

sljedećih zaključaka: djeca ruralnog i subruralnoga dijela naše zemlje, a osobito iz ratnih područja, pokazuju vrlo visoke vrijednosti dmft/DMFT i i dmfs/DMFS indeksa. DMFT indeks iznosio je 6,67, a dmft 7,7. Dobivena vrijednost SiC indeksa iznosila je 10,89. Na temelju dobivenih rezultata možemo zaključiti da smo još veoma daleko od postavljenih ciljeva WHO i FDI za unapređenje oralnoga zdravlja. Postoji jako velik postotak ortodontskih anomalija, 68,72% u starijoj populaciji i 39,19% u mlađoj ispitnoj skupini. Istraživanjem je potvrđeno određeno pravilo distribucije karijesnih lezija prema zubi i čeljusti. Ta spoznaja, uz prikupljanje nekliničkih varijabli, može uvelike koristiti u svakodnevnoj kliničkoj praksi te omogućiti brzo i točno dijagnosticiranje. Tada se uz pravilnu preventivu i kurativnu skrb lakše može postići razina oralnoga zdravlja.

Caries Incidence in Children With Regard to Their Oral Hygiene Habits and Past Caries Experience

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Caries incidence in children is frequently connected to certain life habits of each individual. Multifactorial etiology of dental caries make it difficult to act on etiological factors, but if we get to know them better it can help us to prevent tooth decay as one of the most humane and economical ways of acting against caries, which is still an important issue of public health.

The aim of this study was to establish certain regularities in caries incidence in children during primary and permanent dentition, with regard to clinical and non-clinical variables which can be gathered in everyday clinical work. The study was conducted on 301 subjects, inhabitants of Petrinja and Topusko. The subjects were age from 3-6 and 11-14 years. Seventy-four subjects participated in the younger age group and 227 in the older. All the subjects were under the same protocol. The questionnaire examined the level of oral hygiene, use of additional supplements (antibacterial agents, fluorides), eating habits, nutrition and socio-economical status. Clinical examination was made by one experienced examiner. It consisted of a dental examination, determination of the quantity of

stimulated saliva and evaluation of oral hygiene index (Green-Vermillion). Orthodontic anomaly was also noted. On the basis of the collected and statistically processed data we reached the following conclusion: children in rural and sub-rural areas of Croatia, especially in parts affected by the recent war, show very high values of dmft/DMFT. DMFT index was 6.67 and dmft 7.7. The obtained value of SiC index was 10.89. On the basis of these results we can conclude that we are still far away from the goals set by WHO and FDI to improve oral health. We also found a very high percentage of orthodontic anomalies, from 68.72% in the older group to 39.19% in the younger. The study confirmed the rule of the distribution of caries lesions towards the tooth and jaw. This knowledge, with the collecting of non-clinical variables, can be effectively used in everyday clinical practice and allows quick and accurate diagnosis with the right preventive and curative care to improve the level of oral health.

Organizacija hitne stomatološke službe grada Zagreba i Zagrebačke županije

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Hitna stomatološka služba društvena je javnozdravstvena djelatnost primarne stomatološke zaštite organizirana i financirana od HZZO-a Grada Zagreba i Zagrebačke županije kako bi se na trima lokacijama svim građanima Grada Zagreba i Zagrebačke županije pružile hitne stomatološke usluge u vremenu kada ostale stomatološke ustanove i ordinacije ne ordiniraju, a to je tijekom svake noći od 22 sata do 6 sati ujutro, te nedjeljama, praznicima i blagdanima. U cijelosti sagledavši organizaciju spomenute službe, do 2000. godine Gradski je ured za zdravstvo, rad i socijalnu skrb proveo funkcionalnu reorganizaciju sa svrhom da se postignu najviši standardi u hitnoj zubozdravstvenoj zaštiti svih građana Zagreba i Zagrebačke županije. Služba je organizirana u uređenim prostorima i s novom stomatološkom opremom na trima lokacijama: