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Methods: 86 patients, aged between 18 and 80, presented for out-patient periodontal therapy, were questioned anonymously. 64% were female and 36% - male. Author's modification of Morisky Scale (MMAS-4) was used to determine patient compliance. 29 question checklist was developed to verify the findings. The results of the study were statistically analyzed.

Results: Patients were divided into three groups according to the results of response analysis: group 1 - adherent patients (AP) - 15% (13) - all questions were answered in the negative; group 2 - risk group (RG) - 20% (17), one question was answered in the affirmative; and group 3 - non-adherent patients (NAP) - 65% (56) - who answered more than one question in the affirmative. The greatest percentage of NAP (85%) was found out among patients between 18 and 30. In 61–80 age group this number was significantly lower - 38.1%, $p < 0.05$. Non-compliance rate was higher in women (74.5% NAP in female and 48.4% NAP in male, $p < 0.05$). AP group was the smallest (9.1%) among first-time patients. Number of AP was significantly higher (37.5%) in patients undergoing periodontal therapy from 6 to 12 months. Compliance rate decreased to 21.8% 3 years after the beginning of the treatment.

Conclusion: Our study confirms conclusions of multiple studies about sufficiently low rate of adherence to prolonged periodontal treatment and about possibility to affect this rate during treatment. But unlike data of retrospective analysis, detection of potentially non-adherent patients at the diagnosis and treatment planning stage allows to adjust treatment plan with regard to special motivational therapy.

PD022

Interdental papilla and gingival biotype

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Background & Aim: The appearance of interdental papillae plays an important role in the final aesthetic outcome, especially in exposed region as is interdental papilla between central upper incisors. The aim of this study is to determine if gingival biotype affects the appearance of this papilla.

Methods: Strict exclusion criteria were applied and 50 selected subjects in the range of 20–30 years of age with healthy periodontal tissues were examined. Presence of interdental papilla between central maxillary incisors was determined using classification proposed by Nordland and Tarnow (1). Gingival biotype/thickness was measured non-invasively using Pirop Ultrasonic Biometer and with gingival probe transparency (thin/thick). Both results were compared and after re-measuring the sample of subjects evaluate the accuracy of measurement. The method used for the statistical analysis of thickness was Mann-Whitney U test, for probe transparency Chi-Square Test and for comparison of both measurements Mann-Whitney U test was used again. The matching rate of measurement was evaluated using ICC - Intraclass Correlation Coefficient.

Results: Normal interdental papilla was observed in 31 subjects /papilla present/, 19 subjects had papilla class 1 /papilla reduced/. Statistically significant correlation between papilla presence/absence and gingival thickness was not found ($p = 0.303$). Also, no significant relationship between papilla presence/absence and gingival probe transparency was found ($p = 0.336$), although papillae were more present with non-transparent biotype /thick/. There was found significant correlation between both measurements ($p < 0.0001$). ICC for gingival probe transparency was 85% (95% CI: 62.1–96.8%) and for ultrasound measurement of gingival thickness 93.3% (95% CI: 0.855–0.970).

Conclusion: Presence of interdental papilla is affected by various factors, including distance from contact point to the crest of bone or interdental distance (2,3). The impact of gingival biotype was not statistically confirmed in this study.

PD023

Focus on possible associations between temporomandibular disorders, malocclusion and gingival recession

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Background & Aim: The relationship between the dental occlusion, temporomandibular disorders (TMDs) and gingiva has been one of the most controversial topics. Occlusal variations and deviations may be associated with specific health risks such as periodontal diseases and conditions or TMDs. Moreover, several factors are suggested to be involved in the etiology of TMD, including malocclusion, trauma and parafunctional habits (e.g. bruxism). This study aims to assess the prevalence of symptoms and signs of TMD and the relation between gingival recession and dental malocclusion.

Methods: For this study, 118 dental students (mean age 22.46 ± 2.91), who admitted Gazi University Faculty of Dentistry selected randomly, and divided into two groups according to the presence ($n = 69$) and absence of TMDs ($n = 49$). Fonseca's Anamnestic index (FAI) questionnaire was used to diagnose TMDs. Symptoms and signs of TMDs were recorded as temporomandibular joint clicking, muscle pain on mandibular movement, grinding and bruxism in both groups. Presence of malocclusion (Angle's Classification) and the teeth with gingival recession were also studied. Study data were assessed statistically by the chi-square test between study groups.

Results: 58.5% of the dental students had TMDs and 43.2% had gingival recessions; however, no significant association was detected between TMDs and gingival recession. Among all Angle's classification of malocclusions, only Class II appeared to have significant association with TMDs ($p < 0.05$). Temporomandibular joint clicking, muscle pain on mandibular movement were more frequent in the subjects with class II malocclusion, but no statistical significance was detected.

Conclusion: Within the limits of this study, TMDs appears to have no significant association with the presence of gingival recession. On the other hand, our data suggested that subjects with class II malocclusion have an increased risk for TMDs.

PD024

The relationship between maxillary sinus lateral wall thickness, periodontal bone loss, and demographic variables. A retrospective cone beam computerized tomographic study

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Background & Aim: Sinus floor elevation and augmentation surgery is widely used, and it is a predictable procedure to

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