

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



МАТЕРІАЛИ

**105-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
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Матеріали підсумкової 105-ї науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) – Чернівці: Медуніверситет, 2024. – 477 с. іл.

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У збірнику представлені матеріали 105-ї підсумкової науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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prenatal morphogenesis and in development of the topography of human sublingual salivary glands (SLSG).

The aim of the study is to determine the shape variability of major ducts of human SLSG during intrauterine growth (IUG).

Material and methods. The specimens of 60 human pre-fetuses 7-12 weeks of IUG) and 51 fetuses (4-10 months of IUG) were included in the study. The aim of the study was achieved by using methods of macroscopy and microscopy of a set of consequent histological and topographical and anatomical sections, graphical and plastic reengineering, fine preparation under the control of the binocular magnifier as well as morphometry. All the studies were carried out according to the procedures "Ethical and juridical regularities compliance while performing scientific morphological studies".

Results. The comprehensive study of the SLSG in human pre-fetuses and fetuses allowed to single out three different shapes of the major sublingual duct during this period of IUG: straight, arched and U-shaped. The major sublingual duct leaves the upper-medial part of the SLSG on the level of its middle and anterior third. Before entering the oral cavity, the major sublingual duct joins the submandibular duct, forming a short common outlet duct. The orifice of the common outlet duct of both salivary ducts at the end of the fetal period of IUG looks like the definite one and is located on the place of the sublingual caruncle, on both sides of the frenulum of the tongue and slightly rises over the surface of the mucous membrane covering the fundus of the oral cavity. This variant is the commonest. In addition, we have found the cases when the major sublingual and submandibular ducts opened by themselves as well as the orifice of the common outlet duct was formed simultaneously by the submandibular duct and some outlet ducts of the SLSG parts. In the objects group under study the commonest (101 cases or 90, 99 %), were the arched shape of the major outlet duct of the SLSG, much less common (6 cases or 5, 41 %) was a straight major sublingual duct, while the U-shaped variant of the major sublingual duct occurred even less frequently (4 cases or 3, 60 %). We consider it reasonable to continue the comprehensive studies of the prenatal ontogenesis of human sublingual mucous membrane in order to form common regulatory characteristics of the major salivary glands for different research methods.

Conclusions. We were the first to suggest the systematization of different shapes of the major sublingual duct of SLSG in human pre-fetuses and fetuses, by determining such shapes: straight, arched and U-shaped ones. The topography of the major sublingual ducts in the prenatal human ontogenesis is, as a rule, characterized by a common fragment in their distal section as a result of a junction of the major sublingual duct with the submandibular duct and this fragment opens into the oral cavity in the area of the sublingual caruncle. SLSG of human fetuses aged 4-10 months of IUG may contain from 4 to 14 independent particles with outlet ducts that open on the mucous membrane of the sublingual fold. The shape and size of the SLSG in human fetuses depend directly on the number of both independent particles of the gland and on the particles proper, which form their main parts by forming the major sublingual duct of the SLSG with particular outlet ducts.

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**PREVENTION OF INTRAOPERATIVE COMPLICATIONS IN THE SURGICAL
TREATMENT OF ODONTOGENIC CYSTS OF THE JAWS**

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Introduction. The implementation of high-quality tissue joining and hemostasis in oral surgery is an urgent problem of modern dentistry due to the lack of available universal methods that would facilitate the work of the maxillofacial surgeon and reduce wound healing time. High-frequency electric soft tissue welding can be used for effective intraoperative hemostasis and joining the edges of an intraoral wound. Today, the soft tissue welding technique is undergoing extensive clinical trials, the possibilities of its application are gradually expanding, and surgical techniques are being improved, taking into account the peculiarities of tissue welding.

The aim of the study. Therefore, the aim of our work was to use electric welding of tissues during cystectomy of odontogenic cysts of the jaws, for faster healing of the postoperative wound without complications.

Material and methods. Clinical and laboratory studies were conducted in 87 patients of the educational and treatment center “University Clinic”, aged 20 to 51 years and more. The studied patients were represented by 47.13 % of men and 52.87 % of women. The largest group of patients examined was made up of patients aged 31-40 years: 41.46 % and 47.83 % of men and women respectively. The smallest group consisted of 7.32% of men and 4.35% of women aged 51 and older. Patients were divided into three groups: Group I - suturing the wound with suture material, Group II - consolidation of the wound edges with a laser scalpel; Group III - the edges of the postoperative defect were burned using the electric welding machine EKVZ-300 “Patonmed”.

Results. It was found that when using electric welding technologies, clinical symptoms after cystectomy (pain, hyperemia, swelling, facial asymmetry, tooth mobility in the cystectomy area, suture divergence) did not objectify on the 14th day of observation against 5.26 % of patients with mild hyperemia, pain, swelling and 15.79% of patients with tooth mobility in the cystectomy area when suturing the postoperative wound with Vicryl suture material and in 8.0% of patients with pain, swelling, hyperemia of the SOPR and 4.0% of patients with tooth mobility in the cystectomy area when approximating the wound edges using laser technology.

It was proved that the approximation of postoperative SOPR wounds using electric welding in the surgical treatment of odontogenic cysts contributed to a decrease in inflammatory and immunological reactions in the oral fluid of the subjects, which was confirmed by a decrease in the levels of IL-1 β , $p - p_1 > 0.05$, $p_2 < 0.05$, TNF-L, $p > 0.05$, $p_1 - p_2 < 0.01$, on day 7 of observation; quantitative content of leukocytes, $p - p_1 > 0.05$, $p_2 < 0.05$, levels of IL - 8, $p > 0.05$, $p_1 - p_2 < 0.01$, activity of NO - synthase, $p - p_2 > 0.05$ on the 14th day of studies; IL concentrations - 6, $p > 0.05$, $p_1 - p_2 < 0.01$, MMP activity - 9, $p - p_2 > 0.05$ on day 30 after treatment and ESR parameters on day 7 of observations, $p - p_2 > 0.05$.

Conclusions. The use of the proposed method of approximation of the edges of postoperative wounds using electric welding in the surgical treatment of odontogenic cysts minimizes surgical trauma, simplifies and reduces the duration of the operation by more than 2 times, prevents the development of complications and contributes to less severe clinical symptoms compared to other methods (suture material, laser technology) used to connect the edges of postoperative wounds.

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THE USE OF PHYSIOTHERAPEUTIC METHODS IN THE TREATMENT OF DISEASES OF THE MAXILO-FACIAL AREA

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Introduction. Physiotherapeutic procedures are of great importance among the therapeutic, prophylactic and rehabilitation measures for diseases and injuries of the maxillofacial region.

The aim of the study. To study the effectiveness of the use of physical therapy methods in the treatment of diseases of the maxillofacial area.

The aim of the study. They are indicated in almost all forms and stages of the disease and are widely used at various stages of diagnosis, complex therapy, prevention and rehabilitation in order to influence individual pathogenetic links of the process and for symptomatic treatment. Some physical factors directly affect cells and tissues. Groups of physical therapeutic factors optimal for the treatment of dental diseases.

Results. Physical methods with predominantly analgesic effect (transcranial electroanalgesia, fluctuorisation, short-pulse electroanalgesia). Physical methods that have a predominantly anti-inflammatory effect (alterative-exudative phase of inflammation low-intensity uhf therapy, drug electrophoresis, proliferative phase of inflammation high-intensity uhf therapy, high-frequency magnetotherapy ultrasound therapy). Physical methods of action on muscle and