

**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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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

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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

bacteria to it. The complex treatment of patients in III and IV groups was carried out as a single plan too. Antibiotic therapy was combined with the simultaneous introduction immunomodulator "Likopid" in the therapeutic complex. The efficacy of treatment of chronic generalised catarrhal gingivitis and the initial degree of chronic generalised periodontitis was monitored one month after the start of therapy, as well as 6 months, one year and more after its completion.

Conclusions. To improve the efficiency of the traditional complex it is recommended to conduct additional immunocorrection of local humoral immunity with drug "Likopid". Sustained clinical and etiological recover using this approach comes at more than 95 % of patients with long course of infectious-inflammatory process in the gingival tissues; using traditional - at 53.4 %.

Vitkovskiy O.O.

**ANTIOXIDANT SYSTEM STATE OF THE ORAL FLUID DURING ACUTE
ODONTOGENIC JAW PERIOSTITIS TREATMENT
IN CHILDREN WITH DIFFUSE NONTOKIC GOITER**

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Introduction. The effectiveness of acute odontogenic periostitis treatment in children against the background of thyroid pathology that was analyzed based on the study of oral fluid protection antioxidant system state.

The aim of the study to evaluate the antioxidant system state of the oral fluid during acute odontogenic jaw periostitis treatment in children with diffuse nontoxic goiter.

Material and methods. To determine the effectiveness of the developed method of treatment of acute odontogenic periostitis in children suffering from diffuse non-toxic goiter, we treated and investigated the results in 38 children who made up two subgroups of observation: the main (IIIA) subgroup included 20 children with acute odontogenic periostitis against the background of diffuse non-toxic goiter, who used the improved method and the comparison subgroup (IIIB) that consisted of 18 children with acute odontogenic periostitis against the background of diffuse non-toxic goiter, who used the generally accepted method. Children of both groups were treated in accordance with the order of the Ministry of Health of Ukraine dated 27.08.04 No 426 "On approval of the Protocols for the provision of medical care to children in the specialty "Pediatric Surgical Dentistry". In addition to the generally accepted measures, children of the main group were prescribed "Imupret" and "Calcemin Advance" to normalize the oral fluid main protective indicators. To assess the oral fluid protection antioxidant system state, such indicators as diene conjugates, malonaldehyde, superoxide dismutase, reduced glutathione, glutathione transferase were studied.

Results. Children's oral fluid protection antioxidant system insufficiency with an increase in the level of peroxidation was established, as evidenced by an increase in the level of malonaldehyde by 1.84 times ($p < 0.05$), diene conjugates by 2.0 times ($p < 0.05$) against the background of a decrease in catalase activity by 3.93 times ($p < 0.05$), superoxide dismutase – by 85.42 % ($p < 0.05$). The glutathione system functioning is unbalanced and insufficient: a decrease in the activity of glutathione reductase by 49.02 % ($p < 0.05$), glutathione transferase – by 69.27 % ($p < 0.05$), an increase in the level of glutathione peroxidase activity by 73.29 % ($p < 0.05$), which leads to a decrease in the level of reduced glutathione by 4.76 times ($p < 0.05$).

Conclusions. The obtained data indicate an incomplete restoration of the normal functioning of the oral cavity prooxidant-antioxidant system with a generally accepted method of treatment and testify in favor of a complex therapy improved method.