcinoma usne šupljine.

Materijali i metode: Od veljače do svibnja 2019. godine provedeno je presječno istraživanje u ordinacijama dentalne medicine na području grada Splita temeljeno na anketnom upitniku. U prvom dijelu upitnika prikupljeni su opći podaci, a u drugom stavovi i znanja o karcinomu usne šupljine.

Rezultati: Od ukupno 151 doktora dentalne medicine koji je sudjelovao u istraživanju, samo njih 99 (65,6 %) provodi preventivni pregled usne šupljine u svrhu ranog otkrivanja karcinoma. Većina doktora dentalne medicine (94 %) ne zna sve rizične čimbenike za nastanak karcinoma usne šupljine, a 77 (51%) ih ne prepoznaje prekancerozne lezije. Većina ispitanika (90,1%) smatra da su tijekom školovanja stekli znanja kako prepoznati karcinom usne šupljine i da su sposobni otkriti karcinom usne šupljine, ali čak 116 (76,5%) tih istih ispitanika ne zna kliničku sliku oralnog karcinoma niti najčešće lokalizacije karcinoma usne šupljine (60,7%). Simptome karcinoma usne šupljine ne prepoznaje 149 (98,7 %) ispitanika, a pogrešnom specijalistu, pacijenta sa sumnjom na oralni karcinom, uputio bi 43 (28,4%) doktora dentalne medicine.

Zaključak: Loše znanje doktora dentalne medicine o oralnom karcinomu upućuje na potrebu za boljom dodiplomskom edukacijom i za dodatnom edukacijom kroz poslijediplomske tečajevе trajnog obrazovanja.

INCIDENCIJA BOLESTI ORALNE SLUZNICE NA ZAVODU ZA BOLESTI USTA KBC -A ZAGREBIvana Škrinjar¹¹Zavod za oralnu medicinu, Stomatološki fakultet Sveučilišta u Zagrebu/ Klinika za stomatologiju KBC Zagreb, Hrvatska

Svrha rada: Svrha rada bila je utvrditi incidenciju bolesti sluznice usne šupljine među bolesnicima na Zavodu za bolesti usta KBC-a Zagreb, Hrvatska.

Materijali i metode: Istraživanje je provedeno na Zavodu za oralnu medicinu i Kliničkom zavodu za bolesti usta KBC-a Zagreb, Hrvatska i odobreno od strane Etičkog povjerenstva. Podaci su prikupljeni retrospektivno iz elektroničke baze podataka za tri godine (2015., 2016. i 2018.). Uključeni su bolesnici koji su po prvi put došli na Zavod te su za svakog zabilježeni podaci: dob, spol i dijagnoza. Podaci su pohranjeni u Excel tablici i analizirani pomoću MedCalc statističkog softvera.

Rezultati: Ukupan broj bolesnika bio je 6398 (žene 66.43 %, muškarci 33.57 %) uz medijan dobi od 57 godina (raspon 1-97).

Najčešća dijagnoza bile je sindrom pekućih usta (13,5 %), zatim suhoća usta (7,5 %), oralni lichen planus (6,1 %), dijagnostika Sjogrenovog sindroma (5,3 %), kandidijaza (4,2 %), geografski jezik (3,4 %), fibrom (3,4 %), atipična facijalna bol i parestezija (3,3 %), afte (3,1 %), virusne infekcije (2,6 %), traumatske lezije (2,5 %), gingivitis i parodontitis (2,4 %), mukokela (2,1 %) i pigmentne lezije (1,4 %).

Zanimljivo, 6,2 % bolesnika je došlo zbog normalnih struktura u ustima (npr. Fordaycove granule, jezične papile, izvodni kanali žlijezda slinovnica).

Leukoplakija je dijagnosticirana u 1 %, a oralni karcinom u 0,8 % svih slučajeva (51 bolesnik).

Zaključak: Potrebna je razrada dobivenih podataka za daljnju analizu najčešćih bolesti sluznice usta.

ORAL MEDICINE AT THE FACULTY, IN HOSPITAL AND IN PRIVATE PRACTICE

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In Croatia, the services of oral medicine specialists are available at dental clinics, in some hospitals and in private practice. The purpose of this retrospective study was to compare the activities of oral medicine at different locations. The oral medicine specialists work in Zagreb was analyzed through 3 months period, at the faculty clinic, hospital and in private practice (796 patients).

At the faculty clinic in Zagreb and in private practice, the activity is similar, while the activity within the hospital is quite different. Faculty and private practice oral medicine deals mainly (>95%) with the care of outpatients oral diseases. In the hospital setting smaller part (37%) of the specialist work refers to the management of oral diseases, while care for the hospitalized and patients with special needs dominates. There, most of the work consists of: preparations (37%) for cardiac surgery, transplantation, radiotherapy, chemotherapy and therapy with antiresorptive, antiangiogenic or biological drugs and dental management of the medically compromised patients (12%). Also, oral medicine specialists at the hospital participate in the dental management under general anesthesia (14%). The activity of oral medicine specialists in the hospital is the area of special care dentistry / hospital dentistry, which raises the question of the need for additional education and training to work with these groups of patients.

MANAGEMENT OF PATIENT WITH ORAL POTENTIALLY MALIGNANT DISORDERS – CASE REPORTS

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Oral cancer may develop in areas of pre-existing mucosal pathology in the oral cavity. A wide range of oral mucosal disorders with an increased risk of malignant potential are listed under term oral potentially malignant disorders (OPMDs). OPMDs include oral leukoplakia, erythroplakia, erythroleukoplakia, oral lichen planus, oral lichenoid reactions, graft-versus-host disease, oral lupus erythematosus, oral submucous fibrosis and actinic cheilitis of the lower lip. Most of these disorders are asymptomatic in the early stages of their presence and as that may be detected by routine oral examination. Once the diagnosis is made the patient should be checked regularly. The purpose of this work is to present clinical cases.

ORAL DISEASES IN CHILDREN

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Pathological conditions of the mucosa and oral diseases are manifested on the oral mucosa from infancy to puberty, and are not uncommon. Diagnosis of oral disease consists of taking a detailed personal and family history, clinical oral examination, and it is certainly necessary to take into account the age of the child due to the influence of environmental factors. Oral diseases in children are classified as: changes of the oral mucosa that occur in newborns and infants, inflammatory diseases in children, inflammation of the tongue in children, recurrent oral ulcerations in children and traumatic injuries of the oral mucosa. Early recognition of oral symptoms and signs in children is important in making a timely final diagnosis of an age-specific oral disease or possible systemic disease. Early diagnosis of oral disease in children is possible because oral lesions for certain systemic and infectious diseases appear at an early stage of the disease or in their prodromal stage. This is especially important in infectious diseases, which prevents their spread among children in kindergarten collectives. Clinical oral examination is simple, noninvasive, and presents less stress to the child than invasive diagnostic procedures, and may be sufficient in diagnosing a systemic or infectious disease.

ORALNA MEDICINA NA FAKULTETU, U BOLNICI I U PRIVATNOJ PRAKSI

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U Hrvatskoj usluge specijalista oralne medicine dostupne su na klinikama stomatoloških fakulteta, u nekim bolnicama i u privatnoj praksi. Svrha ove retrospektivne studije bila je usporediti djelatnosti oralne medicine na raznim lokacijama. Analiziran je rad specijalista oralne medicine u Zagrebu kroz 3 mjeseca, na fakultetskoj klinici, bolnici i privatno, analizom 796 pacijenta/slučajeva.

Na fakultetskoj klinici u Zagrebu i u privatnoj praksi djelatnost je slična, a djelatnost u okviru bolnice dosta se razlikuje. Fakultetska i privatna oralna medicina bavi se uglavnom (>95% slučajeva) zbrinjavanjem bolesti usta vanjskih pacijenata.

U bolničkom okruženju manji dio rada specijalista odnosi se na zbrinjavanje bolesti usta (37% slučajeva), a dominira skrb za hospitalizirane i bolesnike s posebnim potrebama. Tako se obavljaju pripreme (37% slučajeva) za kardiokirurški zahvat, transplantaciju, radioterapiju, kemoterapiju te terapiju antiresorptivnim, antiangiogenim ili biološkim lijekovima te se pruža stomatološka skrb medicinski kompleksnim bolesnicima (12% slučajeva). Također spec. oralne medicine u bolnici sudjeluju u sanaciji zuba u općoj anesteziji (14% slučajeva).

Djelatnost spec. oralne medicine u bolnici je područje special care dentistry/ hospitalne stomatologije/stomatologije posebne skrbi, a što otvara pitanje potrebe dodatne edukacije za rad s tim skupinama bolesnika.

SKRB O PACIJENTU S POTENCIJALNO MALIGNIM ORALNIM LEZIJAMA – PRIKAZ SLUČAJA

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Karcinom usne šupljine može se razviti iz različitih patoloških promjena oralne sluznice. Širok spektar poremećaja oralne sluznice koji imaju povećani rizik maligne proliferacije poznat je pod pojmom potencijalno maligne oralne lezije (eng. oral potentially malignant disorders - OPMD). OPMD uključuju oralnu leukoplakiju, eritroplakiju, eritroleukoplakiju, oralni lišaj planus, oralne lichenoidne reakcije, bolest transplantata protiv domaćina, eritemski lupus, oralnu submukoznu fibrozu (OSF) i aktinični heilitis donje usne. Većina ovih poremećaja je asimptomatska u ranoj fazi te se slučajno otkriju pri rutinskom oralnom pregledu. Pacijenta je potrebno redovito kontrolirati nakon što se postavi dijagnoza. Svrha ovog rada je predstaviti kliničke slučajeve.

ORALNE BOLESTI DJEČJE DOBI

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Patološka stanja sluznice i oralne bolesti se očituju na sluznici usne šupljine od dojenačke doba do puberteta i nisu rijetkost. Postavljanje dijagnoze oralne bolesti se sastoji od uzimanja detaljne osobne i obiteljske anamneze, kliničkog oralnog pregleda, te je svakako potrebno voditi računa o dobi djeteta zbog utjecaja vanjskih čimbenika. Oralne bolesti dječje dobi se klasificiraju kao: promjene oralne sluznice koje se pojavljuju u novorođenačkoj i dojenačkoj dobi, upalne bolesti dječje dobi, upale jezika u dječjoj dobi, rekurentne ulceracije dječje dobi i ozljede oralne sluznice. Uočavanje ranih simptoma i znakova bolesti sluznice usne šupljine kod djece je važno u postavljanju pravovremene konačne dijagnoze oralne bolesti koja je specifična za dob ili moguće sustavne bolesti. Rana dijagnostika oralne bolesti dječje dobi je moguća jer se oralne lezije za određene sustavne i infektivne bolesti pojavljuju u ranoj fazi bolesti ili u njihovom prodromalnom stadiju. To je osobito važno kod infektivnih bolesti čime se sprječava njihovo širenje među djecom u dječjim kolektivima. Klinički oralni pregled je jednostavan, neinvazivan i predstavlja manji stres za dijete od invazivnih dijagnostičkih postupaka, a može biti dovoljan u postavljanju dijagnoze sustavne ili infektivne bolesti.

POSTOPERATIVE NEUROPATHIC PAIN - HOW CAN WE HELP THE PATIENT?

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Postoperative neuropathic pain is a complication that can occur after surgery and can cause discomfort and inability of the patient to function, especially when it is chronic. It presents a diagnostic and therapeutic challenge. The treatment of neuropathic pain is in majority of cases pharmacological, but therapy success is reported only in 30% of patients. In addition to drugs, neuropathic pain can be treated by means of neurosurgery, physical therapy, and physical modalities such as low level laser used to achieve biostimulatory, regenerative, analgesic, and anti-inflammatory effects in targeted tissues. This form of therapy is non-invasive, with a small number of complications and rare side effects. In the presentation section, a case of a female patient with postoperative neuropathic pain treated with a low level laser therapy will be presented.

TREATMENT OF POSTOPERATIVE NEUROPATHIC PAIN WITH AMITRIPTYLINE

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Postoperative neuropathic pain is a rare complication of oral surgical procedures. Even though it does not pose any danger to patient's physical health, it can severely affect patient's psychological wellbeing and severely disrupt quality of life. Treatment is often long and unsuccessful, often accompanied with unnecessary diagnostic and therapeutic procedures. Treatment is also often accompanied by inadequate communication between doctor and patient, primarily regarding therapeutic options and their limitations.

One of the first-line drugs used for the treatment of neuropathic pain is amitriptyline, tricyclic antidepressant with analgesic effect. In spite of that, it has been rarely used by general dentists and different specialists in dentistry. Two cases of patients with postoperative neuropathic pain whose pain was adequately controlled with amitriptyline will be presented.

POSTOPERATIVNA NEUROPATSKA BOL – KAKO MOŽEMO POMOĆI PACIJENTU?

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Postoperativna neuropatska bol je komplikacija koja može nastati nakon kirurških zahvata i može uzrokovati nelagodu i nesposobnost pacijenta, osobito kad je kronična. Predstavlja izazov u dijagnostici i liječenju. Liječenje neuropatske boli je najčešće farmakološko, s uspjehom terapije u samo 30% pacijenata. Osim lijekovima, neuropatska bol se može liječiti neurokirurškim zahvatima, fizikalnom terapijom te fizikalnim sredstvima kao što su niskoenergetski biostimulativni laseri koji se koriste za postizanje biostimulativnog, regenerativnog, analgetskog i protuupalnog odgovora tretiranih tkiva. Takav oblik terapije je neinvazivan, s malim brojem komplikacija i rijetkim nuspojavama. U izlaganju prikazati će se slučaj pacijentice s postoperativnom neuropatskom boli koja je liječena niskoenergetskim biostimulativnim laserom.

LIJEČENJE POSTOPERATIVNE NEUROPATSKE BOLI AMITRIPTILINOM – PRIKAŽI SLUČAJA

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Postoperativna neuropatska bol je rijetka komplikacija oralnokirurškog zahvata. Iako ne predstavlja opasnost za fizičko zdravlje, može imati teške posljedice po psihičko zdravlje pacijenta i jako narušavati kvalitetu života. Liječenje je često dugotrajno i neuspješno. Vrlo često je praćeno nepotrebnim dijagnostičkim i terapijskim procedurama. Liječenje je također često praćeno neodgovarajućom komunikacijom između pacijenta i liječnika, ponajprije u svezi mogućnosti liječenja i njihovih ograničenja.

Jedan od lijekova prvog izbora za liječenje neuropatske boli je amitriptilin, triciklički antidepresiv s analgetskim učinkom. Unatoč tome, opći stomatolozi i specijalisti stomatoloških disciplina ga nevoljko koriste. U predavanju će se prikazati dva slučaja pacijenata s postoperativnom neuropatskom boli u kojih je postignuta zadovoljavajuća kontrola boli korištenjem amitriptilina.