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

The aim of the study. To create a reliable method of manufacturing bridges with adhesive fixation to the supporting elements by developing a relief structure at the adhesive-structure area and using the latest fixation material.

Material and methods. In accordance with 805 patients (321 women and 484 men) aged 19 to 50 years (mean age 31.7±1.13 years) who applied for prosthetics at the Department of Orthopedic Dentistry of BSMU, Municipal Dental Clinic and the University Clinic from May 2018 to June 2023 were examined. For further study, 157 patients were selected, including 86 women (54.77%) and 71 men (45.23%) aged 29 to 44 years, who underwent replacement of small defects in the anterior and lateral dentition of the upper jaw with adhesive-fixed bridges.

Results. Our proposed method of manufacturing adhesive onlays is performed as follows. If the patient did not need preliminary orthodontic preparation of the abutment teeth, we performed a preparation of the oral surface of the abutment teeth with the formation of retention grooves on the oral surface with a depth of 1.0-2.0 mm and an area corresponding to the anatomical shape of the tooth with additional application of a sequential series of depressions to a depth of 0.5-1.0 mm in the area of retention grooves. To create retention points for the abutment sites, a set of burs was used, which consisted of spherical diamond instruments with a diameter of 2 and 3 mm to create grooves for the adhesive prosthesis, thin elongated cone-shaped burs with a grain size of 100 μm for preparation of proximal or oral surfaces, diamond burs with a grit size of 25-50 μm for finishing the cavity margins and contouring the restoration, carbide burs for grinding (with faces from 12 to 32), as well as polishing heads, disks and strips for final processing of the structure.

The results of experimental and clinical studies of the method of manufacturing an adhesive-retained bridge prosthesis showed that, on the one hand, this form of tooth preparation provided an increase in mechanical fixation, and on the other hand, an improvement in the quality of the fixing material.

Conclusions. The method of manufacturing a bridge prosthesis eliminates its displacement during placement on the prosthetic bed, allows for even distribution of the adhesive fixation material between the hard tissues of the tooth and the occlusal lining, prevents the formation of pores in the fixation material and destruction of the hard tissues of the tooth, increases the service life of the prosthesis, and allows for better polymerization.

Tkachyk S.V.

THE ROLE OF ORAL HYGIENE IN THE TREATMENT OF MANDIBULAR FRACTURES

Department of Surgical Dentistry and Maxillofacial Surgery
Bukovinian State Medical University

Introduction. The treatment of patients with mandibular fractures can be improved by means of early prognostication, prevention of purulent-inflammatory complications, and optimization of local therapy.

The aim of the study. To improve the efficacy of treatment of patients with mandibular fractures due to implementation of preventive oral hygiene measures considering somatic features of the oral and facial structures of the patient.

Materials and methods. General clinical, radiological and anthropometric methods of facial examination were applied in order to find available dentition defects, fixed and removable orthopedic constructions. While taking the patient past history, the dentists asked about frequency and duration of tooth brushing. To control the oral hygiene, Fedorov-Volodkina and Silnes-Low indices were used.

Results. During 2022-2024 at the Department of Maxillofacial Surgery at Chernivtsi Regional Clinical Hospital, we examined 58 patients (56 men, 2 women) with mandibular fractures. Their average age was 34 years. To perform conservative treatment of the mandibular fracture the patients with sufficient number of teeth were included in the sample.

During the first day of inpatient treatment, all the patients underwent local anesthesia with fixation of S.S. Tigerstedt dental splints and hooks.

The state of oral hygiene was evaluated 4 times during the whole course of treatment: on admission followed by subsequent examinations in 1,2,3 and 4 weeks.

Depending on the hygienic means, the patients were divided into 2 groups. The first group (comparison) of patients used common oral hygiene. In the second group (main) of patients, oral hygiene training was carried out according to our developed complex of hygienic measures applied after every meals. This complex includes the following: 1. Cleaning the oral cavity with liquid therapeutic-preventive hygienic agents. 2. Cleaning of the interdental space, approximate surfaces of the teeth, fixing wires and splints with toothpicks. 3. Intermediate washing, irrigation or lotions of the oral cavity using an antiseptic agent. 4. Cleaning the retention areas by means of the mono-beam and small-beam brushes. 5. Individual tooth brushing by means of toothbrushes of medium hardness and V-shaped bristles using hygienic toothpaste. 6. Cleaning the splints and inter-jaw rubber traction with the help of a brush. 7. Final washing using antiseptic agent. Irrigation of the oral cavity with herbal medicines and hydromassage of the gingival border with shower promote better trophic and microcirculation of the gums and fracture site.

Comparison of clinical parameters of treatment in the main and control groups, we admitted fracture healing in the main group without complications. Meanwhile, in the control group the pain syndrome, resorption of edema/infiltration, and the signs of inflammation of the mucous membrane lasted longer.

Conclusions. The size of the jaws, the height of the teeth, the depth of the oral vestibule, type of occlusion affect the state of oral hygiene directly. The developed complex of hygienic measures improves the efficacy of treatment of patients with jaw fractures and decreases the number of complications. Considering somatic typical structural features of the patient's oral cavity and face promotes detecting a risk group of occurring inflammatory complications after jaw fractures.

Vatamaniuk N.V.

PATIENTS WITH CHRONIC GENERALIZED CATARRHAL GINGIVITIS AND CHRONIC GENERALIZED PERIODONTITIS COMPLEX TREATMENT RESULTS

Department of Therapeutic Dentistry
Bukovinian State Medical University

Introduction. Taking into account the results of group and individual analysis of clinical status, microbiological, immunological and biochemical studies, patients were grouped for further study of the effectiveness of treatment and prevention of chronic generalised catarrhal gingivitis and initial stage of chronic generalised periodontitis.

The aim of the study. The development of the most rational program of preventive and restorative treatment of chronic generalized periodontitis on the preclinical and preradiological stages of its development. Evaluation of preventive and therapeutic effects of those program in the healing process of patients with initial stages of chronic generalized periodontitis.

Material and methods. The first group (30 people) includes patients with chronic generalized catarrhal gingivitis with duration of the disease up to 3 years. The second group consists of 15 patients with the same diagnosis and similar benchmarks clinical status and the same type of microbiological, immunological and biochemical status, but with duration of disease less than 4 years. The third group (17 people) includes patients with chronic generalized catarrhal gingivitis, which have laboratory signs of unconfirmed by X-ray initiated resorption in periodontal bone structures. The fourth group is 32 patients with initial stages of chronic generalized periodontitis.

Results. Considering the community of detected etiologic and pathogenetic links, which cause the development of chronic catarrhal gingivitis of patients in the first and second groups of observation, the complex treatment of pathological process in the gingival tissues was conducted by a single method. Local conventional antibiotic therapy with drugs containing chlorhexidine in combination with the immunomodulatory drug "Imudon" was used. The choice of antibiotic treatment was conducted on the basis of published data, which indicate that chlorhexidine has a broad spectrum of antimicrobial activity and with the expectation of high sensitivity of gingival