



0.19 teeth, while in 15-year-olds it is higher - 5.89 ± 0.24 teeth. The structure of DMFt was dominated by the component “D” in both groups, respectively in group I - $3,56 \pm 0,12$ teeth and $4,48 \pm 0,19$ in group II. It was found that in 12-year-old children, the average value of the SIC index was 6.67 ± 0.14 teeth, which was significantly different from that of 15-year-old children: 8.41 ± 0.35 teeth. We found unsatisfactory oral hygiene in both groups, but the figures were different.

Thus, the obtained high rates of prevalence and intensity of caries determine the special importance of caries prevention measures and indicate the need to find new approaches in the fight for the dental health of children.

Muryniuk T.I.

FEATURES OF SURGICAL PREPARATION OF ORTHODONTIC PATIENTS

*Department of Pediatric Dentistry
Bukovinian State Medical University*

The operation to remove the third molars is a frequent stage of orthodontic treatment of patients. Today, many scientists recommend removing the germs of these teeth in children aged 10 years, i.e. before the beginning of the period of root formation, to prevent the development of dental anomalies. In addition, it was found that the postoperative period in patients of an earlier age is better and has fewer complications.

Scientific and practical research in different countries is devoted to the study and evaluation of the state of the germs of third molars, their influence on the formation of occlusion and the state of the dental system. Methods of surgical removal of third molars are constantly improved and the indications and methods of their implementation are expanded. Germectomy is one of the alternative methods, which has a number of advantages over typical and atypical methods of tooth extraction.

In particular, the follicles are located close to the thinned alveolar ridge, have no roots, which significantly facilitates and reduces surgical trauma. Last but not least is the psychological state of the child, which is usually more favorable at an earlier age than during puberty or prepuberty.

Therefore, the aim of our work was to analyze the need for surgery to remove third molars (germs) for orthodontic indications. We conducted a retrospective analysis of 200 medical records, diagnostic models, and orthopantomograms of orthodontic patients.

It was found that in 85.5% of cases orthodontic treatment was accompanied by the removal of third molars and was due to congestion of the teeth, which, in their turn, developed due to various factors. The operation to remove the third molars was performed in patients aged 9 to 25 years and at different stages of orthodontic treatment. The distribution of patients by age was as follows: in 9.94% of cases, surgery in the form of germectomy was performed at the age of 9-12 years; 60.24% - at the age of 12-16 years, and 29.82% - at the age of 16-25 years. 2/3 of patients underwent this surgery before orthodontic treatment, and a third - at the final stage of treatment.

Thus, most often the operation to remove the third molars for orthodontic indications is performed at the age of 12-16 years. Most orthodontists plan this manipulation before the start of the active period of orthodontic treatment. In cases where patients refuse the surgical stage at the beginning of treatment of dental pathology, it is usually necessary to return to it during or after the operation of orthodontic appliances.

Mytchenok M.P.

PHYSICAL AND CHEMICAL PROPERTIES OF SALIVA AMONG PATIENTS SUFFERED FROM DIABETES MELLITUS

*Department of Pediatric Dentistry
Bukovinian State Medical University*

One of the leading medical-social issues is diabetes mellitus. The first signs of diabetes are known to be changes in the oral cavity being of a considerable diagnostic value. Diabetic patients in comparison with individuals without somatic pathology manifest dry and pastose content of the



mucosa of the oral cavity and hyposalivation resulting in increased dental deposits, increased general fibrinolytic activity of the oral fluid, and intensified gingival bleeding.

The aim of the study is to investigate the physical-chemical properties of the oral fluid in patients suffering from type 2 diabetes mellitus requiring surgical sanitization of the oral cavity. We examined 41 patients afflicted with type 2 diabetes mellitus aged from 38 to 69. The control group included 25 somatically healthy individuals of the same age. To determine the secretory activity of the large and small salivary glands, the oral fluid was taken in the morning on empty stomach for 5 minutes without stimulation, and 5 minutes after stimulation before doing medical indications and manipulations. To stimulate excretion of the oral fluid the oral cavity was rinsed with 20 ml of 0,5% citric acid solution for 5 seconds. Salivation rate (ml/min), specific gravity (kg/m^3), pH (relative units), and viscosity (cP) were examined.

Salivation rate of non-stimulated oral fluid at the beginning of surgical sanitization of the oral cavity reduced in 2,1 times and was $0,31 \pm 0,01$ ml/min, and stimulated one – in 1,8 times ($0,48 \pm 0,02$ ml/min) compared to the indices of the control group ($0,66 \pm 0,02$ ml/min in non-stimulated fluid and $0,84 \pm 0,04$ ml/min after its stimulation). At the same time, the specific gravity of non-stimulated and stimulated oral fluid increased inconsiderably, compared to practically healthy individuals, and was $1,029 \pm 0,04$ kg/m^3 without stimulation and $1,020 \pm 0,05$ kg/m^3 after stimulation. Compared to the control group, a tendency to reduced pH of non-stimulated oral fluid in 1,5 times was determined ($4,61 \pm 0,22$ relative units) and stimulated one – in 1,3 times ($5,82 \pm 0,24$ relative units). The viscosity of the non-stimulated oral fluid in patients increased in 2,4 times ($5,83 \pm 0,97$ cP) and stimulated one – in 1,9 times ($3,62 \pm 0,41$ cP) compared to the indices of the control group ($2,41 \pm 0,19$ cP without stimulation and $1,93 \pm 0,09$ cP after stimulation).

On the moment of sanitization completion in patients of the main group, there were no reliable changes found in the rate of salivation, specific gravity, pH, and viscosity of non-stimulated and stimulated oral fluid compared to the beginning of sanitization.

Therefore, type 2 diabetes mellitus is associated with the reduced rate of salivation both before and after stimulation, decreased concentration of hydrogen ions, and increased viscosity of the oral fluid with unchanged indices of specific gravity, which undoubtedly influences the quality of healing the cavity after tooth extraction and can result in complications in the form of the acute inflammatory process. Lack of the positive dynamics in laboratory findings of patients suffering from type 2 diabetes mellitus after surgical sanitization of the oral cavity promotes elaboration of preventive and therapeutic measures directed to primary elimination or correction of the determined disorders.

Navolskyi N.M.

COMBINED APPROACH TO THE TREATMENT OF THE SECONDARY ANODONTIA OF THE MAXILLARY CENTRAL INCISOR

*Department of Pediatric Dentistry
Bukovinian State Medical University*

Nowadays, esthetic requirements play a crucial role in dentistry. The results of the survey by *EMNID Institute for Public Opinion Research* (Germany), conducted in June 2002, showed that 85% of respondents consider healthy teeth a sign of human attraction. According to the poll conducted by the *Bengerno Institute*, for 52,2% of Germans esthetically perfect teeth are of very important value, and for the rest 39,7%, it was always of great importance. Both advertisement and mass media in their announcements about “good-looking teeth” increase the interest of patients to the subject of esthetics.

Restoration of esthetic smile for a patient is often an important event moving back to the normalization of occlusion. The “beauty” of the teeth in the lip line is more important because the position of other teeth is visually invisible.

The patient was explained that only prosthetics would be not enough to achieve high esthetic results since the space for frontal teeth was insufficient. Due to this fact, the width of the teeth would be reduced considerably, and the gingival zenith would not correspond to the zenith of