

МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ



МАТЕРІАЛИ
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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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

were detected in 23 (54.76%) patients, occlusal contacts of various kinds in 16 (38.09%), occlusion, occlusal contacts and mouth opening disorders in three (7.14%) patients.

Given the diverse nature of occlusal contacts and TMJ disorders, different types of orthopedic appliances were used. In patients with articulatory-occlusive form of TMJ dysfunction, a separating night guard on the lower jaw, in patients with muscle-pain form - a Michigan splint on the upper jaw or Aqualizer, and in patients with malocclusion, occlusal contacts and impaired mouth opening - combined constructions with therapeutic gymnastics and massage of the masticatory muscles.

Conclusions. A differentiated approach to the use of muscle relaxation equipment made it possible to normalize occlusal contacts, stabilize the position of the mandibular head and articular disc, return the mandible to its original position from displacement, relieve increased stress on the masticatory muscles, and discomfort in the cervical region.

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MULTIDISCIPLINARY APPROACH TO THE TREATMENT OF DISEASES OF PERIODONTAL TISSUES

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Introduction. According to WHO experts, the prevalence of periodontal tissue diseases reaches 98%. Among them, periodontitis plays a leading role. Its tendency to progression, various effects on the body, as well as frequent relapses make this pathological condition one of the most pressing problems of modern dentistry. Local factors play an important role in the development of periodontitis, such as: abnormal attachment of the frenulum of the lips, tongue, abnormal bite and individual teeth, traumatic bite, improperly selected orthopedic appliances, etc. Therefore, the choice of treatment method depends on the pathology detected during the examination. At the same time, such pathology can be prevented or a positive result can be obtained by following the principle of combined and comprehensive treatment.

The aim of the study. To analyze the clinical picture and propose an algorithm for the treatment of periodontal tissue diseases based on a multidisciplinary approach, depending on the pathology detected.

Material and methods. To achieve this goal, 81 patients aged 35 to 45 years, male and female, diagnosed with periodontitis of varying severity were examined and treated. When forming patient groups, the presence of dental plaque and tartar, the degree of gingival bleeding, the degree of tooth mobility, the type of bite, and the presence of concomitant pathology of the dentition were taken into account. Hygiene and periodontal indices were determined. To clarify the diagnosis, an X-ray examination was performed using an orthopantomograph. The size and nature of the occlusal contacts of the teeth were determined in the state of central, lateral and anterior occlusion during voluntary tooth clenching using articulation paper. To establish the level of location of the reinforcement of adhesive splints in lingual or vestibular splinting, diagnostic models were analyzed and studied in a parallelogram.

Results. Among the examined patients, 67 (82.71 %) complained of gingival bleeding during brushing, 25 (30.86 %) - during eating, 65 (80.24 %) - of tooth mobility, 33 (40.74 %) - of bad breath, 17 (20.98%) - pain or discomfort in the gums, 14 (17.28%) - fan-shaped teeth, 11 (13.58%) - teeth displacement, nine (11.11%) people - varying degrees of dental hyperesthesia. Among the respondents, there were no persons with harmful occupational factors or bad habits, 34 (41.9%) smoked cigarettes. When patients were interviewed about their personal oral hygiene, it was found that 17 (20.98%) people brush their teeth 2 times a day, 24 (29.62%) - once a day, and 13 (16.04%) - brush their teeth irregularly (several times a week). Most respondents used only a toothbrush and toothpaste. During the examination of the gingival margin, no congestive hyperemia of the free and attached parts of the gingiva was detected, the interdental gingival papillae were swollen and painful during probing. When assessing the state of occlusion, various forms of malocclusion were detected in 42 (54.2%) patients, abnormalities in the position of individual teeth