First of all, they are children with special needs. Children who suffer from specific diseases (different types of syndromes, neurological disorders, autism, etc.) require special dental care, which, in most cases, cannot be provided without general anesthesia, classic intervention in the dental room can damage the health of the child or may be impossible without the cooperation with the patient.

The patients are very small kids who need a large amount of dental treatment. The onset of dental diseases can occur in early childhood, and then the child requires complex intervention, rehabilitation of a large number of teeth from the age of 2-3 years. At this age, children tend to have a very low degree of contact or cooperation with the doctor, and therefore there is a high risk of being injured during classical dental surgery. In this situation, after a complete dental assessment (clinical and radiological) of the patient, the practitioner may recommend dental treatment under general anesthesia, surgery, which includes resolution of all dental problems of the child in one visit (treatment), the length of which does not exceed 3 hours.

At the end of dental treatment under general anesthesia, the patient is fully rehabilitated, but in terms of dental results - they are absolutely incredible. This procedure includes a number of classic therapies performed in the dental room, and the child's stress is minimized.

The benefits of dental treatment under general anesthesia can only be discussed in the context in which it is carried out under conditions of maximum safety for children patients. We should keep in mind that the intervention must be carried out in the hospital, equipped with all the necessary equipment in operating rooms, which is able to manage this kind of treatment in all phases of anesthesia.

Therefore, the dental treatment of children under general anesthesia in the dental room/dental clinic is completely inappropriate, this kind of intervention can only be performed safely in all respects in a hospital. It is where the dental treatment under general anesthesia is conducted and supervised by a team of anesthesiologists who specialize in treating children, and, if necessary, there are pediatricians of related sciences, who, together with dentists, provide the prerequisites and conditions for dental treatment in order to obtain good results which are unattainable with traditional methods of treatment.

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PERIODONTAL DISEASE IN PATIENTS WITH METABOLIC SYNDROME

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Metabolic syndrome includes abdominal obesity, dyslipidemia, hypertension, and carbohydrate metabolism disorders, and its pathogenetic nature is the phenomenon of insulin resistance. In recent years, the study of the relationship between metabolic syndrome and periodontal disease has attracted the attention of many dental scientists.

The aim of the study was to investigate the condition of periodontal tissues in individuals with metabolic syndrome. We examined 190 people with metabolic syndrome and they formed the main group. The comparison group included 90 people without metabolic disorders. The age of respondents ranged from 25 to 55 years. To determine the metabolic syndrome, endocrinologists used the criteria proposed by the World Health Organization (WHO) in 1998. According to this criterion, the metabolic syndrome includes impaired glucose tolerance or type 2 diabetes mellitus and / or insulin resistance in combination with two or more of the following criteria: increase in blood pressure to 160/90 mm Hg; increased plasma triglycerides (greater than 1.7 mmol / l) and / or low levels of high-density lipoprotein cholesterol (less than 0.9 mmol / l in men and less than 1.0 mmol / l in women).

According to the data, the results were next: 155 out of 190 patients with metabolic syndrome had periodontal disease, which was 81.58 ± 2.82%. In 90 patients without endocrinological pathology, the prevalence of periodontal disease was 1.2 times lower (65.56 ± 5.04%).

Generalized periodontitis predominated in the structure of periodontal diseases in patients with metabolic syndrome.

Thus, in the comparison group, gingivitis was detected in 27.12 ± 5.84% of patients, which is 1.4 times more than in the main group. Localized periodontitis was detected in 23.73 ± 5.59% of patients in the comparison group. The number of cases of the initial stage of generalized periodontitis in the comparison group was 1.06 times higher than in the main group ($p < 0.01$). However, the number of cases of generalized periodontitis stage II in patients without metabolic disorders was 18.65 ± 5.11% and was 1.4 times less than in patients with metabolic syndrome. The lowest percentage in the structure of periodontal diseases in the comparison group (8.47 ± 3.66%) was in stage III of generalized periodontitis. In contrast, in the main group, the percentage of stage III GPs was 2.6 times higher (21.94 ± 3.33%).

In the 25-34 age range, periodontal disease was detected in 64.15 ± 5.63% of patients with metabolic syndrome, which is 1.3 times more than in patients without metabolic disorders (47.62 ± 11.12%, $p < 0.01$). In the 35-44 age range, the number of people with periodontal disease in the main group increased to 83.08 ± 3.12%.

In the comparison group, there was an increase in the percentage of patients with periodontal pathology. However, the number of patients was 1.3 times less than in the main group ($p < 0.01$). With increasing age to 44-55 years in patients with metabolic syndrome 93.05 ± 3.12% of cases of periodontal disease were observed, which are 1.4 times more than in persons without metabolic disorders (77.78 ± 6.40%, $p < 0.01$). Intact periodontium was detected only in 18.42 ± 2.82% of patients with metabolic syndrome.

Therefore, we can make a conclusion that patients with metabolic syndrome had a higher prevalence and intensity of periodontal disease than patients without metabolic disorders. Regarding the structure of periodontal disease, patients with metabolic syndrome were dominated by severe stages of periodontal disease. The progression of periodontal lesions was faster compared with patients without metabolic disorders.

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USING A SET OF EXERCISES OF REHABILITATION IN THE TREATMENT OF PATIENTS WITH INFLAMMATORY PROCESSES OF THE MAXILLOFACIAL AREA

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In spite of considerable success in diagnostics and treatment of inflammatory diseases of the maxillofacial area (MFA), till nowadays they have not lost their scientific-practical value. Still they are one of the most urgent issues of modern dentistry. Considering all the importance of the situation, the treatment of inflammatory diseases of the maxillofacial area should be comprehensive. Physical rehabilitation plays a considerable role in a comprehensive treatment of maxillofacial diseases.

Objective: to learn the efficacy of physical rehabilitation in a comprehensive treatment of inflammatory processes of the maxillofacial area during the early postoperative period. In order to provide the outflow, an inflammatory exudate physical rehabilitation is carried out in the form of therapeutic exercises. Intensity and period of exercises are determined depending on the functional state of the patients' bodies. Special exercises for mimic and masticatory muscles are indicated in association with head movements repeated 5-6 times during 10-20 minutes. Slow developing exercises for the muscles of the upper and lower limbs, back and anterior abdominal wall in the initial lying and sitting positions in combination with long-phase expiration respiratory exercises are indicated. The results of the study showed that physical exercises provide improvement of the blood and lymph circulation in the injured place; activate reparative processes; accelerate resolution of inflammatory exudate and improve its outflow from the wound; restore the functions of the mimic, masticatory and lingual muscles; prevent rough scar changes on the skin and mucous membrane. Physical rehabilitation prevents destructive-atrophic processes in the peri-articular tissues and thus