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compared with the action of the permanent lighting alone: lysis of low molecular weight proteins by 20,95%, of high molecular weight proteins by 24,69%, of collagene by 48,56% but remained high, compared to that under natural lighting.

It is important to note that this increase in proteolysis coincided in our study with a significant increase in the total level of OMB (neutral by 67,24% and the primary – by 45,45%) in the gingival tissues. That is, the degradation of oxidized proteins by proteolysis prevented from the accumulation of OMB in the gingival cells, which corresponds to the prevailing notion of the relationship between processes of proteolysis and OMB.

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ANALGESIA IN MODERN MAXILLOFACIAL SURGERY

Topicality. The current level of development of medicine makes it possible to use analgesia for various surgical interventions in jaw-facial area. In practice of the dental surgery, and maxillofacial surgery most interventions, particularly those which are not durable, are performed under local anesthesia, including premedication. In hospital, surgeries in jaw-facial area, especially traumatic, large, multi-stage ones, are performed under general anesthesia. Anesthesia in outpatient practice is used in the treatment of patients with abnormal psycho-emotional reactions, inflammatory diseases, in those after injuries, when local anesthesia is not effective.

Key words. Analgesia, anesthesia, local anesthesia, narcosis.

The head and neck are more frequently than other anatomical areas of the body affected by infectious – inflammatory processes. This is due to the fact that the head area containes the beginning of the

respiratory, digestive systems, which are primarily exposed to microorganisms, chemicals, low and high temperatures and solid food. The facial skin, which is not usually covered with clothes, is also subject to more intensive adverse environmental factors compared to the skin of other body parts.

Based on a comprehensive analysis of complaints, of anamnesis of disease and life, assessment of the functional state of the organism and concomitant diseases, a comprehensive study of local symptoms as well as the results of diagnostic tests, the diagnosis could be made. It should be noted that the traditional methods of examination of the patient are often not enough. Up-to-date technical improvement of instrumental diagnostics expands the possibilities to recognize a disease.

The specialist has to build a logical and didactic scheme based on the diagnosis in the diagnostic analysis and synthesis of evidence obtained and to determine the approximate basis of their work. Working conditions of the doctor, the hospital remoteness from centers of dental health, the ability of the patient's transportation , treatment and rehabilitation as well as determination of the ways of prevention are very important for curative actions.

A common intellectual and analytical process on the basis of the patient's survey data should become a criterion for making the clinical diagnosis: on the first 1-2 days - in a clinic, 1-3 days - in a hospital, in urgent cases - in the early hours of the visit to the clinic or admission to hospital. In serious cases, which, however are not life-threatening for the patient, the examination may take a long time before making the final diagnosis.

The success of a surgery in patients with abscesses and phlegmon of the head and neck depends on the accuracy of topical diagnosis of inflammatory nidus and on the effectiveness of anesthesia.

Improving the quality of treatment of dental diseases is inseparably linked with the improvement and introduction of new means and methods of anesthesia into clinical practice. Quality anesthesia allows the dentist to carry out the necessary intervention calmly, slowly, at the highest technical level, to create favorable conditions for treatment, extractions and other surgical procedures.

To achieve adequate analgesia in soft tissue of MFA, drugs that effectively influence the four components of pain response are used: sensory, emotional, motor and autonomic ones. Formation of these components takes place when the nerve impulses pass from the operated tissues, along nerve fibers to the central nervous system. The intensity of the flow of nerve impulses along certain groups of nerve fibers and features of the functional state of the CNS are defined as the relative expression of the individual components and the pain reaction in general General anesthetics affect all four components of pain response, acting primarily on the central nervous system and causing inhibition of consciousness, sensation and reflexes. But the use of anesthesia in the treatment of dental disease is somewhat limited for several reasons: a) the health risks of anesthesia exceeds the risk of dental intervention; b) special equipment and trained staff are required for introducing anesthesea, which greatly increases the technical complexity and the cost of dental intervention; c) to treat stomatlogical conditions of a patient they sometimes should be conscious.

The aim of anesthesia in maxillo - facial area is a secure block of the nerve trunks, their branches and endings, which are distributed in the area of the pathological center and surgery.

In most patients with superficially localized abscess, a surgery can be performed under local anesthesia with premedication. In conducting infiltration anesthesia, the anesthetic solution must be injected into the tissue, aside from the edge of the inflammatory infiltrate.

When draining abscesses in the area of the hard palate, the hyoid area and the body of the tongue, the conduction anesthesia would be appropriate. It is also indicated during the surgery in odontogenic abscesses with simultaneous drainage of the primary infectious focus and the jaw by removing the tooth.

In patients with deep phlegmons and abscesses a general anesthesia is indicated. When using an external access through the skin for drainage of phlegmons and abscesses, both intravenous and inhalational mask anesthesia can be used (excluding the drainage of extended (vast) phlegmons of the mouth floor).

While choosing a method of anesthesia during the drainage of pyoinflammatory lesions inside the mouth, we should consider the fact, that patients under anesthesia may experience aspiration with blood, pus, oral fluid at high risk for bronchopulmonary complications including asphyxia. Therefore, the

inhalational or intravenous anesthesia for short-term and low-traumatic surgical interventions should be carried out using laryngeal masks, while in major traumatic surgical interventions using endotracheal anesthesia is more efficient.

An operation in drainage of the phlegmons in the floor of the mouth should be carried out under endotracheal anesthesia with a long incubation.

In vast phlegmons of the floor of the mouth with tissue infiltration of its upper section and the tongue some difficulties arise during the incubation of the trachea. Therefore, the patients with such localization and prevalence of the infectious and inflammatory process must undergo the tracheal incubation by previously developed tracheostome.

If, due to certain circumstances, there are no conditions for general anesthesia, then the surgery for phlegmon drainage can be done under local anesthesia, combined with conduction anesthesia against the background of appropriate preanesthetic medication. Choosing a method of conduction anesthesia is made considering the localization and prevalence of pyoinflammatory focus. The most frequently used methods are extraoral blocks of the second and third branches of the trigeminal nerve by Waisblat, Vishnevskiy.

Local infiltration anesthesia is used for tooth analgesia in superficially located abscesses of soft tissues.

Methods of sheath anesthesia in maxillofacial area are uncommon because the fasciae do not form a closed sheaths around the nerve trunks and the anesthetic solution spreads over the numerous interfacial and intermuscular spaces and gaps.

In surgical interventions on abscesses and phlegmons with deeper localization and extraction of molars and premolars of the mandible the conduction anesthesia or conduction anesthesia combined with infiltration are used.

In order to block the nerve fibers, we need a depot of local anesthetic solution, able to suppress their irritability. That is why, increasing the effectiveness of local anesthesia is associated with the resolution of technical support with modern instruments and drugs, and mastering modern methods of dental local anesthetic, taking into account individual anatomical landmarks.

Compliance with the rules of deontology and ethics is the first condition for successful diagnosis and treatment of a dental patient.

Conclusions: 1. The aim of anesthesia in maxillo - facial area is a secure block of the nerve trunks, their branches and endings, which are distributed in the area of the pathological center and surgery.

2. In the practice of surgical stomatology and maxillo-facial surgery, most interventions, particularly not durable, are performed under local anesthesia, including premedication.

3. In the hospital – a surgery on maxillofacial area, traumatic, vast, multi-stage ones, are performed under general anesthesia.

4. Narcosis in outpatient practice is used in the treatment of patients with abnormal psycho-emotional reactions, inflammatory diseases, after injuries, when local anesthesia is not effective.

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