

● 치은연하 우식증의 치주, 보존 동시치치증례 보고

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Overhanging된 齒齦緣下 補綴物이 細菌模型成을 促進시키며 이로 因하여 上皮의 增殖은 勿論 齒周疾患의 病因 乃至는 惡化의 原因이 된 動物 實驗 또는 臨床病例에서 證明되고 있음은 周知의 事實이다.

따라서 齒周疾患의 豫防을 爲해서 Stein, Glickman氏等은 補綴物製作時에 그 補綴物의 緣이 齒緣上에 形成되어야 한다고 했으며 齶蝕症의 感受性이 높은 患者라 하더라도 이는 適應된다고 主張하였다. 따라서 齒周疾患의 豫防을 爲해서 支台齒形成時에 齒齦切除手術을 함으로써 視野를 良好하게 하며 Overhanging을 豫防할 수 있는 것이다. 이리므로 肥厚 乃至는 增殖된 齒齦緣을 除去함으로써 生理的 機能的 形態를 賦與하게 되는 것이다.

본 예는 齒齦切除를 施行하고 난 後에 視野를 完全히 하고 난 後 保存治療를 하여 滿足한 結果를 얻어서 여기에 紹介하는 바이다.

● 진행성 복합 치주염의 동종골 및 자가골 이식에 의한 외과적 수술 증례보고

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진행성 복합 치주염의 외과적 근치술에 골편 이식술의 개념이 도입된 이래 수많은 시도가 가하여지고 수술 시기 또한 괄목할만한 발전을 이룬것이 작금의 추세라 하겠다.

저자들은 병소 주위 치조골의 결손부 수복 및 저작 기능 회복 등을 향진시킬 목적으로 1971년 3월 17일 및 1971년 7월 15일에 각각 진행성 복합 치주염의 진단하에 외과적 기도를 가하여 고무적인 결과를 얻었기로 이에 문헌 고찰과 더불어 증례를 보고하는 바이다.

증례 1) 21세 여자로 하악 4전치, 우측 상악 제1·2소구치 및 제1대구치가 침범되어 1971년 3월 17일 동종 골편(조장 경골 골편)이식술을 시행하였다. 술후 제4주에서 현저한 치조골의 수복, 치주낭의 감소가 방사선 검사로 증명되었으며 치아동요도 또한 현저히 감소하였다.

술후 제20주에 육안적 관찰을 통하여 고무적인 결과를 볼 수 있었다.

증례 2) 24세 남자로 양측 상악 소구치, 우측 상악 제1대구치 및 하악 4전치 등이 침범되어, 1971년 7월 15일 자가 골편(좌측 장골의 골편)이식술을 시행하였다. 증례 1)에서와 같이 술후 제 4주에서 벌써 방사선 음영 상의 호전이 인정되었으며, 기능 회복은 증례 1)에서 보다 다소 빠른 인상이었다.

Effects of steroid hormones on serum and bone citrate in parathyroidectomized chickens

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Using the pentobromoacetone method, the experiments to the effect of steroid hormone on serum and bone citrate in parathyroidectomized chickens were performed with 95 chickens, weighting about 500gm.

The results of this experiment are as followings

1. In parathyroidectomized group, the amount of serum and bone citrate was decreased as compared with that of controls.
2. In steroid hormone administered groups after parathyroidectomy the amount of serum and bone citrate was decreased as compared with that of steroid hormone alone administered groups.
3. On the decreasing action in serum and bone citrate of steroid hormone, effects of cortisone was just the same as that of testosterone in parathyroidectomized chickens.
4. Steroid hormones administered groups after parathyroidectomized was more decrease in serum and bone citrate level than that of parathyroidectomized alone groups.
5. In steroid hormones administered groups after parathyroidectomy, the rise in bone citrate level occurred after the maximum rise in serum citrate level.
6. From these results it would be described that the concentration of citrate in serum and bone is influenced by parathyroid hormone and steroid hormones.

Combined periodontal and restorative management of sub-gingival caries

Hugh H. Bruner

In 1961, when I graduated from dental school, I had been schooled in the time honored concept of extension for prevention of recurrent caries¹⁾. I was not aware that even then this concept was being questioned²⁻¹²⁾. In the last decade, while some research has corroborated this concept¹³⁾, other research, clinical experience, and opinion have now combined to challenge G. V. Black's principles¹⁴⁻¹⁵⁾.

Experiments in experimental animals have shown that subgingival restorations are likely to facilitate retention of bacterial plaque²⁻¹¹⁾. When silver amalgam was held against the palatal mucosa of experimental rats the tissue underwent extensive epithelial proliferation and hyper-keratinization¹⁶⁾. Besides the presence of plaque being an agent of pathogenesis, the amalgam restoration with an over-hanging margin is significantly associated with gingival disease¹⁷⁾.

Gilmore and Sheiham concluded that posterior dental restorations with definite overhangs were positively related to the severity of periodontal disease in the study population¹⁸⁾.

While it may be a bit premature to indict amalgam *per se* for gingival problems¹⁹⁾, the causal relation-

ship of plaque accumulation on overhanging margins, the presence of overhanging margins in periodontally diseased teeth gives impetus to the concept : to overhanging restorations is sound dentistry.

Stein and Glickman have recommended that in intracoronal retainers all preparations should terminate well above the gingival margin²⁰. Stein has lectured that if possible, in restorations, one should stay away from the gingiva : and moreover, supragingival restorations are prescribed even on caries-prone-individuals²¹.

The above two authors have written that in crown preparations, surgical removal of the gingival to obtain a satisfactory impression offers a distinct advantage over chemical and mechanical methods²⁰.

Klecinic and Fedi have published that the gingival tissues should meet the crown of the tooth in a knife-edge margin. Unfortunately, the gingival margin is often accentuated or thickened, depending on tooth contour or tooth position. Therefore, correction prior to the restorative phase of the treatment plan is often indicated²².

Thus the following concept for the management of sub-gingival caries is advanced : Teeth should never be restored until periodontal is achieved. The marginal gingiva should be excised prior to restoration of the sub-gingival caries. Since the Gingival margin of the cavity preparation will thus be exposed, the restoration can be facilitated and an overhanging margin can thus be avoided.

Frozen homogenous bone and autogenous iliac bone marrow transplantation in the treatment of generalized advanced periodontitis

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Two cases of generalized advanced periodontitis treated radically by homogenous bank bone implantation and autogenous iliac chip graft are presented. It is authors regret to present only two cases with relatively short follow-up period.

Life-long follow-up with complete assessment of the case including histological examination should be expected in later issue.

Reverse palatal split thickness flap surgery

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1. Reverse bevel incision along the gingival margin(3 to 4 mm).
2. Split thickness flap retracted.
3. Removal of granulation tissue and root accretions.