

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



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different methods. Splinting of teeth in these patients was carried out in dental clinics of Chernivtsi, Kherson and Kharkov regions during 2016-2021. Among the splinting structures, 24 (32.0%) splints were made using a non-invasive splinting technique, 51 (68.0%) - using an invasive one. When examining these splint designs, the violation of the marginal fit of the adhesive splint or its detachment from the surface of the splinted teeth was assessed. The marginal fit of the splint. was assessed visually, using a dental probe, caries indicators and a diagnostic light guide of a LuxDent photopolymerization lamp with a green light spectrum.

Results. When examining previously manufactured adhesive splints placed on the oral side of the anterior teeth, a number of shortcomings and complications of splinting were found in 81.2% of patients. Analyzing the results, we can state that six (8.0%) patients had splint cracks, 20 (26.66%) had defects in the interdental spaces, four (5.33%) had chipped parts of the teeth, and 28 (37.33%) - chips of the filling material, in 12 (16.0%) - separation of individual teeth from the general structure, in 54 (72.0%) - violation of the marginal fit of the splint. The period of use of structures that had such defects ranged from six months to 1.5 years after splinting. When examining and analyzing these splinting structures, it was found that the following errors were most common: in 54 (72.0%) cases of violation of the marginal fit of the splint, in 48 (63.9%) - rocks of composite material sections and defects in the interdental spaces. In addition, when using adhesive splints, 40 (53.33%) patients complained of an aesthetic defect, speech impairment. During their examination, in 18 (24.0%) cases, a fairly wide intermediate part was observed. In the manufacture of fiberglass or polyethylene splint, only one or two layers of reinforcing tape 0.1 mm thick were used, which forced much more composite material to be applied. All this led to a violation of the natural contours of the teeth to be splinted and made it difficult for patients to speak. The distance from the adhesive splint to the gingival margin was minimal in 23 (30.6%) patients, and was absent in 15 (20.0%) patients. This led to the appearance of retention points in the interdental spaces and in 49 (65.33%) patients, it made it difficult to carry out hygiene measures, as a result of which plaque quickly accumulated and tartar formed. In 46 (61.33%) patients, the teeth were displaced vestibularly, due to a decrease in the area of contact of the tape with the teeth during the adaptation of the adhesive splint to the interdental spaces.

Conclusions. Thus, in the analysis of adhesive splinting structures, with a period of use of up to one year, most often, the main disadvantages and complications were violations of the marginal fit of adhesive splints, aesthetic problems, speech impairment, and deterioration in oral hygiene. In patients who underwent adhesive splinting for one year or more, poor oral hygiene, vestibular tooth displacement, and a violation of the marginal fit of the splint were noted in the first place.

Bernik N.V.

THE RESULTS OF THE STUDY OF DEVELOPMENTAL MECHANISMS OF INFECTIOUS-INFLAMMATORY COMPLICATIONS IN THE ORAL CAVITY AFTER ORAL SURGERY

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Introduction. The disorders of quantitative and qualitative microscopic flora content, that is, microbe biotic community of the oral cavity and colonization with pathogenic microorganisms, cause inhibition of the body immune reactivity, promote the occurrence of infectious-inflammatory complications and become one of the important reasons for their development.

The aim of the study of the research is to study the mechanisms of development of infectious-inflammatory complications in the oral cavity after oral surgery in order to improve their treatment and prevention.

Materials and methods. 81 patients, aged from 20 to 65, were examined. They were prepared for out-patient surgery in the oral cavity and distributed into three groups according to the types of surgery performed: the 1st group included 27 patients waiting for dental implants, the 2nd group — 28 patients with retention and dystopia of the third lower molar, the 3rd group — 26

patients with radicular cystogranuloma. Before surgery all the patients underwent examination of their immune status in the oral cavity by means of flow cytofluorometry with monoclonal antibodies on the laser cytofluorometer Epics XL-MCL (Coulter, France), microscopic flora of the mucous membrane in the area to insert dental implant and other surgeries in the oral cavity. Isolated cultures of bacteria were identified in order to examine their quantitative and qualitative content.

Results. The results of the investigations demonstrated that alternations of microbial background were found in all three groups of patients prepared for out-patient surgery in the oral cavity. The following stabilizing and periodontal pathogenic flora was found: *Prevotella intermedia* (2,0+0,19; 5,7+0,21; 3,7+0,20), *Fusobacterium* spp (2,7+0,20; 5,6+0,19; B 4,6+0,20) respectively. Moreover, *Actinomyces* spp. (3,7+0,21) were found in patients from the 2nd group with retention and dystopia of the third lower molar. Examination of microbe biotic community in the oral cavity demonstrates periodontal pathogenic flora available, which determined the necessity to initiate pre-surgical antibiotic preventive therapy of possible infectious-inflammatory complications in case of out-patient dental surgery. Investigation of the immune status in the groups of the study has revealed decreased immune reactivity of the body in 58,1% of patients and normal immune reactivity — in 40,9% of patients. Examination of the absolute and relative amount of T-lymphocytes, T-helpers, T-suppressors and immune regulating index (IRI) in patients prepared for oral surgery found a statistically reliable difference of parameters in the groups with decreased immune reactivity of the body and normal immune reactivity. The content of CD3 was 57,6+3,5 and 69,4+1,8; CD — 29,2+1,4 and 41,9+1,2; CD8 — 31,9+2,3 and 30,2+2,9; CD4/CD8 — 1,1+0,1 and 1,52+0, respectively. The levels of immunoglobulins A, M, G did not differ.

Conclusions. The results of the performed study are indicative of the fact that patients with decreased immune reactivity of the body should also take immunotropic medications in addition to antibiotics in order to prevent infectious-inflammatory complications before their oral surgery. Periodontal pathogenic flora and decreased immune reactivity are determining factors promoting the development of infectious-inflammatory complications in the oral cavity in patients prepared for out-patient dental surgery. In addition to antibiotic prevention of infectious-inflammatory complications the drugs with immunotropic effect should be prescribed for patients before a surgery in the oral cavity.

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THE METHOD OF TREATMENT OF MANDIBLE FRACTURES WITH PURULENT-INFLAMMATORY COMPLICATIONS

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Introduction. Occurrence of inflammatory complications in the victims with mandible fractures is 35-40%. Post-traumatic inflammatory complications in patients with mandible fractures are mostly associated with not extracted tooth (located in the line of fracture), poor fixation of the mandible fragments, reduced body reactivity and other factors. Even the lack of the tooth in the line of a damaged mandibular bone is not an absolute guarantee to prevent the development of post-traumatic complications in patients with mandible fracture, since these complications can occur due to lacerations and hematomas in the adjacent soft tissues.

The aim of study. To improve the effect of treatment of patients with mandible fractures complicated by purulent-inflammatory processes by means of introducing dilators made of nickel-titanium with memory effect into the postoperative wound.

Material and methods. Patients with mandible fractures who had purulent-inflammatory complications underwent repositioning and immobilization of bone fragments with dental splints with hooking loops according to S.S. Tigerstedt and CITO with intermaxillary rubber pulls. After reposition and immobilization, the purulent-inflammatory process was opened and drained.

Results. Osteoreparation processes in the place of mandible fracture were assessed on X-ray, and healing of purulent-inflammatory events was estimated by means of the common clinical examinations. The two groups of patients were formed – the main and control ones. In the main