

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



МАТЕРІАЛИ

**106-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького колективу
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
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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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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.

Belikova N.I.

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

were detected in 53 (65.4%) patients, diastema and tremas in 13 (15.9%), crowding of the lower jaw teeth in 12 (14.8%), fan-shaped separation of the upper jaw teeth in seven (8.65%), traumatic occlusion was detected in 77 (95.7%) of the examined. As a result of the examination, a treatment algorithm was developed, which included professional oral hygiene, local therapy in the form of drug applications and hardening dressings, prescription of osteotropic drugs, physiotherapy, selective grinding of teeth according to Jencelson, and adhesive splinting.

Conclusions. A multidisciplinary approach to the treatment of patients with periodontal tissue diseases allows to normalize occlusal contacts, stabilize the position of individual teeth, prevent bleeding and the development of frequent relapses.

Bernik N.V.

INVESTIGATING THE ROLE OF ORAL MICROBIOTA AND IMMUNE STATUS IN REDUCING POSTOPERATIVE COMPLICATIONS IN OUTPATIENT DENTAL SURGERY

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Introduction. Alterations in the quantitative and qualitative composition of the oral microbiota, specifically disturbances in the natural microbial community and colonization by pathogenic microorganisms, can weaken the immune response, increase susceptibility to infectious-inflammatory complications, and become significant contributing factors in their development.

The aim of the study. This study aims to explore the mechanisms behind infectious-inflammatory complications in the oral cavity following outpatient dental procedures, with the goal of improving both preventive and therapeutic strategies.

Material and methods. A cohort of 81 patients, aged 20 to 65, was selected, all of whom were scheduled for minor oral surgery. Participants were divided into three groups based on the type of surgery they required: 27 patients preparing for dental implants (Group 1), 28 patients with third molar impaction (Group 2), and 26 patients with radicular cystogranuloma (Group 3).

Results. Prior to surgery, all participants underwent immune profiling in the oral cavity using flow cytometry with monoclonal antibodies on the laser cytometer Epics XL-MCL (Coulter, France). The microbial flora of the mucous membranes surrounding the surgical sites was examined microscopically. Any isolated bacterial cultures were analyzed for quantitative and qualitative content. The analysis revealed microbial imbalances across all groups. The following periodontal pathogens were identified: *Prevotella intermedia* (2.0 ± 0.19 ; 5.7 ± 0.21 ; 3.7 ± 0.20) and *Fusobacterium* spp. (2.7 ± 0.20 ; 5.6 ± 0.19 ; 4.6 ± 0.20). Additionally, *Actinomyces* spp. (3.7 ± 0.21) was found specifically in patients with third molar impaction in Group 2. Given the presence of periodontal pathogens, it was deemed necessary to initiate pre-surgical antibiotic therapy to reduce the likelihood of infectious-inflammatory complications in outpatient dental surgeries. Further analysis of the immune status revealed decreased immune responsiveness in 58.1% of patients, with normal reactivity observed in 40.9%. Assessment of T-cell subpopulations (absolute and relative counts of T-lymphocytes, T-helpers, T-suppressors, and the immune regulation index) indicated significant differences between patients with decreased versus normal immune function. Specifically, CD3 levels were 57.6 ± 3.5 and 69.4 ± 1.8 ; CD4 was 29.2 ± 1.4 and 41.9 ± 1.2 ; CD8 was 31.9 ± 2.3 and 30.2 ± 2.9 ; and the CD4/CD8 ratio was 1.1 ± 0.1 and 1.52 ± 0 . The immunoglobulin levels (IgA, IgM, and IgG) were consistent across groups. The findings underscore the need for an integrated approach to pre-surgical care. For patients exhibiting reduced immune responsiveness, an adjunct therapy with immunomodulatory agents in addition to antibiotics may help mitigate postoperative infectious-inflammatory risks.

Conclusions. Periodontal pathogens and compromised immune reactivity are critical contributors to postoperative complications in outpatient dental procedures. A combined regimen of antibiotics and immunotropic medications may therefore be necessary to effectively prevent infectious-inflammatory outcomes in these patients.