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
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
03, 05, 10 лютого 2025 року

Конференція внесена до Реєстру заходів безперервного професійного розвитку, які проводитимуться у 2025 році №1005249

Чернівці – 2025

УДК 61(063)
М 34

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.

ISBN 978-617-519-135-4

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PHYSIOTHERAPEUTIC METHODS IN THE TREATMENT OF INFLAMMATORY PROCESSES IN THE MAXILLOFACIAL AREA AND NECK

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Introduction. Physiotherapeutic procedures are of great importance among the therapeutic, prophylactic and rehabilitation measures for diseases and injuries of the maxillofacial region.

The aim of the study. To study the effectiveness of the use of physical therapy methods in the treatment of diseases of the maxillofacial area.

Results. They are indicated in almost all forms and stages of the disease and are widely used at various stages of diagnosis, complex therapy, prevention and rehabilitation in order to influence individual pathogenetic links of the process and for symptomatic treatment. Some physical factors directly affect cells and tissues. Groups of physical therapeutic factors optimal for the treatment of dental diseases.

Physical methods with predominantly analgesic effect (transcranial electroanalgesia, fluctuorisation, short-pulse electroanalgesia).

Physical methods that have a predominantly anti-inflammatory effect (alterative-exudative phase of inflammation low-intensity uhf therapy, drug electrophoresis, proliferative phase of inflammation high-intensity uhf therapy, high-frequency magnetotherapy ultrasound therapy).

Physical methods of action on muscle and connective tissue (electrostimulation methods, the active factor is pulsed electric currents, defibrotic methods, the active factor is ultrasound, ultraphonophoresis, electrophoresis.

Physical methods of action on the peripheral nervous system (anaesthetic techniques, neurostimulatory techniques, trophostimulatory methods)

Physiotherapy for jaw fractures. The following physiotherapy treatments are prescribed (general franklinisation, local hypotherapy, ultrasound therapy in continuous mode at an intensity, uv-irradiation in an erythema dose, massage of the collar area.

In addition, in facial surgery, physical therapy methods are used at various stages of complex therapy and prevention.

Conclusions. Physical rehabilitation programs are developed individually depending on the disease and characteristics of the patient's body. Physiotherapy methods are included in the physical rehabilitation program. A professionally developed individual rehabilitation program has a positive effect on the patient's condition and accelerates the recovery and recovery process.

Havaleshko V.P.

FEATURES OF REMOVABLE PROSTHETICS OF PATIENTS IN THE PRESENCE OF A SINGLE TOOTH

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Introduction. The design of a removable denture in condition of significant loss of abutment teeth – in subtotal defects of the dentition is a significant challenge for the prosthodontist (Yeung A.W.K., Leung W.K., 2023). When only a single abutment tooth remains in the oral cavity, it cannot provide reliable retention and stability for a removable denture (Hyland N.F. et al., 2022). Often, such single supports are subjected to functional overload, especially when using retaining clasps, which results in their loss (Oh W.S. et al., 2021).

On the other hand, the preservation and use of single teeth can accelerate the process of adaptation to a removable denture compared to full dentures (Patel J. et al., 2024). Therefore, in our opinion, it is relevant to analyze and further to improve modern retention methods for removable dentures – telescopic system, attachments – to improve the quality of removable dentures and, accordingly, the quality of life of patients.

The aim of the study. To conduct a clinical evaluation of the orthopedic treatment of patients with partial removable dentures with preserved single tooth.

Material and methods. We examined 32 patients with large defects of the dentition and single teeth, aged 67 to 79 years, who sought prosthetics. The patients were divided into 3 groups depending on the design of the partially removable denture (PRD): Group 1 consisted of 10 patients with clasp-retained partial dentures, Group 2 – 11 patients with telescopic retention, Group 3 – 11 patients with a hole in the base in the area of the preserved tooth.

Clinical examination of the oral cavity of patients was performed 1, 3, 6, 12 months after the insertion of the PRD. The inflammatory reaction in the gums was assessed by the PMA index. The mobility of the abutment teeth was determined with tweezers according to O.I. Evdokymiv.

Results. It was found that after 1 month in all groups of patients, the abutment teeth remained stable, without mobility. The PMA index in group 1 exceeded the indexes of group 2 by 1.7 times ($p<0.05$), and in group 3 – by 1.5 times ($p<0.05$), and indicated the presence of an average degree of gingivitis.

After 3 months, two patients of the 1st group showed mobility of the abutment tooth of the first degree, while in the 2nd and 3rd groups, tooth stability was observed in 100 % of patients. The PMA index exceeded the mean value in group 2 by 17 % ($p<0.05$) and in group 3 by 13 % ($p<0.05$).

After 6 months, in group 1, 5 patients had 1st grade of tooth mobility and 1 patient had 2nd grade of tooth mobility. In group 2, the teeth remained stable. In 2 patients of the 3rd group, there was mobility of the first degree of severity. The PMA index in group 1 exceeded the value in group 2 by 1.6 times ($p<0.05$), and in group 3 – by 1.4 times ($p<0.05$), and corresponded to the average degree of gingivitis (according to Parma interpretation).

After 12 months, the prevalence of tooth mobility reached 60 % of patients in group 1 (4 patients had 1st grade, 2 patients had 2nd grade of mobility), but 1 patient lost the abutment tooth. In group 2, all patients retained their abutment teeth, and mobility was observed in 2 patients (1st grade). In group 3, 1 patient lost an abutment tooth, and 4 patients had 1st grade of mobility. The PMA index after one year of using a RPD in group 1 exceeded the value in group 2 by 26 % ($p<0.05$) and in group 3 by 18 % ($p<0.05$), and corresponded to a severe degree of gingivitis.

Conclusions. The analysis of the orthopedic treatment of patients with partial removable dentures with preserved single teeth showed that during 1 year of use of the proposed dentures, abutment teeth were lost in 10 % of patients in group 1 and 9 % of patients in group 3. Tooth mobility was detected in 60 % of patients in group 1 and 36 % of patients in group 3. At the same time, when using partial removable dentures with telescopic retention, there was no tooth loss and the lowest PMA index values were observed throughout the observation period.

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CALCULATION OF THE EFFECT OF THE IMPROVED METHOD OF TOOTH DISTALISATION IN THE PROCESS OF ORTHODONTIC TREATMENT

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Introduction. Yearly, dentists in most countries observe an increase in dental anomalies in children and adolescents, which currently reaches 92% according to the WHO. In Ukraine, this nosology ranks third in the structure of dental diseases. The presence of dentoalveolar deformities and anomalies is often accompanied by a change in the dentition shape, which in turn often leads to a distal bite development. To achieve the ideal ratio of occlusion keys in orthodontic patients, such a non-extraction method of treatment as the distalisation method is widely used.

The aim of the study was to calculate the effect of the improved method of tooth distalisation in the process of orthodontic treatment.

Material and methods. An individual appliance for tooth distalisation has been developed. When using an improved distalisation apparatus, the lateral part of the upper dentition is distalised. After the distal occlusion is corrected, it is possible to align the dental arches with braces or aligners, if necessary. The effect of distalisation with the distalisation apparatus in the treatment of