

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ  
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



## **МАТЕРІАЛИ**

**105-ї підсумкової науково-практичної конференції  
з міжнародною участю  
професорсько-викладацького персоналу  
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ  
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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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**The aim of the study.** To compare the techniques of the alveolar process restoration in the coronal direction with the aim to achieve an increase of at least 4 mm vertically.

**Materials and methods.** To implement into clinical practice effective and minimally invasive methods to remove complicated dental-alveolar pathology and complicated atrophy which restrict or make it impossible to install dental implants.

**Results.** Anatomists and physiologists describe healing processes in their fundamental works, but in recent years, leading clinicians isolate such anatomical element as «bundle bone». It is 2-3 mm of the alveolar bone in the coronary direction. They are supplied from the vascular network of the dental periodontium. The atrophy of the bundle bone is the key parameter that makes it difficult or impossible to install dental implants into a correct orthopedic position.

The atrophy parameters of the bundle bone range within 2-3.5 mm. They often can be compensated by means of the connective tissue transplant and partial deepening of the dental implant, which is even more favorable from the orthopedic point of view.

Much more complications are found in restoration of post-traumatic defects, defects after multiple extraction, especially with underlying generalized periodontitis etc.

Techniques of horizontal augmentation are rather common in everyday clinical practice, while vertical augmentation in the coronal direction is often a challenge even for experienced surgeons. Vertical augmentation of the maxillary sinus is more used and prognosticated.

The main methods of vertical augmentation are: 1) frame techniques: this method enables to perform horizontal and vertical augmentation simultaneously, and in a number of cases to install a dental implant; nevertheless, it is very “sensitive” to the surgical technique of the operator, and requires correcting surgery on the soft tissues; 2) bone blocks of the laminate type (Curie technique): it is economically reasonable but at the same time, very traumatic since it requires a donor area. The possibility of «extra» augmentation is excluded. It is suitable for complicated defects as the first stage of surgery; 3) segmental osteotomy: this method enables relatively simple restoration of a vertical defect. Exposition risks are absent. The 3<sup>rd</sup> class recession risks are absent. Disadvantages are palatine rotation (on the maxilla), scar formation due to the cutting free mucous membrane involving the muscular component.

**Conclusions.** In spite of considerable risks and technical complexity of the frame membranes, they should be considered as the main and the most complete for vertical augmentation. Restrictions and risks can be avoided by stage-by-stage work. The first stage includes Curie technique, or segmental osteotomy (they do not provide restoration of the horizontal and vertical component with hypercorrection).

**Roshchuk O.I.**

## **PREVALENCE AND FEATURES OF THE COURSE OF PERIODONTAL TISSUE DISEASES IN CHRONIC PANCREATITIS**

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**Introduction.** Numerous studies have established a connection between periodontal tissue diseases (PTD) and general somatic pathology (Hajishengallis G., 2022; Isola G. et al., 2023). However, there are conflicting data regarding the effect of chronic pancreatitis on the periodontal status of such patients, which requires careful analysis.

**The aim of the study.** To study the features of distribution, diagnostic structure and clinical course of PTD in patients with chronic pancreatitis.

**Material and methods.** 49 patients with chronic pancreatitis, aged 32 to 65, who were included to the research group, were examined. The control group consisted of 20 practically healthy people of the appropriate age. The indicators of the prevalence (in %) and intensity of periodontal tissue diseases (communal periodontal index – CPI) were studied, the papillary-marginal-alveolar index (PMA) was calculated, and the depth of periodontal pockets was measured in all patients. The hygienic condition of the oral cavity was assessed using the Green-Vermillion index (OHI-S). The diagnosis of PTD in patients was established according to the classification of

M.F. Danylevskij (1994). Statistical processing of the material was carried out using Microsoft Excel 2016 (USA).

**Results.** When collecting the anamnesis data, it was found out from the words of the patients that exacerbations of PTD coincided with exacerbations of chronic pancreatitis, mainly in the spring-autumn period. A significant prevalence of PTD was established: in 75.48% of patients in the research group, which exceeded the indicator in the control group by 1.4 times ( $p=0.015$ ). Chronic generalized catarrhal gingivitis prevailed in the structure of PTD in patients with chronic pancreatitis – in 81.1 % of people, which is in 1.35 times more than in the control group ( $p<0.05$ ). Chronic generalized periodontitis was found in 18.9 % of patients against 10 % in the control group. Chronic generalized periodontitis of the first degree of severity was found in 71.5 % of people with periodontitis, second degree of severity – in 28.6 %. When studying the structural and functional state of the periodontal tissues of patients, an index assessment was performed. The average value of the PMA index in patients was  $(0.37\pm 0.18)$ , which corresponded to the middle degree of inflammation, and exceeded the indicator in the control group by 1.9 times ( $p<0.01$ ). It was established that the average value of CPI in patients was  $(2.7\pm 0.24)$ , while in the control group the indicator was 2.3 times lower ( $p<0.05$ ). The average depth of periodontal pockets was  $(2.8\pm 0.07)$ . Bleeding of the gums was found of 1st - 2nd degrees. Assessment of the hygienic status of the oral cavity showed an unsatisfactory level of hygiene in all patients. The value of the OHI-S index in the patients of the research group was  $(1.77\pm 0.13)$ , which indicates the need for professional hygiene and correction of individual hygiene.

**Conclusions.** A high prevalence of periodontal tissue diseases in patients with accompanying chronic pancreatitis was established – 75.48 %. In the structure of periodontal tissue diseases, inflammatory forms prevailed – 81.1 %. The simultaneous exacerbation of periodontal tissue diseases and chronic pancreatitis indicates comorbidity of the course of these diseases, and requires further research to identify common pathogenetic links of development for individualized prevention and treatment.

**Rozhko V.I.**

## **FEATURES OF THE MORPHOLOGY OF THE ROOT CANALS OF THE LOWER PERMANENT INCISORS BASED ON THE CBCT ANALYSIS**

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**Introduction.** Endodontics is the most complex branch of dentistry. One of the fundamental foundations of successful endodontic treatment is knowledge of root canal anatomy. Undetected and untreated root canals are the main problem in endodontic treatment in 42% of cases. Among the causes of unsuccessful endodontic treatment, a special place is also occupied by diagnostic errors, which are associated with a low level of visualization of the root canal system and knowledge of their morphological features. Answers to most of these questions were provided by cone beam computed tomography (CBCT). This method makes it possible to obtain a three-dimensional image in mutually perpendicular planes: axial, sagittal and coronal. From the point of view of anatomical structure, lower incisors are the most simple and stable. However, these teeth have a wide range of individual characteristics and a complex internal structure, which often causes iatrogenic errors and complications during endodontic treatment.

**The aim of our study** was to evaluate the anatomical and morphological features of the root canals configurations of the permanent incisors of the lower jaw based on CBCT data.

**Material and methods.** We analyzed 50 computer tomograms of the maxillofacial system in patients for the period from 2022 to 2023. Totally, 200 permanent teeth were studied: 100 central and 100 lateral incisors.

**Results.** Our research revealed that in most cases, the lower central incisors are single-rooted with one canal: on the left (31 teeth) in 60% of the examined teeth and on the right (41 teeth) in 64%. The structural variant of one root, two canals and one apical opening occurs in 40% of the 31 teeth, in 36% of the 41 teeth. The presence of an additional channel in the central incisors is