



strong relationship was also found between the pH and the mineralization potential of the oral fluid ($r = 0.79$) in these children.

Therefore, the course of caries in children aged 7-9 is against the background of a decrease indices of pH and micro crystallization of the oral fluid and is caused by a decrease in the resistance of teeth to caries, as evidenced by the results of the study of the enamel acid resistance according to the enamel resistance test. The data obtained prompt the need for primary and secondary prevention aimed at improving oral homeostasis indices, which will reduce the prevalence and intensity of caries in children.

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DENTAL STATUS OF PREGNANT WOMEN IN DIFFERENT TRIMESTER OF PREGNANCY

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During pregnancy, a functional restructuring of all organs and systems occurs in a woman's body. During this period, adaptative changes occur in the nervous, endocrine, cardiovascular and other systems of the body and also in the oral cavity. Despite the fact that preventive methods and remedies are widely used in dental practice, the prevalence of dental diseases in pregnant women remains high. Studies of many authors show that pregnancy increases the risk of new dental diseases or exacerbation of existing diseases, especially lesions of hard dental tissues and periodontal tissues. According to WHO, the prevalence of dental caries among pregnant women is 2.9 times more frequent than among women that are not pregnant and the inflammatory process of periodontal tissues is 2.2 times more frequent in pregnant women.

The aim is to study the dental status in different trimesters of pregnancy.

The investigation involved 75 pregnant women living in the territory of Bukovina. They had a triple examination: 1st trimester (5-13 weeks), 2nd trimester (17-26 weeks), 3rd trimester (30-36 weeks). The examination was performed according to the conventional method. The hygiene index, the intensity of caries and the condition of periodontal tissues were determined.

Local demineralization of enamel (caries in the spot stage) at the initial examination was found in 52.0 % of the examined. During the observation period, indicators increased to 53.3 % in the second trimester and 56.0 % in the third trimester. Caries intensity according to DMF index: 1st trimester - ($11,34 \pm 0,11$), in 2nd trimester - ($11,55 \pm 0,12$), and in 3rd trimester - ($11,98 \pm 0,83$). Based on the study of caries increasing, we also observed the highest caries activity in the third trimester in women with the second pregnancy, and in the second trimester in women with the first pregnancy.

By the way the acute carious process of intact teeth is observed in 38,0 % of cases. Secondary caries occurs in 79.0 % of women, with an intensity of growth of 0.83 of a tooth. The carious lesions that were present before the pregnancy have a chronic course. The intensity of caries increases at the beginning of the second trimester.

During pregnancy, the prevalence of periodontal tissue inflammation ranges from 36 to 100 %, chronic catarrhal gingivitis is observed in 90.0 % of cases. Pregnancy gingivitis is observed in 50.0 % of women with physiological pregnancy. Condition of periodontal tissues: in the first trimester, 60.0 % of pregnant women have chronic localized mild catarrhal gingivitis, starting with the second half of pregnancy in 43.0 % of women gingivitis occurs as a generalized, diffuse process with a predominance of hypertrophic process in 26.0 % of cases, in the 3rd trimester - 21.3 % have exacerbation of chronic generalized catarrhal gingivitis of mild severity.

Thus, during pregnancy, there is a significant increase in all indicators, especially in the third trimester of pregnancy. It proves the dependence of the dental status of pregnant women on the duration and nature of pregnancy, the number of previous pregnancies, and the presence of chronic diseases. The high prevalence of caries and its complications, and also inflammatory diseases of periodontal tissues, once again demonstrates the need for the introduction of mandatory



preventive medical examination of pregnant women by the dentist. The main direction of the work of the doctor at this stage should be preventive measures and, if necessary, early treatment of pathological conditions. It will allow preserving not only the dental health of the woman but also to carry out antenatal prevention of the caries of temporary teeth in the future child.

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FEATURES OF SURGICAL TREATMENT OF PATIENTS WITH LOWER JAW FRACTURES

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Treatment of fractures of the facial skeleton remains one of the urgent problems of surgical dentistry. In recent years, there has been a tendency not only for increasing of number of such patients, but also for complication of the nature of trauma occurring as a result of transport and domestic injuries. The number of patients with mandibular fractures remains high.

Almost a third of the patients are treated by using the surgical method of attaching and immobilizing jaw fragments. Wire suture remains as the main method of jaw fragments reposition in clinical practice.

The purpose and objectives of the study: to improve methods of surgical treatment of mandibular fractures; to identify the functional state of the maxillary soft tissues in the area of the fracture of the mandible and the dynamics of its change at different stages of conservative and surgical treatment of the patient; to identify changes in indicators of nonspecific resistance of the body in patients with fractures of the mandible when applying various methods of fragments repositioning, as well as clarify the possibility of using these indicators for prediction purposes; to determine the level of electrochemical potential of the lower jaw, its changes depending on the metal used for osteosynthesis, and the possibility of complications related to the presence of metal material.

Use of dental aluminum wire for repositioning of fragments and fixation of fragments in patients with lower jaw fractures and use of fixators made of stainless steel for osteosynthesis may cause electrochemical changes and development of galvanosis in the mouth. These fixators lead to reduction of the local and general capabilities of nonspecific resistance of the body.

On the basis of the results of the examination of patients, it was established that significant clinical symptoms of galvanosis may occur in patients with fractures of the mandible, and these are metallic and acidic taste in the mouth and burns of the mucous membrane of the oral cavity.

The best method for the conservative treatment of patients with mandibular fractures is to use steel tires for immobilization, and the use of aluminum tires is undesirable, since they often cause the development of galvanosis.

The best method for surgical bonding of jaw fragments is to consider the use of titanium miniplates, which can be used both in pure form and coated with bioinert ceramics (aluminum oxide).

The least traumatic surgical method of fixing the fragments of the mandible fractures is the use of titanium miniplates.

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THE INFLUENCE OF AIR POLLUTION OF WORKING SPACE WITH WOOD DUST ON THE DENTAL HEALTH OF THE WORKERS

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The woodworking industry is a part of the timber industry complex of Ukraine and takes a direct part in the forest management process, which consists in the seizure and use of forest resources, their reproduction and improvement. Levels of occupational morbidity are the main