МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ

М А Т Е Р І А Л И

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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The aim of the study. To find clinical efficiency while using osteoplastic materials based on multipotent mesenchymal stromal cells of the adipose tissue in dental patients during sinus lifting surgery.

Materials and methods. The clinical material involved examination of 67 patients. The subgroup 1A included 30 individuals undergoing sinus lifting surgery with the use of the bone tissue substitute containing hydroxyapatite; the subgroup 1B included 37 individuals who were operated on by means of the combination of the multipotent mesenchymal stromal cells of the adipose tissue, the bone tissue substitute containing hydroxyapatite and platelet-rich blood plasma. Clinical examination of patients was made every day. Clinical indicators were determined on the 1^{st}, 3^{rd}, 5^{th}, 7^{th}, 10^{th}, 14^{th} and 28^{th} days after surgery. Postoperative pain syndrome was measured according to the Numerical Rating Scale (NRS) considering subjective pain manifestations in patients after surgery. To determine the dynamics of the degree of swelling the score system was used: 0 point – absent; 1 point – mild; 2 points – moderate; 3 points – severe. To determine the dynamics of the degree of the oral mucosa hyperemia the following score system was used: 0 point – rosy pink; 1 point – mild hyperemia; 2 points – moderate hyperemia; 3 points – marked hyperemia; 4 points – cyanosis; 5 points – ischemia.

Results. The comparative analysis of clinical efficiency of different osteoplastic materials to perform sinus lifting surgery confirmed that the use of the composition based on multipotent mesenchymal stromal cells of the adipose tissue, the bone tissue substitute containing hydroxyapatite and platelet-rich blood plasma is preferred to the use of bone substitute based on hydroxyapatite. The efficiency was confirmed by the results of subjective and objective symptoms found in patients during the postoperative period. The results obtained are indicative of a high efficacy and considerable perspective to apply osteoplastic materials combined with multipotent mesenchymal stromal cells of the adipose tissue in surgical treatment of dental patients. During the postoperative period, the intensity of pain syndrome decreases, collateral swelling and marked hyperemia of the oral mucosa reduce, regeneration of the bone tissue accelerates, and the terms of rehabilitation for patients become shorter.

Conclusions. At the final stage of the study, the patients of the subgroup 1B operated on by means of the osteoplastic composition suggested, presented the lack of pain syndrome in 89,32 %. It is 1,2 times higher, $p_1<0,05$, than that of the patients in the subgroup 1A. 98,46 % patients from 1B subgroup admitted absence of collateral edema which is 1,2 times higher, $p_1<0,05$, than the number of individuals in 1A subgroup. 92,38 % patients from 1B subgroup did not present hyperemia of the oral mucosa, which is 1,3 times higher than the results obtained in 1A subgroup, $p_1<0,05$.

Basista A.S.

DENTIST'S WORKING EXPERIENCE IN THE MEDICAL INFORMATION SYSTEM "HELSI"

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Introduction. The use of medical information systems (MIS) provides the possibility of continuous accumulation and saving of data linked to the patient's account in the electronic medical card on the website or the helsi.me application, as well as providing the patient with the opportunity to manage his own medical data and access to it.

The aim of the study. To analyze the features of the medical information system "Helsi" in the dentist's work.

Material and methods. The information and analytical methods were used. Medical information system "Helsi" in the dentist's practice was the subject of the study.

Results. Provided that the public or private health care facility connects communal or private property to the selected information system, the system administrator or company representative must register the dentist, i.e. provide a login and a password for entering the system, and the doctor needs to create an electronic digital signature. The interface of the "Helsi" program

for dentists has no difference from other specialties. Dentists do not need an electronic referral to see a patient. Diagnoses are made according to the International Classification of Diseases (ICD-11). The selection of services and procedures is carried out according to the Australian Classification of Medical Interventions, in which dental services are described in Class 6, blocks 450-490.

This MIS has certain disadvantages for the dentist, namely the inability to add photos of teeth and dental rows, images of sighting and panoramic radiography, download an archive with computer tomography and, accordingly, save the data in the patient's electronic medical chart.

But the main advantages of the work are the ability to independently register a patient for an appointment through the application, save appointment templates, provide electronic referrals to related specialists, for laboratory tests, write electronic prescriptions, direct patient registration to related specialists in their health care center, as well as access to an electronic medical record patient and obtaining information about existing diseases and active episodes of treatment.

Conclusions. Therefore, a dentist must have skills in working with medical information systems, which is not only a requirement of higher authorities, but also a necessity for improving the provision of medical care to patients and saving data in electronic charts.

Belikov O.B.

PRINCIPLES OF TEMPOROMANDIBULAR JOINT TREATMENT WITH MYORELAXING MOUTHGUARDS

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Introduction. Today, there is no doubt that hypertonicity of the masticatory muscles provokes numerous dental and sometimes not only dental problems. Nowadays, many different mouth guards and appliances are used in dentistry. All of them help to eliminate various malocclusion disorders or problems directly related to them. A muscle-relaxing mouthguard or splint allows you to relieve the increased tension of the chewing muscles and is used in the complex treatment of temporomandibular joint pathology. However, the issue of its use is not fully resolved, namely, for which jaw they should be made. It depends on many factors.

The aim of the study. To substantiate the principles of using muscle relaxant mouthguards in the treatment of temporomandibular joint diseases.

Material and methods. The clinical and diagnostic study involved 42 patients aged 25 to 55 years, 35.71% men and 64.28% women, who came to the Department of Prosthetic Dentistry for a consultation. During the examination, the patients complained of rapid decay of fillings and crowns, inability to open their mouths wide, problems with diction, frequent muscle spasms, clicking and pain in the joint while chewing food and opening the mouth, headaches, discomfort in the cervical region, insomnia, etc.

T-Scan Novus Core apparatus was used to assess occlusal-articulation contacts, panoramic radiography and NewTom GO 2D/3D computed tomography were used to analyze radiological changes in the temporomandibular joint (TMJ). According to the data of conventional clinical and radiological studies, disorders of the TMJ in the form of sclerosing arthrosis, deforming arthrosis, TMJ dysfunction: articulation-occlusion and muscle-pain forms were detected.

Results. When analyzing the digital occlusogram obtained using the thinnest sensor with a thickness of 4 microns, the following was revealed: premature tooth contacts, the presence of double-triple load or weak contacts, lack of contact in the area of some teeth. When assessing the degree of mouth opening and the trajectory of the lower jaw, the following was found seven (16.66%) patients had normal excursion of the TMJ heads, 15 (35.71%) had S-shaped or Z-shaped mouth opening, nine (21.42%) had limited mouth opening up to 2-3 cm, 13 (30.95%) had a shift of the midline to the right or left, 12 (28.57%) had disc dislocation, and eight (19.04%) had dislocation and compression of symmetrical discs. Among the examined patients, 25 (59.54%) had complaints of pain and clicking in the TMJ, eight (19.04%) had stiffness in the joint in the morning that resolved in the evening, and nine (21.42%) had a crunching sound in the joint. Occlusion disorders