

Hubungan antara Rasio Akar-Mahkota Gigi Klinis dan Konvergensi Akar Gigi Molar Pertama dengan Terjadinya Trauma Oklusi yang Memperberat Periodontitis (Tinjauan Secara Radiografis dari Rekam Medik Klinik Periodonsia Rumah Sakit Khusus Gigi dan Mulut Fakultas = The relationship between clinical root-crown ratio and root convergence of first molar's teeth with the occurrence of trauma from occlusion that aggravate periodontitis (Radiographic review of medical records of clinic periodonsia in Faculty of Dentistry)

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Abstrak

[Latar Belakang: Objektifitas rasio akar-mahkota gigi klinis dan konvergensi akar gigi. Tujuan: Menentukan rasio akar-mahkota gigi klinis dan tipe konvergensi akar gigi molar pertama yang menyebabkan trauma oklusi. Material dan Metode: Metode Lind (1972) dan metode baru untuk menentukan konvergensi akar gigi. Hasil: Rasio $>1,51$ = baik; $1-1,50$ = cukup baik; $0,51-0,99$ = buruk; $0,50$ =sangat buruk. Ada hubungan antara gabungan rasio akar-mahkota gigi klinis dan konvergensi akar gigi dengan kegoyangan gigi (rs:0,302), lamina dura, (rs: 0,211), resesi gingiva bukal (rs: 0,245), kehilangan perlekatan (rs: 0,233). Kesimpulan: Ada hubungan antara rasio akar mahkota gigi yang tidak seimbang disertai konvergensi akar gigi dengan trauma oklusi. , Background: An objective assessment of clinical root-crown ratio and root convergence. Objective: To determine the clinical root-crown ratio and root convergence type of first molar which cause trauma from occlusion. Materials and Methods: Method of Lind (1972) and a new method to determine the root convergence. Results: The ratio >1.51 =good; $1-1.50$ = pretty good; $0.51-0.99$ = poor; 0.50 = very bad. There is a relationship between the combined of clinical root-crown ratio and root convergence with tooth mobility (rs: 0.302), lamina dura, (rs: 0.211), buccal gingival recession (rs: 0.245), loss of attachment (rs: 0.233). Conclusion: There is a relationship between the combine of clinical root-crown ratio and root convergence with trauma from occlusion.]