



Thus, the absolute values of the coefficients of the factors of a mathematical model indicate that factor I is of greatest significance in the formation of CCG in children under the conditions of nitrate loading, i.e. systemic dysmetabolic changes that contribute to the development of inflammation and gingival hemorrhage.

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**RECONSTRUCTION OF ATROPHIC ALVEOLAR RIDGE AND DENTAL  
IMPLANTATION IN THE DISTAL PART OF THE UPPER JAW**

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Modern pre-implantation preparation techniques and implant placement technologies have almost solved the problem of deficiency of optimal biological conditions, however, most of them are still expensive, long-lasting and difficult to use for both patients and most physicians.

Purpose: to improve the method of dental implantation in the distal part of the upper jaw with present bone deficiency in the subantral area. Objective: placement of the combined form implant with additional fixation in the medial cortex of the maxillary sinus.

The technology of alveolar ridge reconstruction and the simultaneous implantation in subantral section of the upper jaw with vertical bone supply exceeding 5 mm provide successful implantation treatment in this area, quick rehabilitation and no significant differences in the characteristics of treatment compared with implantation without reconstruction of the alveolar ridge. The amount of bone tissue in the subantral area up to 5 mm is considered critical for the primary fixation of the dental implant in implant dental prosthetics. Under these clinical conditions, bone augmentation is being done first in the distal aspect of the upper jaw and then, after 6-9 months, a dental implant is placed in an optimized bone volume. In order to shorten the timing of implantation treatment with subantral osteopenia of more than 5 mm and to build tissue in the distal upper jaw and install a dental implant in one operation, autologous cortical bone grafts and special fixators are used for primary implant fixation.

The use of bone autologous grafts for the fixation of implants in the subantral placement for the purpose of reducing the timing of implantological treatment is not widespread in dental practice, since it requires additional trauma associated with autologous bone grafting, high practical training of the surgeon and special conditions for surgery. Experience with the use of additional special implant retainers for subantral placement has not confirmed an increased prognosis for implant integration under bone osteopenia.

In 53 clinical cases of reconstruction and dental implantation in the distal aspect of the upper jaw with subantral bone height less than 5 mm, we used an original surgical technique of implant placement of a combined form with additional fixation in the medial cortex of the maxillary sinus. Of the 58 dental implants installed in this procedure, 55 (94.8%) remain functional 12 months after surgery.

The method of dental implantation increased effectiveness of dental implant prosthetics in the distal aspect of the upper jaw in subantral area by providing primary stability of dental implants with bone height less than 4.5 mm. Its simplicity and availability of surgical technique reduce the number of operations and the total duration of dental treatment. The encouraging preliminary results of the advanced techniques promote further study of the clinical features of this technique.