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БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»

М А Т Е Р І А Л И

105-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
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Матеріали підсумкової 105-ї науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) – Чернівці: Медуніверситет, 2024. – 477 с. іл.

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У збірнику представлені матеріали 105-ї підсумкової науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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FREQUENCY OF DENTITION DEFECTS AMONG ADULT PATIENTS IN THE CITY OF CHERNIVTSI AND THE REGION, WHO APPLIED FOR PROSTHETIC TREATMENT

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Introduction. One of the most common forms of dentoalveolar system disorders in adulthood is partial tooth loss. The reasons for its development are periodontal tissue diseases, caries complications, odontogenic and oncological diseases of the maxillofacial area, trauma, etc. The number of patients with dentition defects in the total population of Ukraine ranges from 70 to 95%. In young and middle-aged people, included dentition defects are detected much more often compared to distally unlimited defects, and in terms of localization and structure are dominated by included defects in the lateral areas of the jaws in the absence of one or both teeth. Therefore, the study of the prevalence, structure of dentition defects and their causes necessitates the development of new and improvement of already known effective approaches to the provision of orthopedic dental care.

The aim of the study. To study the frequency of dentition defects and the need for prosthetics among adult patients seeking prosthetic treatment.

Material and methods. We examined 305 people aged 20 to 60 years and older who sought prosthetic treatment. The diagnosis was made according to the Kennedy classification. Patients were divided into 5 age groups: Group I - 55 patients (21 women, 34 men) aged 20 to 30 years; Group II - 65 patients (53 women, 12 men) aged 31 to 40 years; Group III - 85 patients (54 women, 31 men) aged 41 to 50 years; Group IV - 65 patients (34 women, 31 men) aged 51 to 60 years; Group V - 35 patients (15 women, 20 men) aged 61 years and older.

Results. The following results were obtained after determining the structure and prevalence of dentition defects according to the Kennedy classification and analyzing the type of defects depending on the number of lost teeth. Among 305 people who sought prosthetic treatment, 74.4% had partial dentition defects. At the age of 20-30, 5.3% more women were found to have dentition defects than men. At the age of 31-40 years, the number of people with partial dentition defects increased by 2.4 times (from 23.00% to 62.65%). Most often, unilateral dentition defects (class III) were detected - from 32.3% in men to 48.6% in women. An increase in the number of patients with dentition defects was observed at the age of 41-50 years, compared to the previous group - by 1.4 times. In patients aged 51-60 years and older, there was no significant increase in the number of dentition defects compared to the age group of 41-50 years, respectively 93.4% and 92.5% of patients.

Conclusions. Thus, the study shows that 74.4% of people who sought prosthetic treatment had dentition defects, among which the included ones predominated (class III according to the Kennedy classification). The following was found regarding the orthopedic structures that were made for patients. For people under 40 years of age, bridges were most often made. Starting from the age of 40, the number of manufactured removable prostheses, i.e. combined orthopedic structures (fixed and removable), increased. People aged 51-60 had dental implants installed. The number of removable dentures (partial and full lamellar) increased in people aged 60 and older.

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DETERMINATION OF CRITERIA OF AESTHETICS OF RESTORATIONS

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Introduction. According to the analysis of the (USPHS) parameters, the highest score (Alfa) is assigned to the restoration on the basis of preserving its anatomical shape of the tooth. At the same time, at the present stage of development of dentistry, it has become possible to reproduce such morphological features as geometric shape, gingival contour, individual features of the cutting edge, features of the angle and curvature of the crown, macro- and microrelief of the surface, as

well as age-related changes in teeth and interdental spaces (disappearance of the incisal interdental space and increase in the gingival space due to abrasion of the cutting edge and gingival recession, etc.)

Therefore, based on the study of the aesthetic function of the tooth, taking into account its optical properties, morphology, histology and physiology, it is possible to develop instructions for determining the quality of aesthetic restorations.

The aim of the study. To propose criteria for the aesthetics of restorations based on the study of optical, morphological and physiological parameters of teeth.

Material and methods. To achieve this goal, we studied intact and symmetrical teeth, the planned (expected) and obtained results of the restoration. The following parameters were taken into account: geometric shape of the tooth, tooth dimensions (height LCO2, its transverse dimension MDCO2 in mm, in the cervical region, in the equator region, in the cutting edge region), signs of the crown angle, signs of crown curvature, taking into account the displacement of the point of the greatest convexity (mesial, closer to the midline, distally or absent), signs of root deviation (pronounced, not pronounced), gingival contour, shape of the cutting edge (straight, convex, concave, serrated) relief of the vestibular surface, type of tooth transparency (enamel is transparent in all areas of the tooth crown, pronounced transparency of the proximal surfaces of the tooth, transparent only the cutting edge, transparent cutting edge and proximal surfaces) tooth color according to the VITA scale, the degree of enamel gloss (evenly "matte", "matte" in the cervical region, shiny without signs of peroxidation), the presence of individual tooth features (spots with hypoplasia, fluorosis, discolorations, etc.). The score was given separately for each parameter from 1 to 3 points. Calculation of the restoration aesthetics criterion (RAC): RAC = n / 36, where n is the total amount of points, 36 is the maximum amount of points.

Results. According to the proposed scores, 3 points were given when the expected result fully corresponded to the planned one, 2 points - partially corresponded to the planned one, 1 point - did not correspond to the planned one. Then all the scores were summed up. The highest possible score was 36 points. The quality score was considered excellent with 33-36 points, good with 29-32 points, satisfactory with 24-28 points, and unsatisfactory with less than 24 points. But if the following parameters: tooth color, degree of enamel gloss and the presence of individual tooth features were rated below 3 points, the future restoration could no longer be assessed as having an excellent or good result. In order for the design to satisfy the doctor and the patient according to each criterion, at least two points must be scored. If up to 50 percent of the criteria are scored as "2 points," the doctor can correct the restoration if the errors relate to the reproduction of the tooth shape. If more than 50% of the criteria are scored with "2 points", then, in agreement with the patient, the restoration is corrected without reworking it. In cases where the structure does not match the tooth tissue in color and light transmission, it needs to be replaced.

Conclusions. Thus, with the criterion of aesthetics of the restoration 0.9-1, the result was considered excellent, with 0.7-0.8 - good, but the restoration needed correction, with <0.7 - the result was unsatisfactory, and the restoration needed replacement. The use of the developed criteria for the aesthetics of restorations will help to increase the efficiency of manufacturing dental structures that are as close as possible to the natural teeth of patients, reduce the percentage of complications associated with unsatisfactory aesthetics.

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VARIABILITY OF SHAPE IN MAJOR SUBLINGUAL DUCTS IN HUMAN INTRAUTERINE DEVELOPMENT

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Introduction. Considering the extreme importance of the perinatal morbidity and mortality decline for practical medicine, impossibility to solve this problem without the advanced study of the embryogenesis and early fetogenesis periods, which in most cases determine the further fetal growth and newborn development, we published some papers presenting certain regularities in