

characteristic (ROC) curves were configured to establish cutoff points of OPG level that optimally predicted coronary atherosclerosis. A calculated difference of  $P < 0.05$  was considered significant.

**Results.** Circulating OPG level in subjects with high risk was significantly higher when compared to low patients with low risk (5345.26 pg/mL [95% confidence interval (CI) = 4456.90-5824.82 pg/mL] and 2210.93 pg/mL; 95% CI = 1751.23-2823.45 pg/mL;  $P < 0.001$ ). Comparison of the predictive value of OPG concentration to the severity of coronary atherosclerosis in patients at low and high risk was performed using ROC-analysis. The findings suggest that the predictive power of the model for high-risk patients, the estimated largest AUC (area under curve), somewhat higher than for patients with relatively low risk (AUC = 0,956; sensitivity = 84.5%; specificity = 87.8% and AUC = 0,776; sensitivity = 77.2%; specificity = 76.9% respectively). In this case, the cutoff point for the concentration of OPG, have the best prognostic potential on the risk of coronary atherosclerosis, were for both groups of patients, 4467.2 pg / ml and 3168.9 pg / ml respectively. In conclusion, we believe that elevated OPG in plasma can be considered as independent predictor of severity of coronary vasculature damage in type 2 diabetic patients.

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**Key words:** Type two diabetes mellitus; Osteoprotegerin; Cardiovascular events; Coronary artery disease.

DOI: 10.29256/v.03.01.2019.escbm70

## CILIARY NEUROTROPHIC FACTOR IN PATIENTS WITH PEDIATRIC ISCHEMIC STROKE

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Ciliary neurotrophic factor (CNTF) represents an important biomarker in many neurological diseases, including ischemic stroke in the child, being a significant factor in the survival of neurons and oligodendrocytes, mediates neurogenesis and anti-inflammatory processes. Aim: Assessment of the role of CNTF in the ischemic stroke in children by assessment of the serum levels of this biomarker.

**Materials and Methods:** The serum levels of CNTF were determined in 52 children aged from 4 weeks to 10 years with ischemic stroke using samples of the blood serum in the first 3-5 days after admission. The diagnosis of ischemic stroke was confirmed based on clinical manifestations and imaging examinations. CNTF was also determined in 30 practically healthy children.

**Results:** We revealed elevated CNTF serum levels in children who supported ischemic stroke, i. e., mean CNTF value was 7.9 pg/ml, compared to practically healthy children,

5.3 pg/ml respectively. In children with severe neurological injury CNTF increased up to 20.26 pg/ml and has been associated with severe clinical manifestations, i. e., paralysis, disorders of consciousness, and epilepsy. Conclusions: The increasing in CNTF serum level during acute period of stroke suggests the involvement of this factor in stroke-induced neurogenesis and in the pro-inflammatory processes occurring in this condition. Elevated serum levels of CNTF are in a direct correlation with the degree of damage of brain structures. This study provides a reliable ground for further research of the therapeutic strategies in stroke in children.

**Key words:** stroke, ischemic, pediatric, CNTF.

DOI: 10.29256/v.03.01.2019.escbm71

## METHOD OF TREATMENT WITH PROVISIONAL RESTORATION IN IMMEDIATE LOADING OF DENTAL IMPLANTS

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Modern dentistry has witnessed a rapid and continuing evolution. Concerning the implant-rehabilitation protocols, they have been redefined in order to satisfy patient's increasing expectations in terms of comfort, aesthetic and shorter treatment period. Provisional restorations for partially edentulous patients are a well-accepted and predictable treatment modality. Aim of the research: The purpose of this review is to explore the concept of immediate loading, to analyze the features of the implant-prosthetic treatment with immediate provisional crowns loading for restoring the integrity of the dental arches and the indications for clinical practice.

**Materials and Methods.** Patients referred to the department of Prosthetic Dentistry and Oro-Maxillo-Facial Surgery (University Medical Center Chisinau, University of Moldova) for anterior implant treatment were considered. From the years 2014 to 2018, 20 consecutive patients (10 females and 10 males) ranging in age from 18 to 70 years (mean 44 years) presented partial edentia for the placement of 38 implants intended to support teeth acrylic crowns, after that we change for metal fused ceramic restorations. Dental implants in the study group were solved by temporary crowns with occlusal contact at the same day and in the control group was applied a temporary crowns in the occlusal contact by delayed protocol (3-4 month), after that were changed with porcelain fused to metal crowns. Following indexes were studied: the gingiva thickness after healing, stability of endosseous dental implants (primary and secondary).

**Results.** Immediate loading of dental implants induce osteogenesis.

Statistical analysis was performed by the mean value and standard error indications, t-Student test and Mann Whitney test ( $p < 0.05$ ). The gingiva thickness was  $5.95 \pm 0.28$  mm in the study group and  $3.74 \pm 0.27$  mm in control group ( $p > 0.05$ ). After the statistical analysis it was revealed a negative correlation between the gingiva thickness and mucosal recession. The average Periotest values were  $-3.9 \pm 0.32$  (study), and  $-4.6 \pm 0.16$  (control) ( $p > 0.05$ ). Mann Whitney test and t-Student test showed no statistical difference between groups.

**Conclusion.** Provisional restoration used to evaluate contours of the planned definitive restoration, which has immediate comfort and aesthetics, stopped dental migration in vertical and in horizontal plane, and maintaining initial prosthetic space, preservation of crestal bone and interdental papillae. Provisional restorations can be used to evaluate phonetic and occlusal function prior to delivery of the final implant restorations, while preserving the condition of the peri-implant and gingival tissues.