



0.19 teeth, while in 15-year-olds it is higher -  $5.89 \pm 0.24$  teeth. The structure of DMFt was dominated by the component “D” in both groups, respectively in group I -  $3,56 \pm 0,12$  teeth and  $4,48 \pm 0,19$  in group II. It was found that in 12-year-old children, the average value of the SIC index was  $6.67 \pm 0.14$  teeth, which was significantly different from that of 15-year-old children:  $8.41 \pm 0.35$  teeth. We found unsatisfactory oral hygiene in both groups, but the figures were different.

Thus, the obtained high rates of prevalence and intensity of caries determine the special importance of caries prevention measures and indicate the need to find new approaches in the fight for the dental health of children.

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## **FEATURES OF SURGICAL PREPARATION OF ORTHODONTIC PATIENTS**

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The operation to remove the third molars is a frequent stage of orthodontic treatment of patients. Today, many scientists recommend removing the germs of these teeth in children aged 10 years, i.e. before the beginning of the period of root formation, to prevent the development of dental anomalies. In addition, it was found that the postoperative period in patients of an earlier age is better and has fewer complications.

Scientific and practical research in different countries is devoted to the study and evaluation of the state of the germs of third molars, their influence on the formation of occlusion and the state of the dental system. Methods of surgical removal of third molars are constantly improved and the indications and methods of their implementation are expanded. Germectomy is one of the alternative methods, which has a number of advantages over typical and atypical methods of tooth extraction.

In particular, the follicles are located close to the thinned alveolar ridge, have no roots, which significantly facilitates and reduces surgical trauma. Last but not least is the psychological state of the child, which is usually more favorable at an earlier age than during puberty or prepuberty.

Therefore, the aim of our work was to analyze the need for surgery to remove third molars (germs) for orthodontic indications. We conducted a retrospective analysis of 200 medical records, diagnostic models, and orthopantomograms of orthodontic patients.

It was found that in 85.5% of cases orthodontic treatment was accompanied by the removal of third molars and was due to congestion of the teeth, which, in their turn, developed due to various factors. The operation to remove the third molars was performed in patients aged 9 to 25 years and at different stages of orthodontic treatment. The distribution of patients by age was as follows: in 9.94% of cases, surgery in the form of germectomy was performed at the age of 9-12 years; 60.24% - at the age of 12-16 years, and 29.82% - at the age of 16-25 years. 2/3 of patients underwent this surgery before orthodontic treatment, and a third - at the final stage of treatment.

Thus, most often the operation to remove the third molars for orthodontic indications is performed at the age of 12-16 years. Most orthodontists plan this manipulation before the start of the active period of orthodontic treatment. In cases where patients refuse the surgical stage at the beginning of treatment of dental pathology, it is usually necessary to return to it during or after the operation of orthodontic appliances.

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## **PHYSICAL AND CHEMICAL PROPERTIES OF SALIVA AMONG PATIENTS SUFFERED FROM DIABETES MELLITUS**

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One of the leading medical-social issues is diabetes mellitus. The first signs of diabetes are known to be changes in the oral cavity being of a considerable diagnostic value. Diabetic patients in comparison with individuals without somatic pathology manifest dry and pastose content of the