

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



## **МАТЕРІАЛИ**

**104-ї підсумкової науково-практичної конференції  
з міжнародною участю  
професорсько-викладацького персоналу  
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ  
06, 08, 13 лютого 2023 року**

Конференція внесена до Реєстру заходів безперервного професійного розвитку,  
які проводитимуться у 2023 році №5500074

**Чернівці – 2023**

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**PECULIARITIES OF THE ORTHOPEDIC TREATMENT OF PATIENTS WITH  
DYSFUNCTION OF THE TEMPO-MANDIBULAR JOINT WITH RHEUMATOID  
ARTHRITIS**

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**Introduction.** The prevalence of inflammatory and degenerative temporomandibular joint (TMJ) dysfunction among the adult population is 25–65% (Smiyan S.I., Bilozetskyi I.I., 2018). Many studies show that the course of rheumatoid arthritis can be accompanied not only by damage of large joints but also TMJ dysfunctions in 67–71% of patients (Pinto J.R.R. et al., 2018; Savtekin G., Segirli A.O., 2018). For an orthopedic appointment, the most significant manifestations of the disease will be: pain and limited opening of the mouth, which significantly complicate the reception of the patient. On the other hand, dental defects that haven't been replaced in time contribute to the appearance of maxillofacial deformities, the development of traumatic occlusion, generalized periodontitis, which only deepens the damage to the TMJ (Kovalyshyn H.V., 2021).

**The aim of the study** was to conduct a clinical evaluation of the performed prosthetics of dentition defects in patients with TMJ dysfunction with accompanying rheumatoid arthritis.

**Material and methods.** 82 people with rheumatoid arthritis who were undergoing inpatient treatment at the RCI "Chernivtsi Regional War Veterans Hospital", and manifestations of TMJ dysfunction were examined. The control group consisted of 44 practically healthy people with dental defects. All patients underwent a clinical examination of the oral cavity, X-ray examination, occlusiography, odontoperiogram. After determining the need for orthopedic treatment and discharge from the hospital, preparation of the oral cavity before prosthetics was carried out: selective grinding, temporary splinting, occlusion-adaptation splints, and myogymnastics were prescribed. Orthopedic treatment was carried out with the help of removable and fixed dentures, taking into consideration indications and contraindications.

**Results.** Included defects of the dental row were found in 68 people (54.0 %), including 48 patients with rheumatoid arthritis (70.6 %) and 20 people in the control group (29.4 %). Distally unlimited defects occurred in 58 people (46.0 %), including 34 people with rheumatoid arthritis (58.0 %) and 24 practically healthy people (42.0 %). Included defects of the dentition of small and medium length were restored with bridge-like dentures, giving preference to all-cast and metal-ceramic structures in connection with manifestations of TMJ dysfunction. When choosing the number of abutment teeth, data from X-ray examination and odontoperiogram of Kurliandzkyi were taken into consideration. After prosthetics, special attention was paid to dense multiple fissure-cusps contacts with the creation of a smooth sliding articulation.

**Conclusions.** Orthopedic treatment of patients with dentition defects and TMJ dysfunction against the background of rheumatoid arthritis requires careful preparation for prosthetics. The choice of prosthetic structures should be made, taking into consideration the clinical picture and features of the TMJ disease, so that new occlusal-articulation relationships do not contribute to its aggravation. It is also recommended to carry out the dispensarization of this category of patients with control examinations twice a year.

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**TREATMENT OF PERIODONTAL TISSUE DISEASES IN PATIENTS WITH URINARY  
SYSTEM PATHOLOGY WITH AN IMPROVED SCHEME**

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**Introduction.** Pathologies of periodontal tissues are among leading dental diseases nowadays. Gingivitis of various forms and types and the initial stage of periodontitis can be detected in every third person in Ukraine. The explanation of this includes a very long list of reasons that can provoke these diseases: poor oral hygiene, the presence of pathogenic