



– 54,77 % less ($p < 0,05$), gram-negative microorganisms – 36,00 % ($p < 0,05$), and *Candida* fungi – 42,86 % ($p < 0,05$). Comparison of findings between the main subgroup and the group of comparison determined 39,53 % as much increased general amount of microorganisms, 47,37 % – gram-positive, 6,25 % – gram-negative and 87,50 % – *Candida* fungi ($p_1 < 0,05$).

In addition to changes in the qualitative content of microorganisms found during inoculations from the oral cavity, the rate of their growth changed as well. In 100 % of cases among the children from the main subgroup very low colony growth was determined. Examination of inoculated cultures in the children from the group of comparison determined a moderate growth of the following microorganisms: streptococci (*Str. faecalis*, *Str. pyogenes*), staphylococci (*S. aureus*) and certain *Candidae* (*C. albicans*). Scanty growth of colonies was found concerning other microorganisms.

Therefore, after the course of treatment concerning chronic catarrhal gingivitis according to the suggested scheme, the contamination by associative opportunistic microflora in the oral cavity of children decreased reliably and the initiated course of treatment promoted a considerable improvement of the periodontal tissue state in children.

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IMOSGENT AS A DRUG OF CHOICE IN THE TREATMENT OF PATIENTS WITH ODONTOGENIC PHLEGMON OF THE MAXILLOFACIAL AREA

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The problem of inflammatory processes treatment of the maxillofacial area remains relevant. Patients with this pathology predominate in surgical dental hospitals. The developed method is based on the removal of toxic metabolites of microbial cells and bacterial toxins from the wound in direct contact with the sorbent.

Objective: to study the effectiveness of treatment of odontogenic phlegmons with use of drug Imosgent based on sorbent Polysorb.

Patients with odontogenic phlegmon of the maxillofacial area were divided into two groups. Standardization of groups was achieved through proportional selection of researched patients with the same severity of disease, localization, and the healing process. In group 1 (control - 26 patients) traditional treatment was used, while in group 2 (28 patients) Imosgent drug was used. After opening of phlegmon, a dialyzer made of a semi-permeable membrane filled with Imosgent powder was placed into the wound. Dressing of the wound, during which the dialyzer was replaced with a new one, was performed once a day.

Imosgent possesses detoxic, osmolar, antimicrobial and proteolytic effects. There is a positive experience of its use for the local treatment of wounds in the first phase of post-operational period.

The results of clinical observations indicate that in patients from group 1 who received traditional treatment, the duration of pain and tissue infiltration in the wound area decreased by 5.72 ± 0.18 days. Inflammatory contracture of the mandible and swallowing disorders decreased by 4.27 ± 0.029 days, complete wound healing and granulation appearance were observed in 4.34 ± 0.16 days. Much better results were obtained in the group 2 where the treatment was done using Imosgent. Duration of pain in the wound area decreased by 3.46 ± 0.11 days, tissue infiltration in the wound area - by 3.97 ± 0.32 days, inflammatory contracture and swallowing disorders – by 3.45 ± 0.20 days. Examination of leukocytosis and wound pH is indicative of Imosgent's advantage over traditional treatment. The efficacy of local phlegmon treatment was also evaluated by cytological studies of the wound. When using Imosgent, the number of degenerative forms of neutrophilic leukocytes and macrophages decreases, but the number of fibroblasts increases. Thus, the use of Imosgent results in faster wound cleaning and stimulation of tissue regeneration processes.



Therefore, Imosgent has high dehydration, proteolytic and antimicrobial activity related to the wound exudate due to its physicochemical composition and properties.

Preservation of the pharmacological form in the wound is achieved by the use of a dialyzer made of a semi-permeable membrane, which prevents its leaching, negative effect on reparative processes and provides an optimal drainage period of the inflammation region of MFA.

The use of Imosgent in a dialysis device provides higher efficacy for the treatment of odontogenic phlegmon by improving wound drainage compared to conventional treatment.

The use of dialyzer with polisorbents provides more powerful local dehydration effect compared to Imosgent which is crucial in the treatment of phlegmons with a predominance of exudation and improves the efficiency of the overall treatment. The use of a dialyser with Imosgent causes fast cleansing of the wound, which creates better conditions for active reparative processes in it and helps to reduce the manifestations of general intoxication.

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THE INFLUENCE OF PH LEVEL ON CARIES DEVELOPMENT IN CHILDREN DURING DIFFERENT AGE PERIODS

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Caries is the most common dental disease that has been diagnosed in the world's population since ancient times. The emergence of such a pathology is due to the action of reasons that have an external and internal influence on the condition of the hard tissues of temporary and permanent teeth.

Changing the Ph of the oral fluid is one of the risk factors for dental caries. This index is the regulator of homeostasis of mineral component and when it is shifted in the acidic direction, the mechanism that leads to the demineralization of tooth enamel is started. The physiological norm of the pH of the oral fluid is 6.60- 7.08. The decrease in the mineralizing properties of the oral fluid leads to a decrease in the acid resistance of the enamel, which causes the caries process.

The aim of our work was to study the pH, micro crystallization of the oral fluid in children aged 7-9 with and without caries and the influence of the indices on the acid resistance of enamel and the possibility of caries lesions with subsequent use of the obtained results to determine the need for preventive measures.

An examination of 134 children aged 7-9 with 1 period of mixed occlusion occurred in organized children's collectives in Poltava. The dental examination was performed according to the common used algorithm. The mineralization potential of the oral fluid was evaluated by its micro crystallization (PA Leus, 1977). Evaluation of micro crystallization was performed according to H.M. Saifulin, O.R. Pozdeev. To determine the resistance of tooth enamel to tooth decay, the enamel resistance test by Okushko V.R., Kosareva L.I. was used. The obtained results have been processed by the method of variational statistics. Indices at $p \leq 0.05$ were considerable different.

The average oral pH of children aged 7 to 9 is (6.83 ± 0.01) units, which is normal. The highest rate was observed in children aged 7 (6.85 ± 0.02) units, in 8 and 9-year-old children it was within $(6.81 \pm 0.02) - (6.82 \pm 0.02)$ units. We did not find a significant difference in age metrics. Further division of children into 2 groups: with caries and without caries, revealed differences in the studied index across all ages. Children with caries are likely to have lower rates in each age group than children without caries, and their numbers are slightly acidic. In children without caries, the figure was in the range of 6.95-6.98 units, which is normal. The same tendency is observed when examining the situation with children who have only caries of temporary or permanent teeth in comparison with healthy children. That is, the average pH of children with caries is always within the range of slightly acidic, and in children without caries - slightly alkaline.

The analysis of the obtained results showed the existence of an inverse correlation in children aged 7-9 with caries between the enamel acidity index and the mineralization potential index ($r = -0.73$ - strong index) and pH ($r = -0.66$ - inverted significant) of oral fluid. A direct