

**Mytchenok O.V.**

**METHOD OF DETERMINATION OF THE CENTRAL OCCLUSION HEIGHT IN PATIENTS WITH DENTAL WEAR PATHOLOGY**

*Department of Therapeutic Dentistry  
Bukovinian State Medical University*

Pathological abrasion of teeth is one of the common diseases of the dental system. According to researches, pathological abrasion of teeth reaches 19% of the total number of examined patients. The most common form of pathological abrasion of the teeth is horizontal. Patients' attention is increasingly growing not only to the restoration of function but also to the aesthetic qualities of the obtained structures of dental restorations. Denture designs should completely restore the color of teeth, their shape, be invisible to others, and be easy to use. Most patients usually insist on permanent prosthetics. It was found that the pathological abrasion of teeth was mostly caused by a combination of various factors, including abnormal occlusion, the prevalence of which reaches from 20 to 80%, incorrect prosthetics, poor oral hygiene, lack of prophylaxis, the financial inability of people to receive appropriate treatment. Thus, with such a large number of methods of prevention and treatment of dental pathology in the current level of dental care, pathological abrasion of the teeth is a very important problem today. Patients need the proper quality of prevention and treatment of pathological tooth abrasion.

Difficulties in orthopedic treatment of patients with pathological abrasion of hard tooth tissues are determined not only by the type and degree of abrasion but also by concomitant deformations of the dentition, changes in the nature of the bite and its height, changes in reflex connections in the masticatory apparatus.

The most common type of dental prosthesis is a fixed prosthesis. Fixed prosthetics are widely used because they have a number of advantages over removable structures, namely: restore masticatory efficiency up to 100%, have a small size; practically do not interfere with taste and tactile sensitivity. These features allow in a short period of time to rehabilitate the functions of the maxillofacial area, aesthetic norms.

To determine the amount of abrasion of teeth and abrasion resistance of restorative structures, most authors use only visual guidelines, which is not an accurate method of measurement and does not provide sufficient information about the quality of prosthetics. To more accurately determine the reduction in bite height, we proposed our own measurement technique.

To determine the amount of abrasion of the teeth, we made X-ray contrast marks with filling material within the blind fossa of the first permanent molars of the maxilla and mandibula. In the panoramic image, the distance between the lower limit of the mark on the mandible and the upper limit of the mark on the maxilla was measured immediately after fixing the pad, and after 6 months. The difference between these values was the amount of abrasion. A panoramic x-ray was performed with closed teeth in the position of central occlusion.

The distance between the blind fossa and the apex of the medial and distal buccal mounds was also measured immediately after fixation of the lining, and after 6 months, to determine which of the antagonists was erased more.

Thus, the proposed technique allows you to most accurately measure the amount of reduction in the height of the bite in persons who have restored the masticatory surface of the teeth with tabs.

**Mytchenok M.P.**

**PREMORBID CONDITION OF CHILDREN WITH ACUTE PURULENT LYMPHADENITIS AND ODONTOGENIC OSTEOMYELITIS**

*Department of Pediatric Dentistry  
Bukovinian State Medical University*

In the pathogenesis of acute inflammatory processes of the maxillofacial area, children have a history of chronic foci of inflammation and acute bacterial infections. The presence of secondary immune deficiency among some patients and immunosuppressive effects of saprophytic microflora