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Management and healing of oral wounds using plasma rich fibrin

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Oral wounds occur most commonly after teeth extraction, surgical procedures or as a result of injuries. Wounds resulting from surgical interventions are primary closed. Open wounds are more often and they heal per secundam intentionem. Specificity of oral wounds is their exposure in oral cavity and absence of scab, good vascular and innervation network, where many local factors (saliva, bacteria, smoking, immunodeficiency, etc.) can slow the healing process. Wound healing is very complex and has four phases where various growth factors and proteins are included. Healing of these wounds is slow, and during that period some complications can occur (alveolitis, infections, etc.). Plasma rich fibrin is biological, autologous material gained from patient's blood. It consists of dense fibrin mesh infiltrated with white blood cells, platelets and growth factors. Growth factors have angiogenic and osseointegrative role, and also influence on differentiating mesenchyme cells. In degranulation process, platelets release cytokines that have multiple mechanism of improving healing by stimulating reparation and production of collagen. Also cytokines have a key role in regulation of cell apoptosis and cicatrization. In comparison to any other material, biological response to platelet rich fibrin is superior. Placing this material in extraction sockets or oral wounds, accelerates healing process, prevents and diminishes the occurrence of complications and modifies soft tissue management where is necessary.

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