

of the oral cavity under conditions of increased antigenic load on its tissues create appropriate conditions for the development of acute purulent diseases of soft tissues and facial bones due to odontogenic, hematogenous, lymphogenic, stomatogenic, dermatogenic ways of infection.

The aim of our research was to study the premorbid background of 35 patients with acute purulent lymphadenitis and of 23 patients with odontogenic osteomyelitis. The anamnesis of life and disease was collected mainly from parents and children of older age groups in a generally accepted volume.

The analysis of the obtained data allowed to establish concomitant chronic diseases among 27 patients (77.1%) with lymphadenitis and among 18 patients (78.3%) with osteomyelitis. They were the most often observed among children of preschool and primary school age and concerned in most cases the ENT organs, the respiratory tract, the gastrointestinal tract.

After studying the premorbid period, it was found that acute purulent lymphadenitis occurred after SARS among 10 patients (28.6%), in 7 cases (20%) inflammation was combined with acute pathology of the ENT organs, in 5 cases (14.3%) with acute inflammation of the broncho-pulmonary system, in 5 cases (14.3%) with acute periodontitis and exacerbation of chronic periodontitis from temporary permanent molars on the lower jaw, in 3 cases (8.5%) with pustular, skin diseases were observed. Among 5 patients (14.3%) a provoking factor that could contribute to purulent inflammation of the lymph nodes was not detected.

Occurrence of odontogenic osteomyelitis of the jaw bones was preceded by SARS in 7 children (30.4%), general hypothermia - in 5 children (21.7%), acute inflammation of the ENT organs - in 4 children (17.4%), exacerbation chronic diseases of the broncho-pulmonary system - in 3 patients (13.1%) and among 4 (17.4%) provoking factors were not detected.

The development of acute osteomyelitis began in 9 patients (39.1%) with the occurrence of acute periodontitis in temporary teeth, in 7 patients (30.4%) - in permanent premolars and molars. In 4 children (17.4%) and 3 children (13.1%) the cause was exacerbation of chronic periodontitis from deciduous and permanent teeth, respectively.

Thus, the presence of chronic somatic pathology in children and the action of provoking factors create the basis for the realization of the aggressive properties of the infectious agent and lead to acute inflammation in the lymph nodes and jaw bones. The most common causative factors are colds, temporary and permanent molars with complicated forms of carious process.

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**THE EFFECT OF LYSOZYME-CONTAINING DRUGS ON THE TREATMENT OF
DISEASES OF ORAL MUCOSA IN PATIENTS WITH GASTROINTESTINAL
PATHOLOGY**

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The initial anatomical and physiological structure of the gastrointestinal tract is the oral cavity. Therefore, all the processes occurring in the gastrointestinal tract are primarily manifested in the oral cavity. According to statistics, from 10 to 20% of all dental patients have diseases of oral mucosa. The most common diseases of oral mucosa are inflammatory-dystrophic or stomatitis.

The aim of the study was a clinical and experimental justification for the use of a fortified lysozyme-containing agent for the prevention and treatment of stomatitis in patients with diseases of the gastrointestinal tract.

The study was performed on 60 patients with concomitant pathology of the gastrointestinal tract. These patients were treated in the gastrosurgical department of Chernivtsi Regional Clinical Hospital.

In accordance with the existing recommendations, a dental examination of patients was performed, taking into account the complaints of patients, medical history, and examination of the oral cavity. Hygienic indices were also conducted. All patients had unstimulated saliva collected on an empty stomach. The level of biochemical markers of inflammation was determined in saliva: the activity of the proteolytic enzyme elastase, the content of the lipid peroxidation product of malonic

dialdehyde, the activity of the microbial enzyme urease and the activity of the antimicrobial enzyme lysozyme. The control group consisted of 20 patients who were also treated in the gastrosurgical department of the Chernivtsi Regional Clinical Hospital.

From the first day of treatment, all patients in the experimental group were prescribed standard treatment (according to the protocol) and additional "Lysozyme-forte" (2 tablets 30 minutes before meals per person 3 times a day for 10 days). Patients of the second group (comparison group) received only standard treatment (according to the protocol). After 10 days, all patients were re-determined hygienic indices, collected oral fluid and performed biochemical studies.

The study obtained the following results: in patients with gastrointestinal pathology significantly increases the rate of salivation (55.5%), which after treatment is reduced by 21.4% and does not differ significantly from normal. The Silness-Loe index also triples, indicating the presence of an inflammatory process. The use of "Lysozyme-forte" increases this figure by more than 50%. From the data of determining the Schiller-Pisarev index, it is seen that in patients with gastrointestinal pathology this index significantly increases, and the use of "Lysozyme-forte" almost completely normalizes this indicator. The PMA index increases more than 3 times. The introduction of "Lysozyme-forte" significantly reduces this figure.

The level of elastase in saliva increases almost twice in patients, which indicates the presence of inflammation in oral mucosa. "Lysozyme-forte" significantly reduces the activity of elastase. The second marker of MDA inflammation does not respond to the condition of patients and changes little after treatment with "Lysozyme-forte". The results of determining the activity of the bacterial enzyme urease show that in patients with gastrointestinal pathology, urease activity increases 5 times, which indicates a significant increase in microbial contamination of oral mucosa. "Lysozyme-forte" reduces urease levels by 2 times, i.e. it effectively reduces microbial contamination. The activity of lysozyme, which is one of the factors of nonspecific immunity, in patients with gastrointestinal pathology in the saliva is significantly reduced, which indicates the suppression of nonspecific immunity. The introduction of "Lysozyme-forte" significantly increases the level of lysozyme, although it does not increase to normal.

Thus, the conducted clinical studies confirmed the positive results of the therapeutic and prophylactic action of "Lysozyme-forte", obtained in the experiment.

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MORPHOGENESIS OF THE MANDIBLE IN THE PRENATAL PERIOD OF HUMAN ONTOGENESIS

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The study of features and critical periods of prenatal development of the human dental and maxillofacial system is an important area of morphological research, which helps to solve an important medical and social problem - improving methods of prevention, early diagnosis and effective correction of birth defects and treatment of acquired mandibular diseases. Clarification of the features of development and topographic and anatomical changes of the mandible can be a morphological basis that will develop new and improve existing prevention measures, methods of early diagnosis and surgical correction of congenital malformations of the mandible.

The aim of the study was to determine the features of morphogenesis, the structure of the mandible in the dynamics of the prenatal period of human development. A set of methods of morphological examination was used (anthropometry; micro-macroscopy; production of histological sections; morphometry; three-dimensional computer reconstruction; statistical analysis. Morphometric study measured the following parameters: 1. The length of the mandibular bone - the distance between the proximal and distal points of ossification of the jaw; 2. Length of the mandible - the distance from the middle of the line connecting the distal points of both halves of the mandible to the middle of the line connecting the proximal points of both halves of the mandible; 3. Width of the mandible - the distance between the distal points of both halves of the mandible; 4. The distance