МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»

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

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qualitative composition of the microflora of the oral cavity as a whole and its individual parts in particular is determined not only by physical and chemical conditions. To a sufficient extent, there is a receptor interaction of the shells of microorganisms with certain structures of the surface of the mucous membrane and tooth enamel. This is the basis of "colonization", the essence of which is that representatives of the microflora multiply not throughout the oral cavity, but on the surface of certain structures where they are attached.

The aim of the study of the research is to improve the scheme of treatment and prevention of periodontal diseases using a therapeutic composition based on decamethoxine.

Materials and methods. 70 patients with diagnosed chronic generalized periodontitis (35 people - main group (A); 35 people - comparison group (B)) aged 25 to 45 years were treated. Clinical examination of patients was performed according to the generally accepted methods: subjective (complaints, medical history, life history) and objective (examination, index assessment, determination of the level of gingival attachment). We conducted a study of the quantitative composition and spectrum of the microflora of periodontal pockets in patients with generalized periodontitis on the indicators: CFU (colony forming units); study of morphological, tintorial, cultural and biochemical properties of the isolated microflora with subsequent determination of its genus and species, study of the dynamics of changes in oral microbiocenosis in patients during their treatment and rehabilitation of the proposed composition of drugs.

Results. We identified a decrease in the level of normal microflora, an increase in the number of opportunistic pathogens in patients with generalized periodontitis, the formation of dominant species of microorganisms or fungi; the presence of stable associations of microflora, fungi, protozoa. After treatment, there was a significant decrease in the number of pathogenic and opportunistic microflora in periodontal pockets in patients with generalized periodontitis

Conclusion. In conclusion, the suggested pharmacological composition DEPS is an effective antiseptic, after the use of which there was a decrease in the number of pathogenic and opportunistic microflora of periodontal pockets. It can be used in the maintenance phase to improve the generally accepted treatment and prevention of periodontal disease.

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RETROGRADE FILLING OF A ROOT CANAL IN VARIOUS FORMS OF CHRONIC PERIODONTITIS

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Introduction. Various complications often occur after endodontic treatment including incompletely filled canal, break of an instrument in the root canal, root canals obturated by fixed anchor pins by means of glass inomer cement; teeth restored with stump tabs, with fixed crowns on them, bridge-like prostheses, crowns with fixing elements for clasp prosthesis, and telescopic crowns.

The aim of study. To create conditions preventing penetration of microorganisms and their waste products from the infected dental canal into the periodontal tissue.

The aim of study. To achieve dense obturation of the root canal in the apical portion of the root.

Results. Surgical access to the apices of single-root teeth is rather good, molars and premolars of the upper jaw (mainly their buccal roots, which are complicated for endodontic treatment) possess favorable conditions for surgery. Access to the apices of the roots in the lower molars is the most complicated. Resection of the root apex and retrograde filling of the root canal in various forms of periodontitis and radicular cysts is a standard surgery with a clear aim. Retrograde filling of the root canal in practice is not always standard. Moreover, in the absence of a modern scaler with special caps for retrograde dissection of the root canal it becomes impossible. In clinical cases when bone destruction in the portion of the root apex is marked and its upper third is closely attached to the bone, resection of the apex is not performed. In cases of marked destruction and radicular cysts resection of the apex is additionally performed. After creating a surgical access, by

trepanning the cortical part of the bone and opening the upper third of the root, with a high-quality carbide round drill, retreating 2 mm down from the apex of the root on the vestibular surface, perpendicular to the axis of the root canal, trepan the root until you feel the bur sinking into the area of the root canal. After that with mild circular movements, dentin is taken inside out along the root canal. It results in the formation of a cavity with an entrance hole smaller than the cavity itself. Before filling, wash with solution of hydrogen peroxide and chlorhexidine. MTA cement is used for filling since it is the first ever biocompatible filling material to which sharpey fibers adhere and even grow into it. If we are planning apical resection, trepanation and dissection of the root are performed 2-3mm lower the apex. The cavity is filled. After filling the apex is cut with a thin acute fissure drill along the upper margin of the filled cavity. The wound is washed with antiseptic solution, and mucous membrane flap is sutured. Such kind of surgery enables to save the tooth, to stop the process of destruction of the periodontal tissue and bone, to create favorable conditions for restoration of the bone and periodontal structure. In future, if a repeated endodontic treatment is performed in the tooth, obturated apex will make the work of a dentist much easier with obturation of the root canal itself. The results were clinically and radiologically assessed (absence of chronic periodontitis signs). Control examination of patients 5-6 months later did not find any complaints or clinical signs of chronic periodontitis.

Conclusions. Analysis of the obtained results of clinical observation and radiological control indicates that the suggested method of retrograde filling of the root canals in various forms of chronic periodontitis is one of the alternative methods of surgical treatment of the pathology.

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ANALYSIS OF THE CAUSES CONTRIBUTING TO THE DEVELOPMENT OF ODONTOGENIC PERIOSTITIS OF THE JAW BONES IN CHILDREN

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Introduction. The problem of increasing the number of children with odontogenic acute inflammatory diseases of the maxillofacial region does not lose its relevance. In many cases, there is a change in the typical clinical picture and manifestations of this pathology in children, insufficient effectiveness of treatment despite the improvement of diagnostic methods. Studies show that between 20 and 50% of patients go to hospitals with an incorrect diagnosis; About half of them have not removed temporary or permanent teeth, which are a source of infection; hospitalization is delayed. Most of the inflammatory processes with which children turn to the dental clinic are of odontogenic origin.

The aim of the work was to analyze the causes, clinical manifestations of acute odontogenic periostitis of the jaw bones in children who were on outpatient treatment.

Materials and methods. We examined and treated 36 patients aged 4 to 16 years with acute odontogenic periostitis of the jaws. All of them went to the clinic for emergency indications; after clinical and X-ray examination and diagnosis, they received adequate treatment. Clinical effect the effectiveness of treatment was determined by the dynamics of subjective and objective symptoms of the disease.

Results. Among the children who returned with manifestations of acute odontogenic periostitis, there were more boys - 63.9% (23 people), girls composition 36.1% (13 people). The study made it possible to establish that children aged 4-6 and 7-10 years most often returned with periostitis (31 and 32.7% of cases, respectively). Less commonly, periostitis developed in children aged 1-3 years (3.5%), 11-14 years (13.8%) and 15-17 years (19.0%). In children of early and preschool age, only temporary and teeth were pinching no, the development of inflammation (molars - 84%, incisors - 16% of cases). In schoolchildren aged 7-10 years, temporary molars were the cause in 89.5% of cases, permanent first molars in 10.5% of cases. In schoolchildren between the ages of 11 and 14, temporary teeth were the cause of periostitis in 25% of cases, permanent teeth in 75% of cases. At the age of 15-17 years the cause periostitis were only permanent teeth (mainly molars, less often premolars and incisors). The teeth of the lower jaw caused periostitis 2.2