

Generalized periodontitis predominated in the structure of periodontal diseases in patients with metabolic syndrome.

Thus, in the comparison group, gingivitis was detected in $27.12 \pm 5.84\%$ of patients, which is 1.4 times more than in the main group. Localized periodontitis was detected in $23.73 \pm 5.59\%$ of patients in the comparison group. The number of cases of the initial stage of generalized periodontitis in the comparison group was 1.06 times higher than in the main group ($p < 0.01$). However, the number of cases of generalized periodontitis stage II in patients without metabolic disorders was $18.65 \pm 5.11\%$ and was 1.4 times less than in patients with metabolic syndrome. The lowest percentage in the structure of periodontal diseases in the comparison group ($8.47 \pm 3.66\%$) was in stage III of generalized periodontitis. In contrast, in the main group, the percentage of stage III GPs was 2.6 times higher ($21.94 \pm 3.33\%$).

In the 25-34 age range, periodontal disease was detected in $64.15 \pm 5.63\%$ of patients with metabolic syndrome, which is 1.3 times more than in patients without metabolic disorders ($47.62 \pm 11.12\%$, $p < 0.01$). In the 35-44 age range, the number of people with periodontal disease in the main group increased to $83.08 \pm 3.12\%$.

In the comparison group, there was an increase in the percentage of patients with periodontal pathology. However, the number of patients was 1.3 times less than in the main group ($p < 0.01$). With increasing age to 44-55 years in patients with metabolic syndrome $93.05 \pm 3.12\%$ of cases of periodontal disease were observed, which are 1.4 times more than in persons without metabolic disorders ($77.78 \pm 6.40\%$, $p < 0.01$). Intact periodontium was detected only in $18.42 \pm 2.82\%$ of patients with metabolic syndrome.

Therefore, we can make a conclusion that patients with metabolic syndrome had a higher prevalence and intensity of periodontal disease than patients without metabolic disorders. Regarding the structure of periodontal disease, patients with metabolic syndrome were dominated by severe stages of periodontal disease. The progression of periodontal lesions was faster compared with patients without metabolic disorders.

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USING A SET OF EXERCISES OF REHABILITATION IN THE TREATMENT OF PATIENTS WITH INFLAMMATORY PROCESSES OF THE MAXILLOFACIAL AREA

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In spite of considerable success in diagnostics and treatment of inflammatory diseases of the maxillofacial area (MFA), till nowadays they have not lost their scientific-practical value. Still they are one of the most urgent issues of modern dentistry. Considering all the importance of the situation, the treatment of inflammatory diseases of the maxillofacial area should be comprehensive. Physical rehabilitation plays a considerable role in a comprehensive treatment of maxillofacial diseases.

Objective: to learn the efficacy of physical rehabilitation in a comprehensive treatment of inflammatory processes of the maxillofacial area during the early postoperative period. In order to provide the outflow, an inflammatory exudate physical rehabilitation is carried out in the form of therapeutic exercises. Intensity and period of exercises are determined depending on the functional state of the patients' bodies. Special exercises for mimic and masticatory muscles are indicated in association with head movements repeated 5-6 times during 10-20 minutes. Slow developing exercises for the muscles of the upper and lower limbs, back and anterior abdominal wall in the initial lying and sitting positions in combination with long-phase expiration respiratory exercises are indicated. The results of the study showed that physical exercises provide improvement of the blood and lymph circulation in the injured place; activate reparative processes; accelerate resolution of inflammatory exudate and improve its outflow from the wound; restore the functions of the mimic, masticatory and lingual muscles; prevent rough scar changes on the skin and mucous membrane. Physical rehabilitation prevents destructive-atrophic processes in the peri-articular tissues and thus

prevents contracture and ankylosis in the temporal-mandibular joint, respiratory and thromboembolism complications, normalizes emotional state, possibilities at home and at work.

Thus, the methods of physical rehabilitation used in a comprehensive treatment of inflammatory processes of the maxillofacial area during the early postoperative period produce a positive effect on resolution of an inflammatory exudate, prevent development of marked scars, increase general nonspecific response of the body and provide restoration of the functions lost.

Hodovanets O.I.

**CLINICAL ASPECTS OF DENTAL DISEASES
IN CHILDREN WITH ENOCRINE PATHOLOGY**

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In recent years, the problem of the prevalence of thyroid pathology, its impact on health and intellectual development of the population has become extremely relevant.

The aim of our study was to investigate the clinical features of dental diseases in children with thyropathology. For this purpose, a dental examination was performed among children aged from 12 to 15 years who had thyropathology (diffuse non-toxic goiter, autoimmune thyroiditis, hypothyroidism). The control group consisted of somatically healthy children of the same age.

The highest prevalence of dental caries has been reported in children with hypothyroidism and diffuse nontoxic goiter. The rate was over 90% and was probably higher than in the control group ($p < 0.05$). There was a high level of caries intensity in both somatically healthy and children with concomitant pathology of the thyroid gland. However, in children of the control group, the CPV index and its individual components were probably lower ($p < 0.05$). This figure in hypothyroidism was characterized as very high. Complications of dental caries in children with thyropathology were recorded 2 times more often than in the control group ($p < 0.05$),

Non-carious dental lesions occurred in 27.85% of children with thyroid disease, which was much more common than in somatically healthy children ($p < 0.05$). The main form of hard tissue damage was systemic hypoplasia, which occurred in more than 70% of cases.

Periodontal tissue diseases were diagnosed in the vast majority of examined children. Their prevalence in diffuse nontoxic goiter, autoimmune thyroiditis and hypothyroidism significantly outweighed the control group ($p < 0.05$). The structure of periodontal diseases was dominated by chronic catarrhal gingivitis, which accounted 83-89% of cases.

The study revealed a high prevalence of dental anomalies and deformities in children with endocrine pathology (72.87%). In the group of comparison, this figure was 51.67%. The highest rate was registered in hypothyroidism (80.00%). Analysis of the frequency of detection of various anomalies and deformations of the dental area showed that the highest level of morphological disorders was observed in diffuse nontoxic goiter and hypothyroidism. Among orthodontic problems, anomalies of teething came forward, which were found in 57.14% of examined children with hypothyroidism and in 45.92% with diffuse non-toxic goiter.

Thus, the prevalence of dental disease in children with thyroid pathology is high and it demands the development of treatment and prevention programs.

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**FREE RADICAL OXIDATION PECULIARITIES AND ANTIOXIDANT PROTECTION
PARAMETERS OF THE ORAL FLUID IN CHILDREN WITH CHRONIC CATARRHAL
GINGIVITIS WITH UNDERLYING DIABETES MELLITUS**

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The research objective was to study free radical oxidation peculiarities and antioxidant protection parameters of the oral fluid in children with chronic catarrhal gingivitis with underlying diabetes mellitus.