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БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ

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106-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького колективу
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Матеріали підсумкової 106-ї науково-практичної конференції з міжнародною участю професорсько-викладацького колективу Буковинського державного медичного університету (м. Чернівці, 03, 05, 10 лютого 2025 р.) – Чернівці: Медуніверситет, 2025. – 450 с. іл.

У збірнику представлені матеріали 106-ї науково-практичної конференції з міжнародною участю професорсько-викладацького колективу Буковинського державного медичного університету (м. Чернівці, 03, 05, 10 лютого 2025 р.) зі стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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patients with occlusion-related dysfunctions in the masticatory system remain highly relevant in modern dentistry. This relevance is driven by the growing number of patients presenting with dental arch defects, occlusion pathology, and the consequences of various dental treatments, including therapeutic, surgical, orthopedic, and orthodontic interventions.

The aim of the study. To identify optimal rehabilitation strategies for patients with temporomandibular joint dysfunction (TMD) involving muscle-joint dysfunction complicated by periodontitis.

Materials and methods. The study involved the examination of 29 patients with muscle-joint dysfunction complicated by periodontitis. The investigation was conducted using methods such as anatomical modeling, miometry, and radiography.

Results. Traditional treatment of localized traumatic periodontitis begins with the removal of traumatic factors affecting periodontal tissues, typically by restoring proper contact points between teeth. In the comprehensive treatment of periodontal diseases, orthopedic interventions focus on eliminating or reducing traumatic overload on the periodontium by correcting the spatial position of the lower jaw and performing selective tooth grinding. However, opinions differ regarding the optimal timing for this procedure. While most researchers suggest that selective grinding should be performed only when clinical signs of periodontal disease are evident, some recommend earlier intervention, even before symptoms appear.

A major contraindication for selective tooth grinding is acute or chronic TMD accompanied by muscle-related pain. In such cases, selective grinding is recommended only during remission, as pain complicates thorough patient examination and the study of tooth contact during articulation phases. Optimal occlusion, which is the goal of dental treatment, extends beyond aligning dental arches in Angle's Class I relationship. It requires a harmonious balance between muscles, nerves, dental arches, periodontium, and joints.

Modern diagnostic and treatment methods in neuromuscular dentistry offer a more profound understanding of the role of occlusion in TMD and periodontal diseases. These approaches allow for the resolution of complex dental issues, yielding functional and aesthetic rehabilitation while also enhancing the patient's general well-being. Given the intricate nature of TMD and periodontal treatment, successful outcomes demand a high level of collaboration between the dentist and the patient.

In view of these challenges, exploring innovative methods for preventing and treating localized periodontitis in young individuals with TMD-related muscular components remains a pressing issue.

Conclusion. The rehabilitation of patients with temporomandibular joint dysfunction complicated by periodontitis requires a comprehensive approach. This includes addressing occlusal disturbances using computerized jaw movement analysis with the T-scan Novus system, which is applied in various cases such as fixed and removable prosthetics, periodontal pathology, implant prostheses, and TMD management. Moreover, targeted pharmacological treatment addressing the key pathogenetic mechanisms of localized periodontitis is crucial for effective rehabilitation in such patients.

Zabrodska O.S.

PROBLEMS OF ACCESS TO THE UMBILICAL VEIN THROUGH THE LIVER PARENCHYMA

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Introduction. The investigation of the development and structure of the branches of the umbilical vein (UV) and the portal hepatic vein (PHV) during human intrauterine development is vital for identifying the general principles of liver histogenesis. This research provides key insights into the processes shaping these structures, enhancing our understanding of congenital abnormalities and aiding in the advancement of prenatal diagnostics.

The aim of the study. This study aims to examine the topographical characteristics of the umbilical vein during the prefetal stage of human ontogenesis.

Material and methods. This study utilized 12 prefetal samples. A comprehensive approach was applied, incorporating various morphological research methods. These included morphometry, the preparation and analysis of histological sections, both macro- and microscopic observations, as well as plain and thin dissections conducted under the MBS-10 microscope. Additionally, vessel injection followed by radiography was performed to enhance the depth and precision of the analysis.

Results. In the early prefetal period (7th week), the liver is positioned in the cranioventral and middle regions of the abdominal cavity. The transverse size of the liver measures 4.8 mm in a prefetus with a parieto-coccygeal length (PCL) of 19.8 mm, and 5.1 mm in a prefetus with a PCL of 20.0 mm. At this stage, the liver's development is shaped by correlative processes influenced by ongoing growth and differentiation.

In fetuses at the 7th week of development (14.0–20.0 mm PCL), the umbilical vein (UV) was examined through 16 series of histological sections. The UV enters the liver near the anterior edge of the left sagittal groove, becoming obscured beneath the liver tissue. Along its course, the UV releases 2 to 3 left-side branches, each measuring 40 to 50 microns in diameter, which further branch out within the left portion of the liver.

The external diameter of the umbilical vein (UV) at its entry point into the liver is 118.0±17.2 μm in 6-week-old fetuses, increasing to 152.0±7.9 μm by the 7th week. During this same developmental period, the diameter of the portal hepatic vein (PHV) also grows, from 210.0±22.8 μm in 6-week-old fetuses to 311.0±17.2 μm in 7-week-old fetuses.

The right paramedian vein extends ventrocranially, dividing within the expected VII and partially VIII liver segments. Simultaneously, the lateral branch descends and penetrates the future V and VI segments of the liver. In preterm fetuses during the 8th week of development, the umbilical vein (UV) and portal hepatic vein (PHV) were examined using 12 series of histological sections from samples with a parieto-coccygeal length (PCL) of 21.0–30.0 mm.

The umbilical vein (UV) enters the liver parenchyma near the anterior edge of the left sagittal groove, moving in an anteroposterior direction in its anterior section. The liver tissue envelops the vein from below. Along its entire path, the UV gives off 2 to 3 left-side branches, each measuring between 98 and 102 microns in diameter. These branches extend into the left lobe of the liver, specifically targeting the future II, III, and partially I and IV segments.

Conclusions. By the conclusion of the intrauterine development phase, the intrahepatic arrangement of venous vessels including the umbilical vein, portal hepatic vein, and their first- and second-order branches, attains distinct characteristics that closely resemble the final anatomical structure.

Банул Б.Ю.

РОЗВИТОК ПАРАМЕЗОНЕФРАЛЬНИХ ПРОТОК У ПЛОДІВ ПІД ЧАС ВНУТРІШНЬОУТРОБНОГО РОЗВИТКУ ЛЮДИНИ

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Вступ. Важливе практичне значення для акушер-гінекологів має вивчення розвитку маткових труб та їх похідних саме в ебріональному періоді онтогенезу людини. Для того щоб розуміти виникнення вад розвитку у новонароджених, необхідно знати закладку і розвиток маткових труб та їх похідних у ембріональному періоді онтогенезу, зокрема у плодовому періоді.

Мета дослідження. З'ясувати особливості розвитку парамезонефральних проток та їх похідних у плодів різної довжини під час внутрішньоутробного розвитку.

Матеріали і методи дослідження. Дослідження виконано на 5 плодах людини довжиною 270,0-375,0 мм ТКД у внутрішньоутробному розвитку. Для дослідження