

## **VII International Conference**

# **"Sharing the Results of Research Towards Closer Global Convergence of Scientists"**

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# **Section VI. Medicine**

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## **ASPECTS OF THE WORK OF A DENTIST WITH CHILDREN**

**Topicality.** We must remember that it is not the solution to psychological problems and the change of the child's behavior that is the aim of the work with children, but building a relationship as natural as possible and only in those cases the treatment may be successfully carried out.

**Key words:** dentist, child, psycho-emotional.

The integration of biological, psychological and sociological approaches to man became a general trend of the development of medicine. Under significant physical and mental load, growth of pace of life, a physician must meet high spiritual requirements, they must be focused on responsibility, tolerance, wisdom, business integrity. The increase in the requirements of the public in the performance of physicians determine the need for qualitative improvement of forms and methods of training a dentist: not only must he possess deep knowledge and professional skills but also be able to shape them, to use them practically in specific systems of individual communication. In the course of professional activity a dentist, in addition to providing drug assistance, serves as a psychotherapist, a consulting psychologist and a pedagogue..

This is especially true of a children's dentist-surgeon. He should be aware of the tone and style of communication with young patients. It is important to gain the confidence of a child, do not tell them a lie, for example, speak of a painless surgery. It would be true to warn the child of a possible short-term pain. A doctor should always remember that the

atmosphere of the office and its equipment, and a white robe are unusual and unfamiliar to a child. That is why a dentist should gain the confidence of a child in the very first contact with them [1, c. 64-65].

Features of the psycho-emotional state of a child, the need to achieve a relationship with a sick child and his family influence the atmosphere of the doctor's activity and that of the whole medical staff in the children's unit of a hospital or clinic. A children's dental surgeon faces great difficulties and requirements while making diagnoses and planning the treatment. Thus, a children's dental surgeon must know not only the clinical manifestations of a disease, which are located in the surrounding tissues of the jaw-facial area, but also know the basics of orthodontics and therapeutic dentistry, have a good knowledge of pediatrics and the course of childhood infectious diseases, signs of congenital defects, tumors in order to carry out a timely differential diagnosis, to formulate a clear primary diagnosis and, if necessary, to involve relevant experts.

A doctor should be friendly and persistent in their actions, even if the child is aggressive. A doctor, having these characteristics, is able to gain a child's confidence. There are no rules of behavior at the doctor's chair or at the bed of a sick child, but it is important to affect the patient positively psychologically when they first meet. Conversation is an integral part of a doctor's activity [2, c. 32-33]. When communicating with parents of the child, the dental surgeon should be thoughtful, tactful, choose the best method of informative communication (to tell about or show the outcome of other children's treatment) and interpretative one (to explain in details the stages of the treatment).

Doctor's compassion, tact and experience allow to implement thoroughly the basic principles of deontology - an integral form of professional activity of any doctor.

Thus, the work of a children's dentist-surgeon requires a deep knowledge in all fields of pediatric dentistry, pediatrics and pediatric surgery, the ability to build a rational relationship between the specialists involved in the treatment and diagnostic actions and interactions with the child and his parents.

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**ПРИЧИННО - СЛЕДСТВЕННЫЕ СВЯЗИ**  
**ГЕМОКОАГУЛЯЦИОННЫХ НАРУШЕНИЙ У ПАЦИЕНТОВ**  
**С РАКОМ ПРЯМОЙ КИШКИ**  
*THE CAUSE - EFFECT RELATIONS OF*  
*HEMOCOAGULATION DISORDERS IN PATIENTS WITH RECTAL*  
*CANCER*

*В работе рассмотрены аспекты эндотелиальной дисфункции у больных раком прямой кишки. Выявлено наличие резкого повышения содержания циркулирующих эндотелиоцитов, фактора Виллебранда, снижение эндотелийзависимой вазодилатации. Данные изменения могут быть факторами риска развития тромбозов в ходе лечения и после операции.*

*Ключевые слова: рак прямой кишки; дисфункция эндотелия.*