

МЕДИЦИНСКИЕ НАУКИ

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EARLOBE REPAIR WITH (CYANOACRYLATE) GLUE BY DERMABRASION TECHNIQUE

Summary

Ear lobe tear repair by dermabrasion and cyanoacrylate glue. The procedure become simpler when the technique involves dermabrasion of the skin along the margin until bleeding is attained. After the margin approximation cyanoacrylate glue is applied.

Key words: *earlobe repair, dermabrasion technique, sutureless repair, glue repair*

Introduction. Ear lobe tear is a common problem faced by Cosmetic Surgeons these days and is mostly seen in female patients. Common causes of Ear Lobe tears are continued wearing of heavy earrings (ornaments), sudden pull on the earrings due to snagging of earrings on clothes, hair brushes, assaults, domestic abuses and babies pulling on shiny objects dangling from earlobes. Studies have reported 1% to 2% incidence rate of earlobes tear in patients wearing heavy ornaments as earrings. Nowadays true incidence rate is probably much higher due to the popularity of multiple piercing and heavy ornaments worn by today's population.

Earlobe tears or Earlobe cleft can be classified as either Complete or Partial cleft. Partial Cleft (Tears) occurs when the piercing canal is elongated or deformed due to wearing of heavy ornamental earrings. Complete Cleft (Tear) occurs when the earrings is actually pulled out of the original pierced hole of the earlobe forming a divided medial and lateral limb.

Objective. The present study aims to assess the result of lobuloplasty through simple freshening of the Cleft edges by dermabrasion technique and closure using a tissue adhesive (Cyanoacrylate).

Method. In this study, a teared Earlobe was treated by simple Dermabrasion of Epithelialized edges

of cleft under local anesthesia and closure using Cyanoacrylate as tissue adhesive.

Report. Earlobe tear repair by dermabrasion and tissue adhesive being the simplest, office based procedure is the ideal method for earlobe repairing. The method requires you to slit open the defective area with the help of a scalpel and scissors for creating a raw area along the full length of the defect, before closing the interrupted surface.

One of the major challenges in earlobe repairs is taking a thin enough slice on both sides of the earlobe to achieve a free-bleeding margin, keeping into consideration that you are not taking too much of the ear itself.

The procedure becomes difficult when the earlobe is smaller (fig. 1). The technique involves Dermabrasion (fig. 2) of the skin along the margin until bleeding is attained (fig. 3). After the margin approximation, cyanoacrylate glue is applied (fig. 4, 5).

With the help of this technique, by just sacrificing a minimal amount of ear tissue, you get smaller defect with free-bleeding margins. This also reduces the procedure time due to elimination of the suturing method, still giving you the straight line that results in showing excellent healing (fig. 6 – result visible after 2months) and praiseworthy cosmetic acceptance.



Fig. 1: Partial ear lobule tear due to use of heavy earrings



Fig. 2: Freshening of the cleft edge by dermabrasion



Fig. 3: Freshened epithelized cleft edge



Fig. 4: Application of cyanoacrylate glue for stabilization of both freshened cleft edges



Fig. 5: Appearance of the cleft after application of cyanoacrylate glue

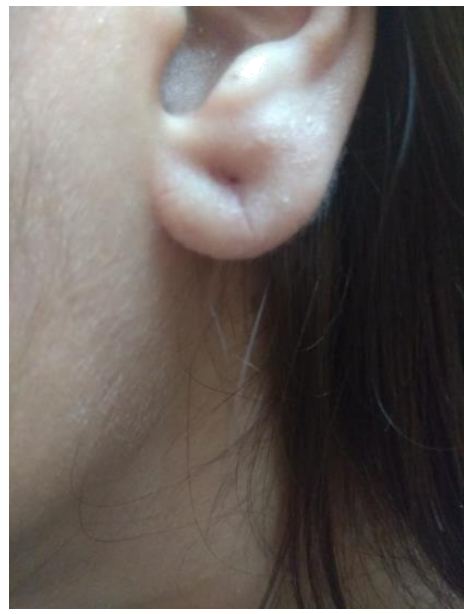


Fig. 6: Repaired ear lobule tear after 2 months

Conclusions. The proposed treatment method proved safe, simple and less time consuming. It can be considered a good option for partial earlobe repair because of its good functional and cosmetic results, low cost, minimal risk, less time required for procedure and easy application.

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EFFECTIVENESS OF TOOTHPASTE WITH HERBAL INGREDIENTS IN A GROUP OF ADULTS WITH GINGIVITIS IN RUSSIA

Abstract

Prevention and treatment of early signs of periodontal disease should be based on careful plaque control and use oral hygiene products with anti-inflammatory and antimicrobial effect. The *aim of the study* was to evaluate effectiveness of toothpaste with herbal ingredients [One Drop Only Toothpaste Concentrate ("One Drop Only GmbH", Germany)] to inhibit dental plaque formation, reduce gingival inflammation in adults and reveal its influence on biofilm. **Methods:** 54 adult volunteers (aged 20-35 years-old) with chronic marginal gingivitis took part in the study. During 8 weeks patients use test toothpaste twice a day. Values of Patient Hygiene Performance Index (PHP), Aproximal Plaque Index (API), Gingival Index (GI), Sulcular Bleeding Index (SBI) were estimated at baseline, after 3, 6 and 8 weeks. Evaluation of pathogenic and resident specimens in gingival sulcus biofilm (by PCR and cultural bacteriological examination) was conducted at baseline and after 8 weeks. **Results:** After 8 weeks significant decrease of dental plaque accumulation was observed both on smooth tooth (19.3%, $p < 0.001$) surfaces and approximal surfaces (14.5%, $p < 0.05$). Reduction of gingival inflammation degree (according to GI Index criteria) was 56.3%, gingival bleeding (according to SBI Index criteria) - 69.8% ($p < 0.001$). Perio-pathogen specimens such as *Aggregatibacter actinomycetemcomitans*, *Tannerella forsythia*, *Treponema denticola* and *Fusobacterium nucleatum* were not found in biofilm samples during final microbiological examination. Active ingredients of test toothpaste did not caused adverse changes of normal microflora. **Conclusions:** Daily use of toothpaste with herbal ingredients provided significant improvement of oral hygiene and periodontal status in adults with gingivitis.

Key words: Gingivitis, Toothpaste, Herbal Ingredients, Oral Hygiene, Biofilm