

surgery in the oral cavity and distributed into three groups according to the types of surgery performed: the 1st group included 27 patients waiting for dental implants, the 2nd group — 28 patients with retention and dystopia of the third lower molar, the 3rd group — 26 patients with radicular cystogranuloma. Before surgery all the patients underwent examination of their immune status in the oral cavity by means of flow cytometry with monoclonal antibodies on the laser cytometer cs XL-MCL (Coulter, France), microscopic flora of the mucous membrane in the area to insert dental implant and other surgeries in the oral cavity. Isolated cultures of bacteria were identified in order to examine their quantitative and qualitative content.

The results of the investigations demonstrated that alternations of microbial background were found in all three groups of patients prepared for out-patient surgery in the oral cavity. The following stabilizing and periodontal pathogenic flora was found: *Prevotella intermedia* (2,0+0,19; 5,7+0,21; 3,7+0,20), *Fusobacterium* spp (2,7+0,20; 5,6+0,19; B 4,6+0,20) respectively. Moreover, *Candida* spp. (3,7+0,21) were found in patients from the 2nd group with retention and dystopia of the third lower molar.

Examination of microbe biotic community in the oral cavity demonstrates periodontal pathogenic flora available, which determined the necessity to initiate pre-surgical antibiotic preventive therapy of possible infectious-inflammatory complications in case of out-patient dental surgery. Investigation of the immune status in the groups of the study found decreased immune reactivity of the body in 58,1% of patients and normal immune reactivity — in 40,9% of patients.

Examination of the absolute and relative amount of T-lymphocytes, T_H-helpers, T_H-suppressors and immune regulating index (IRI) in patients prepared for oral surgery found a statistically reliable difference of parameters in the groups with decreased immune reactivity of the body and normal immune reactivity. The content of CD3 was 57,6+3,5 and 69,4+1,8; CD4 — 29,2+1,4 and 41,9+1,2; CD8 — 31,9+2,3 and 30,2+2,9; CD4/CD8 — 1,1+0,1 and 1,52+0, respectively. The levels of immunoglobulins IgA, IgM, G did not differ.

The results of the study performed are indicative of the fact that patients with decreased immune reactivity of the body prepared for oral surgery in addition to antibiotics in order to prevent infectious-inflammatory complications before surgery should take immunotropic medications as well. Periodontal pathogenic flora and decreased immune reactivity are determining factors promoting the development of infectious-inflammatory complications in the oral cavity in patients prepared for out-patient dental surgery. In addition to antibiotic prevention of infectious-inflammatory complications before surgery in the oral cavity the drugs with immunotropic effect should be prescribed for patients prepared for out-patient dental surgery.

Gerasyim L.M.

THE INFLUENCE OF USING A GENERAL ANESTHESIA IN SURGICAL DENTISTRY ON THE PSYCHO-EMOTIONAL STATE OF PATIENTS

*Department of Surgical Dentistry and Maxillofacial Surgery
Bukovinian State Medical University*

For many people, including children, visiting the dentist is a difficult task. Fortunately, the equipment now is completely different from that which there used to be in public clinics. The importance of the child's first visit to the dentist is clear to doctors as well - in some dental clinics, children receive small gifts and diplomas for courage. Medical staff tries to set up at least some positive relationship with the child, and if it fails - no one makes the little patients open their mouths.

If a medical intervention is necessary or the medical situation is complicated, then there is an extreme measure – the child's dental treatment under general anesthesia. These are, of course, special cases or when there are very serious diagnoses and the above mentioned anesthesia cannot be performed in an ordinary private dental room. Though some countries have great experience in performing such procedures, it is a completely new project for our dentists. But it allows us to solve the problems of children's teeth in one visit with the duration of treatment no longer than 2-3 hours. But who are the candidates for dental treatment under general anesthesia?

First of all, they are children with special needs. Children who suffer from specific diseases (different types of syndromes, neurological disorders, autism, etc.) require special dental care, which, in most cases, cannot be provided without general anesthesia, classic intervention in the dental room can damage the health of the child or may be impossible without the cooperation with the patient.

The patients are very small kids who need a large amount of dental treatment. The onset of dental diseases can occur in early childhood, and then the child requires complex intervention, rehabilitation of a large number of teeth from the age of 2-3 years. At this age, children tend to have a very low degree of contact or cooperation with the doctor, and therefore there is a high risk of being injured during classical dental surgery. In this situation, after a complete dental assessment (clinical and radiological) of the patient, the practitioner may recommend dental treatment under general anesthesia, surgery, which includes resolution of all dental problems of the child in one visit (treatment), the length of which does not exceed 3 hours.

At the end of dental treatment under general anesthesia, the patient is fully rehabilitated, but in terms of dental results - they are absolutely incredible. This procedure includes a number of classic therapies performed in the dental room, and the child's stress is minimized.

The benefits of dental treatment under general anesthesia can only be discussed in the context in which it is carried out under conditions of maximum safety for children patients. We should keep in mind that the intervention must be carried out in the hospital, equipped with all the necessary equipment in operating rooms, which is able to manage this kind of treatment in all phases of anesthesia.

Therefore, the dental treatment of children under general anesthesia in the dental room/dental clinic is completely inappropriate, this kind of intervention can only be performed safely in all respects in a hospital. It is where the dental treatment under general anesthesia is conducted and supervised by a team of anesthesiologists who specialize in treating children, and, if necessary, there are pediatricians of related sciences, who, together with dentists, provide the prerequisites and conditions for dental treatment in order to obtain good results which are unattainable with traditional methods of treatment.

Glushchenko T. A.

PERIODONTAL DISEASE IN PATIENTS WITH METABOLIC SYNDROME

Department of Therapeutic Dentistry

Bukovinian State Medical University

Metabolic syndrome includes abdominal obesity, dyslipidemia, hypertension, and carbohydrate metabolism disorders, and its pathogenetic nature is the phenomenon of insulin resistance. In recent years, the study of the relationship between metabolic syndrome and periodontal disease has attracted the attention of many dental scientists.

The aim of the study was to investigate the condition of periodontal tissues in individuals with metabolic syndrome. We examined 190 people with metabolic syndrome and they formed the main group. The comparison group included 90 people without metabolic disorders. The age of respondents ranged from 25 to 55 years. To determine the metabolic syndrome, endocrinologists used the criteria proposed by the World Health Organization (WHO) in 1998. According to this criterion, the metabolic syndrome includes impaired glucose tolerance or type 2 diabetes mellitus and / or insulin resistance in combination with two or more of the following criteria: increase in blood pressure to 160/90 mm Hg; increased plasma triglycerides (greater than 1.7 mmol / l) and / or low levels of high-density lipoprotein cholesterol (less than 0.9 mmol / l in men and less than 1.0 mmol / l in women).

According to the data, the results were next: 155 out of 190 patients with metabolic syndrome had periodontal disease, which was $81.58 \pm 2.82\%$. In 90 patients without endocrinological pathology, the prevalence of periodontal disease was 1.2 times lower ($65.56 \pm 5.04\%$).