

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



## **МАТЕРІАЛИ**

**105-ї підсумкової науково-практичної конференції  
з міжнародною участю  
професорсько-викладацького персоналу  
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ  
присвяченої 80-річчю БДМУ  
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Матеріали підсумкової 105-ї науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) – Чернівці: Медуніверситет, 2024. – 477 с. іл.

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У збірнику представлені матеріали 105-ї підсумкової науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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well as age-related changes in teeth and interdental spaces (disappearance of the incisal interdental space and increase in the gingival space due to abrasion of the cutting edge and gingival recession, etc.)

Therefore, based on the study of the aesthetic function of the tooth, taking into account its optical properties, morphology, histology and physiology, it is possible to develop instructions for determining the quality of aesthetic restorations.

**The aim of the study.** To propose criteria for the aesthetics of restorations based on the study of optical, morphological and physiological parameters of teeth.

**Material and methods.** To achieve this goal, we studied intact and symmetrical teeth, the planned (expected) and obtained results of the restoration. The following parameters were taken into account: geometric shape of the tooth, tooth dimensions (height LCO2, its transverse dimension MDCO2 in mm, in the cervical region, in the equator region, in the cutting edge region), signs of the crown angle, signs of crown curvature, taking into account the displacement of the point of the greatest convexity (mesial, closer to the midline, distally or absent), signs of root deviation (pronounced, not pronounced), gingival contour, shape of the cutting edge (straight, convex, concave, serrated) relief of the vestibular surface, type of tooth transparency (enamel is transparent in all areas of the tooth crown, pronounced transparency of the proximal surfaces of the tooth, transparent only the cutting edge, transparent cutting edge and proximal surfaces) tooth color according to the VITA scale, the degree of enamel gloss (evenly "matte", "matte" in the cervical region, shiny without signs of peroxidation), the presence of individual tooth features (spots with hypoplasia, fluorosis, discolorations, etc.). The score was given separately for each parameter from 1 to 3 points. Calculation of the restoration aesthetics criterion (RAC):  $RAC = n / 36$ , where n is the total amount of points, 36 is the maximum amount of points.

**Results.** According to the proposed scores, 3 points were given when the expected result fully corresponded to the planned one, 2 points - partially corresponded to the planned one, 1 point - did not correspond to the planned one. Then all the scores were summed up. The highest possible score was 36 points. The quality score was considered excellent with 33-36 points, good with 29-32 points, satisfactory with 24-28 points, and unsatisfactory with less than 24 points. But if the following parameters: tooth color, degree of enamel gloss and the presence of individual tooth features were rated below 3 points, the future restoration could no longer be assessed as having an excellent or good result. In order for the design to satisfy the doctor and the patient according to each criterion, at least two points must be scored. If up to 50 percent of the criteria are scored as "2 points," the doctor can correct the restoration if the errors relate to the reproduction of the tooth shape. If more than 50% of the criteria are scored with "2 points", then, in agreement with the patient, the restoration is corrected without reworking it. In cases where the structure does not match the tooth tissue in color and light transmission, it needs to be replaced.

**Conclusions.** Thus, with the criterion of aesthetics of the restoration 0.9-1, the result was considered excellent, with 0.7-0.8 - good, but the restoration needed correction, with <0.7 - the result was unsatisfactory, and the restoration needed replacement. The use of the developed criteria for the aesthetics of restorations will help to increase the efficiency of manufacturing dental structures that are as close as possible to the natural teeth of patients, reduce the percentage of complications associated with unsatisfactory aesthetics.

**Bernik N.V.**

## **VARIABILITY OF SHAPE IN MAJOR SUBLINGUAL DUCTS IN HUMAN INTRAUTERINE DEVELOPMENT**

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**Introduction.** Considering the extreme importance of the perinatal morbidity and mortality decline for practical medicine, impossibility to solve this problem without the advanced study of the embryogenesis and early fetogenesis periods, which in most cases determine the further fetal growth and newborn development, we published some papers presenting certain regularities in

prenatal morphogenesis and in development of the topography of human sublingual salivary glands (SLSG).

**The aim of the study** is to determine the shape variability of major ducts of human SLSG during intrauterine growth (IUG).

**Material and methods.** The specimens of 60 human pre-fetuses 7-12 weeks of IUG) and 51 fetuses (4-10 months of IUG) were included in the study. The aim of the study was achieved by using methods of macroscopy and microscopy of a set of consequent histological and topographical and anatomical sections, graphical and plastic reengineering, fine preparation under the control of the binocular magnifier as well as morphometry. All the studies were carried out according to the procedures "Ethical and juridical regularities compliance while performing scientific morphological studies".

**Results.** The comprehensive study of the SLSG in human pre-fetuses and fetuses allowed to single out three different shapes of the major sublingual duct during this period of IUG: straight, arched and U-shaped. The major sublingual duct leaves the upper-medial part of the SLSG on the level of its middle and anterior third. Before entering the oral cavity, the major sublingual duct joins the submandibular duct, forming a short common outlet duct. The orifice of the common outlet duct of both salivary ducts at the end of the fetal period of IUG looks like the definite one and is located on the place of the sublingual caruncle, on both sides of the frenulum of the tongue and slightly rises over the surface of the mucous membrane covering the fundus of the oral cavity. This variant is the commonest. In addition, we have found the cases when the major sublingual and submandibular ducts opened by themselves as well as the orifice of the common outlet duct was formed simultaneously by the submandibular duct and some outlet ducts of the SLSG parts. In the objects group under study the commonest (101 cases or 90, 99 %), were the arched shape of the major outlet duct of the SLSG, much less common (6 cases or 5, 41 %) was a straight major sublingual duct, while the U-shaped variant of the major sublingual duct occurred even less frequently (4 cases or 3, 60 %). We consider it reasonable to continue the comprehensive studies of the prenatal ontogenesis of human sublingual mucous membrane in order to form common regulatory characteristics of the major salivary glands for different research methods.

**Conclusions.** We were the first to suggest the systematization of different shapes of the major sublingual duct of SLSG in human pre-fetuses and fetuses, by determining such shapes: straight, arched and U-shaped ones. The topography of the major sublingual ducts in the prenatal human ontogenesis is, as a rule, characterized by a common fragment in their distal section as a result of a junction of the major sublingual duct with the submandibular duct and this fragment opens into the oral cavity in the area of the sublingual caruncle. SLSG of human fetuses aged 4-10 months of IUG may contain from 4 to 14 independent particles with outlet ducts that open on the mucous membrane of the sublingual fold. The shape and size of the SLSG in human fetuses depend directly on the number of both independent particles of the gland and on the particles proper, which form their main parts by forming the major sublingual duct of the SLSG with particular outlet ducts.

**Chepyshko S.I.**

**PREVENTION OF INTRAOPERATIVE COMPLICATIONS IN THE SURGICAL  
TREATMENT OF ODONTOGENIC CYSTS OF THE JAWS**

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**Introduction.** The implementation of high-quality tissue joining and hemostasis in oral surgery is an urgent problem of modern dentistry due to the lack of available universal methods that would facilitate the work of the maxillofacial surgeon and reduce wound healing time. High-frequency electric soft tissue welding can be used for effective intraoperative hemostasis and joining the edges of an intraoral wound. Today, the soft tissue welding technique is undergoing extensive clinical trials, the possibilities of its application are gradually expanding, and surgical techniques are being improved, taking into account the peculiarities of tissue welding.