

PROPHYLAXIS OF INFLAMMATORY COMPLICATIONS WITH ACUPUNCTURE AFTER DENTAL IMPLANTATION

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Aim was to provide postoperative inflammation prophylaxis with acupuncture after dental implantation, to determine its clinical effectiveness.

Objects and methods. We examined 43 patients with partial secondary edentia who underwent dental implantation (1 or 2 implants within the same segment). Patients were divided into two groups. Group I (23 patients) received standard postoperative treatment: antibacterial, antiinflammatory drugs (control group). Group II (20 patients) had extratreatment with acupuncture (our method treatment). Before the surgery, acupoints (AP) of common action were irritated within 30-35 minutes: GI4, GI10, GI11, C7, C9, TR1, IG1, VB20, VG26. Then dental implantation was applied. The next day we irritated 2 common and 4 local AP: GI19, GI20, E3, E4, E5, E6, E7, IG18, IG19, TR17, TR21, VB2, VB3, VG28, VC24, PC18, PC19, PN12, PN25. Irritation performed with braking method, exposure - 30-35 minutes. Treatment consisted of 10 sessions daily. AP combination was different for every session. AP were chosen according to their respective segments where the implant was installed.

Postoperative zone tissues were evaluated in dynamics: before, after operation: in 3, 7, 14, 21 days, 3 months applying Shiller-Pisarev's and Svrakov's iodine number tests. We used three-points test of perimaxillary soft tissue edema degree, integral criteria for implant state evaluation. Long terms results were after 4 years.

Results. The Shiller-Pisarev's and Svrakov's iodine number tests data confirmed the state of periodontal tissue before implantation corresponded to physiological norm within the segment of interest in 32% in group I and 28% in group II. A well compensated state of tissue was registered in 68%, 72% accordingly. On the third day in both groups the inflammatory reaction was fixed

relative to the pre-operative data ($p < 0,01$). There was no significant difference when comparing Shiller-Pisarev's and Svrakov's iodine number tests data in groups 1 and 2. Test of submandibular soft tissue swelling degree was lower in group II ($p < 0,02$). On the 7th day a significant difference was found in the compared groups according to Shiller-Pisarev's and Svrakov's iodine number tests data which demonstrated the advantage of the results of patients in group II. The similar results ($p < 0,05$) were received on 14 day. Implants rejection was fixed at 21 day for 3 patients of group I. No complication found in group II.

Conclusion. Proposed method of postoperative inflammation prophylaxis with acupuncture after dental implantation is effective.