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Management and Healing of Oral Wounds using Plasma Rich Fibrin

Kristina Rebić* and Bojan Gacic

University of Belgrade, Serbia

Oral wounds occur most commonly after teeth extraction, surgical procedures or as a result of injuries. Wounds resulting from surgical interventions are primarily 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 osteoconductive role, and also influence on differentiating mesenchyme cells. In degranulation process, platelets release cytokines that have multiple mechanisms 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 occurred complications and modifies soft and hard tissue management where necessary.

Biography:

Kristina Rebić has started her postdoctoral studies 4 years ago on Belgrade University, School of Dental Medicine, on thesis: Closing orointermaxillary communications using plasma rich fibrin (prf). She is research assistant and Oral surgery resident in Belgrade University, School of Dental Medicine, Clinic of Oral surgery. She is the director of her own private practice. She has published several papers and presentations on domestic conferences.