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PECULIARITIES OF THE ESOPHAGOGASTRIC JUNCTION

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Introduction. Disorders of the esophagogastric junction's closing function are currently quite common. Congenital anomalies of the digestive system account for approximately 17.8% of all malformations and are a significant cause of perinatal mortality. Increasingly frequent cases of congenital pathology in the esophagogastric segment highlight the need for focused scientific attention on this issue.

The aim of the study. To investigate the structure and topographic development of the esophagogastric junction during the perinatal period of ontogenesis.

Material and methods. The study has been conducted on 20 human fetuses (using isolated abdominal organ complexes and fetal cadavers) and 20 neonatal cadavers. Classical anatomical dissection and research methods have been employed.

Results. The skeletal projection of the cardiac opening of the stomach ranged from the level of the body of the IX thoracic vertebra at the 4th month of gestation to the lower edge of the body of the XI thoracic vertebra in newborns. The length of the abdominal part of the esophagus in fetuses showed considerable variability. Between the 4th and 6th months, its length increased. During this period, a notable pattern has been observed: a shorter abdominal segment of the esophagus typically had a wider diameter.

From the 7th month onward, the length of the abdominal segment of the esophagus began to decrease. Upon comparison, the average length in newborns has been found to be 1.17±0.19 mm, slightly less than in fetuses (1.17±0.21 mm). This finding may be attributed to an increase in the angle of His in newborns compared to the fetal period. During fetal development, the angle of His increases by 1.4 times, reaching 80.47±2.83° in newborns.

2 to 5 branches of the left gastric artery provide the primary blood supply to the esophagogastric segment. Additional vascularization comes from branches of the inferior phrenic and superior adrenal arteries.

Conclusions. Changes in the length of the abdominal part of the esophagus appear to be closely related to the development of the esophagogastric sphincter. This includes the formation of distinct circular and longitudinal muscle layers, as well as the development of a venous plexus within the esophageal mucosa. In newborns, the esophagogastric sphincter remains incompletely developed; the final formation of the lower esophageal sphincter continues postnatally.

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THE REHABILITATION OF PATIENTS WITH TEMPOROMANDIBULAR JOINT DYSFUNCTION COMPLICATED BY PERIODONTITIS

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Introduction. The co-occurrence of temporomandibular joint disorders (TMD) and periodontal disease complicates the clinical presentation, making it challenging to isolate each condition as a distinct nosological entity. Only a comprehensive set of diagnostic evaluations can accurately refine the clinical manifestations, thereby enabling the development of effective preventive and therapeutic algorithms aimed at patient recovery. Timely diagnosis and rational treatment of occlusion-related dysfunctions within the masticatory system remain highly relevant in modern dentistry. This relevance is driven by the increasing prevalence of patients presenting with dental arch defects, occlusal pathology, and sequelae resulting from various dental treatments, including therapeutic, surgical, orthopedic, and orthodontic interventions.

The aim of the study. To identify optimal rehabilitation strategies for patients with temporomandibular joint dysfunction (TMD) involving muscle-joint dysfunction complicated by periodontitis.

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