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**METHOD OF DETERMINATION OF THE CENTRAL OCCLUSION HEIGHT IN
PATIENTS WITH DENTAL WEAR PATHOLOGY**

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Pathological abrasion of teeth is one of the common diseases of the dental system. According to researches, pathological abrasion of teeth reaches 19% of the total number of examined patients. The most common form of pathological abrasion of the teeth is horizontal. Patients' attention is increasingly growing not only to the restoration of function but also to the aesthetic qualities of the obtained structures of dental restorations. Denture designs should completely restore the color of teeth, their shape, be invisible to others, and be easy to use. Most patients usually insist on permanent prosthetics. It was found that the pathological abrasion of teeth was mostly caused by a combination of various factors, including abnormal occlusion, the prevalence of which reaches from 20 to 80%, incorrect prosthetics, poor oral hygiene, lack of prophylaxis, the financial inability of people to receive appropriate treatment. Thus, with such a large number of methods of prevention and treatment of dental pathology in the current level of dental care, pathological abrasion of the teeth is a very important problem today. Patients need the proper quality of prevention and treatment of pathological tooth abrasion.

Difficulties in orthopedic treatment of patients with pathological abrasion of hard tooth tissues are determined not only by the type and degree of abrasion but also by concomitant deformations of the dentition, changes in the nature of the bite and its height, changes in reflex connections in the masticatory apparatus.

The most common type of dental prosthesis is a fixed prosthesis. Fixed prosthetics are widely used because they have a number of advantages over removable structures, namely: restore masticatory efficiency up to 100%, have a small size; practically do not interfere with taste and tactile sensitivity. These features allow in a short period of time to rehabilitate the functions of the maxillofacial area, aesthetic norms.

To determine the amount of abrasion of teeth and abrasion resistance of restorative structures, most authors use only visual guidelines, which is not an accurate method of measurement and does not provide sufficient information about the quality of prosthetics. To more accurately determine the reduction in bite height, we proposed our own measurement technique.

To determine the amount of abrasion of the teeth, we made X-ray contrast marks with filling material within the blind fossa of the first permanent molars of the maxilla and mandibula. In the panoramic image, the distance between the lower limit of the mark on the mandible and the upper limit of the mark on the maxilla was measured immediately after fixing the pad, and after 6 months. The difference between these values was the amount of abrasion. A panoramic x-ray was performed with closed teeth in the position of central occlusion.

The distance between the blind fossa and the apex of the medial and distal buccal mounds was also measured immediately after fixation of the lining, and after 6 months, to determine which of the antagonists was erased more.

Thus, the proposed technique allows you to most accurately measure the amount of reduction in the height of the bite in persons who have restored the masticatory surface of the teeth with tabs.

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**PREMORBID CONDITION OF CHILDREN WITH ACUTE PURULENT
LYMPHADENITIS AND ODONTOGENIC OSTEOMYELITIS**

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In the pathogenesis of acute inflammatory processes of the maxillofacial area, children have a history of chronic foci of inflammation and acute bacterial infections. The presence of secondary immune deficiency among some patients and immunosuppressive effects of saprophytic microflora

of the oral cavity under conditions of increased antigenic load on its tissues create appropriate conditions for the development of acute purulent diseases of soft tissues and facial bones due to odontogenic, hematogenous, lymphogenic, stomatogenic, dermatogenic ways of infection.

The aim of our research was to study the premorbid background of 35 patients with acute purulent lymphadenitis and of 23 patients with odontogenic osteomyelitis. The anamnesis of life and disease was collected mainly from parents and children of older age groups in a generally accepted volume.

The analysis of the obtained data allowed to establish concomitant chronic diseases among 27 patients (77.1%) with lymphadenitis and among 18 patients (78.3%) with osteomyelitis. They were the most often observed among children of preschool and primary school age and concerned in most cases the ENT organs, the respiratory tract, the gastrointestinal tract.

After studying the premorbid period, it was found that acute purulent lymphadenitis occurred after SARS among 10 patients (28.6%), in 7 cases (20%) inflammation was combined with acute pathology of the ENT organs, in 5 cases (14.3%) with acute inflammation of the broncho-pulmonary system, in 5 cases (14.3%) with acute periodontitis and exacerbation of chronic periodontitis from temporary permanent molars on the lower jaw, in 3 cases (8.5%) with pustular, skin diseases were observed. Among 5 patients (14.3%) a provoking factor that could contribute to purulent inflammation of the lymph nodes was not detected.

Occurrence of odontogenic osteomyelitis of the jaw bones was preceded by SARS in 7 children (30.4%), general hypothermia - in 5 children (21.7%), acute inflammation of the ENT organs - in 4 children (17.4%), exacerbation chronic diseases of the broncho-pulmonary system - in 3 patients (13.1%) and among 4 (17.4%) provoking factors were not detected.

The development of acute osteomyelitis began in 9 patients (39.1%) with the occurrence of acute periodontitis in temporary teeth, in 7 patients (30.4%) - in permanent premolars and molars. In 4 children (17.4%) and 3 children (13.1%) the cause was exacerbation of chronic periodontitis from deciduous and permanent teeth, respectively.

Thus, the presence of chronic somatic pathology in children and the action of provoking factors create the basis for the realization of the aggressive properties of the infectious agent and lead to acute inflammation in the lymph nodes and jaw bones. The most common causative factors are colds, temporary and permanent molars with complicated forms of carious process.

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**THE EFFECT OF LYSOZYME-CONTAINING DRUGS ON THE TREATMENT OF
DISEASES OF ORAL MUCOSA IN PATIENTS WITH GASTROINTESTINAL
PATHOLOGY**

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The initial anatomical and physiological structure of the gastrointestinal tract is the oral cavity. Therefore, all the processes occurring in the gastrointestinal tract are primarily manifested in the oral cavity. According to statistics, from 10 to 20% of all dental patients have diseases of oral mucosa. The most common diseases of oral mucosa are inflammatory-dystrophic or stomatitis.

The aim of the study was a clinical and experimental justification for the use of a fortified lysozyme-containing agent for the prevention and treatment of stomatitis in patients with diseases of the gastrointestinal tract.

The study was performed on 60 patients with concomitant pathology of the gastrointestinal tract. These patients were treated in the gastrosurgical department of Chernivtsi Regional Clinical Hospital.

In accordance with the existing recommendations, a dental examination of patients was performed, taking into account the complaints of patients, medical history, and examination of the oral cavity. Hygienic indices were also conducted. All patients had unstimulated saliva collected on an empty stomach. The level of biochemical markers of inflammation was determined in saliva: the activity of the proteolytic enzyme elastase, the content of the lipid peroxidation product of malonic