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MINERVA

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STOMATOLOGICA

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VOLUME 67 · SUPPL. I · No. 2 · APRIL 2018

**XXV Congresso Nazionale  
Collegio dei Docenti Universitari  
di discipline Odontostomatologiche**

Roma, 12-14 aprile 2018



EDIZIONI · MINERVA · MEDICA

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## ABSTRACT

tion and another one after 7 days, that will be subjected to microbiological analysis. To half of the selected patients (that for convenience we will call the "educated patients") we provide an accurate oral hygiene lesson using models and brushes in order to show the correct movements to be implemented; in addition, to that half of sample, we will prescribe Chlorhexidine (CHX) mouthwash and toothpaste and we will recommend to use them for the following 7 days twice a day (every 12 hours). Each patient will fill out a questionnaire in order to be divided into 3 groups:

- educated patients who didn't have AP and post-operative antibiotic therapy but used CHX;
- uneducated patients who didn't have AP and post-operative antibiotic therapy but used CHX;
- uneducated patients who didn't have AP and post-operative antibiotic therapy and didn't use CHX.

**RESULTS:** An efficient oral hygiene and the use every 12 hours of CHX gives hope for a faster and better healing of the treated gingival tissue and in a lower and less aggressive presence of bacterial plaque compared to patients who don't follow these measures.

**CONCLUSIONS:** The plaque biofilm is the main cause of postoperative complications in the extraction of the third molar, and since we are not able to destroy it if not through the brushing, an exclusively antibiotic therapy would not prevent the infection. Providing a good education to oral health instructions is essential for oral cavity health. A mechanical therapy associated with the use of an antiseptic is sufficient to avoid an infection.

### Oral microbiota and clinical variations in Ramadan fasting patients

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**BACKGROUND:** Evaluate, compared to standard parameters, changes in diet, nutrition frequency and other health-related habits and identify guidelines aimed to preventing oral issues of fasting in the month of Ramadan: Muslim religious fasting belief, which it believers shall refrain from taking food or drink from Sunrise until sunset.

**METHODS:** The study will be conducted at the dental clinic, IRCCS Ospedale Maggiore Policlinico of Milan, where they'll be selected 60 adults who follow the Ramadan fasting, divided randomly in two groups of people:

- A. 30 subjects educated and motivated to correct oral hygiene habits and maneuvers at home;
- B. 30 subjects not educated and not motivated to correct oral hygiene habits and maneuvers at home.

Both groups are evaluated at 3 different moments:

- from 1 to 30 days prior to the commencement of fasting (T0);
- 7 days before the end of the fasting period (T1);
- 7 days after the end of the fasting period (T2).

Initial treatment at T0 will be: scaling, DMFT/dmft (decayed, missed, filled, teeth), caries receptivity index and, considering 6 surfaces for each dental element, full mouth plaque score (FMPS), the semi-qualitative plaque index of Silness and Loe (IP), full mouth bleeding score (FMBS) and semi-qualitative bleeding index (IS). Will be evaluate the oral microbiota following a dental plaque levy, processed afterwards in PCR-real time for amplification and quantization of bacterial DNA.

Analyzed, by means of a pH meter, the salivary pH and, through the Griess reagent (NO), the endothelial dilation factor, that represents the degree of gingival/periodontal inflammation expressed as concentration of  $[NO_2]$  g/L:  $4NO + O_2 + 2H_2O \rightarrow 4NO_2 + 4H^+$ . For last, they will be given a questionnaire to rate their eating habits and their initials oral hygiene habits at home. In T1 and T2 will be again recalculated as well the same indexes and repeated the same analysis.

**RESULTS:** The results of the data collected in the three moments of the study, compared to standard parameters, will allow us to identify any risks to the oral health of these patients. In addition, may advance in the month of Ramadan fasting guidelines modeled on the Group A or group B.

**CONCLUSIONS:** Fasting inevitably causes dietary changes. Therefore, there may be a correlation between caries receptivity and/or periodontal disease in correspondence to a shift in the timing of eating. It highlights, therefore, the importance of knowing any changes of the oral microbiota and oral health related to the month of Ramadan in the two different groups considered in the study.

### Low energy polarized light in the care of inflammations and gengival injuries in patients affected by juvenile idiopathic arthritis

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**BACKGROUND:** Testing a useful procedure based on a complex periodontal repair and regeneration system through the use of a photobiomodulator device in which light, at low energy levels, modulates intra- and extracellular photoreceptors through molecular and cellular processes that can stimulate both anti-inflammatory mechanisms that a cell proliferation response.

**METHODS:** Healthy orthodontic patients (A) and affected by juvenile Idiopathic Arthritis (B) are selected at the dental clinic of the IRCCS CA' GRANDA Ospedale Maggiore Policlinico in Milan. Both groups will be submitted to the Griess test to quantify the degree of gingival / periodontal inflammation, found at the salivary level as NO<sub>2</sub>.

The quantitative bleeding (FMBS) and semi-qualitative (IS) indices will be evaluated, the latter using four different codes:

- Code 0: absence of bleeding in the survey;
- Code 1: presence of bleeding in the survey, without redness and edema;
- Code 2: bleeding in the survey with redness and edema;
- Code 3: spontaneous bleeding.

In addition, the quantitative (FMPS) and semi-qualitative plaque indices of Silness J & Loe H (IP) will be calculated, considering six surfaces per tooth; the latter attributing four different codes:

- Code 0: lack of plaque;
- Code 1: 1/3 of the dental surface covered with plaque;
- Code 2: 2/3 of the dental surface covered with plaque;
- Code 3: more than 2/3 of the dental surface covered with plaque.

Our attention will focus on the use of the medical device Light Therapy System that emits polarized, polychromatic, non-coherent and non-invasive light. Subjects with gingival / periodontal inflammation will be treated with the following method: 1st and 4rd quadrantà treated with phototherapy; 2nd