



ABSTRACT BOOK



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Salawu K., Raliat A.	66
Sameja Majida.....	222
Schebetenko V.....	195
Sendeha O.....	223
Sesay-Tlahyoni A.	158
Shafranetskaya V., Sukhonosov R.	20
Shaikh A.....	159
Shapoval V.	194
Sharlai K., Volkova J.	121
Shpylenko O.....	122
Shubina M.	224
Shubina M.	67
Skopenko A.,Krasun O.....	160
Skoryi D.....	21
Skoryi D.....	68
Sokolnikova N., Kumar Ravi	69
Sokur O.....	124
Sokur O., Masalitina E.	225
Sorokina O. ¹ , Liadova T. ¹ , Kolesnik Y. ²	226
Srinath S.	125
Sukhina I. ¹ , Splyukhina O. ²	260
Sukhodolska O., Spuzyak A., Gavrylenko N.....	126
Sukhonos N., Diasamidze M.....	70
Sukhonos N., Hrechukha A.....	71
Sultan M.	161
Sultan M.	162
Sultan M.	176
Sultan Mohamad.....	72
Surendran Arun, Kucherenko O., Freeman Elvera, Clio Jis Francis	227
Sushetska D., Zatoloka D.	196
Sushetskaya D., Zatoloka D., Matowe C.	72
Svetlichnaya K.....	197
Symkina V., Kauk O.	198
Sypalo A.	74

exceeded the permissible norms and was 105-107 cfu / ml, which indicates the dysbiotic changes in the oral cavity microbiota. In the part of the test samples, the dysbiotic changes of the oropharyngeal cavity microbiota were revealed, which were due to the presence of *Moraxella* in amount of 105-106 cfu/ml. Conventionally pathogenic β -hemolytic streptococcus and *Staphylococcus aureus* have been detected in some samples at small amounts.

The results of a repeated microbiological study showed there were no significant changes or normalization of the oral biocoenosis in any of the groups after the rinsing courses. However, in some participants of the third group, the oral cavity dysbiosis was aggravated by the appearance of a representative of enterobacteria *K. pneumoniae*, not characteristic of this biotope.

Conclusions. As results obtained, it should be noted that none of the mouthwash schemes used by us resulted as positive. The usage of the mouthwash chosen by us does not affect the growth of the normal oral cavity flora, and in some cases, reduces its quantity. Increasing the rinsing frequency can lead to a "worsening" of the oral cavity microbial landscape.

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DYSBIOSIS OF ORAL CAVITY IN BREAST CANCER PATIENTS DURING ADJUVANT CHEMOTHERAPY

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Introduction: The toxic effect of chemotherapy has various appearance in the whole organism, and also can be present on the oral mucosa. One of the most significant side-effects of the anticancer therapy is inflammation of mucous membrane – chemotherapy-associated mucositis. This problem was detected with a high incidence rate in breast cancer (BC) patients and is important because of the chemotherapy tropism to the mucosa of the gastrointestinal tract. We have previously shown that the incidence-rate of this condition can reach 90 % in breast cancer patients during adjuvant chemotherapy (CTx). These effects can make a significant discomfort for patients, often leading to the deterioration of patients and discontinuation of the treatment. In such a way the effectiveness of treatment will be decreased as the dose of chemotherapy is limited. It is known that the crucial role in pathogenesis of almost all dental diseases can play a microbial factor which leads to the oral dysbiosis. The aim of the work is evaluation of oral cavity dysbiosis in breast cancer patients during adjuvant chemotherapy.

Materials and methods. All the patients experienced mastectomy and adjuvant radiotherapy before the beginning of CTx. There was investigated oral fluid in 26 breast cancer patients stage T₁N₀M₀–T₂N₁M₀ during chemotherapy, detecting unstimulated urease activity (an indicator of microbial seeding) and lysozyme activity (an indicator of nonspecific immunity). The analysis was done at the beginning of CTx and before the II, IV and VI cycles of it.

Results of research. The conducted investigation of oral fluid in BC patients before the beginning of chemotherapy have revealed that urease activity was increased in 7.1

times ($p < 0,05$) in all BC patients before the onset of CTx, indicating a significant increase of microbial seeding of the mouth. There is a slight decrease of urease activity against the background of CTx; before the VI cycle of CTx the rate was in 5.5 times higher. The lysozyme level in oral fluid was in 2 times lower, and maintained during the whole course of CTx, and even showed some tendency to decline further before the IV and VI CTx cycles. The difference between the benchmarks and the norm is explained by the preliminary conducted surgery and radiation therapy of BC patients at earlier stages of treatment. The estimation of grade of oral dysbiosis in these patients showed its growth in 13.3 times. Despite the decrease of urease and lysozyme activity before the VI CTx cycle, compared to the original data, the grade of dysbiosis is unchanged: 13.3 units at the beginning and 14 units before the VI cycle of CTx.

Conclusions. The obtained data shows a significant increase of microbial seeding of the oral cavity and reduction of the bactericidal properties of oral fluid in breast cancer patients against the background of adjuvant CTx. This dictates the necessity to develop a pathogenesis-conditioned set of preventive measures for these serious side-effects.

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**DIAGNOSIS AND TREATMENT OF TRAUMATIC TRIGEMINAL
NEUROPATHY,
ARISING AFTER SURGERY IN THE MAXILLOFACIAL REGION**

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Introduction: Providing out surgical interventions in maxillofacial region carry a certain risk of damage to the branches of the trigeminal nerve, and complications development, as a result. Varying degrees of nerve function violations occurs by direct nerve injury during surgery, as well as nerve compression during the installation of plates and screws during osteosynthesis, implants and postoperative edema. Such complications manifest themselves in the form of long-term alterations in tissue sensitivity in the zone of innervations, pain of varying intensity, and are accompanied by emotional stress disorders that significantly impairs the quality of life of the patient.

Materials and methods: Research objectives: 1) Evaluate the extent and nature of the dysfunction of the trigeminal nerve after surgery in the maxillofacial region, depending on the location and depth of intervention. 2) Develop an algorithm of doctors actions for the treatment of traumatic neuropathy of the trigeminal nerve after surgery in the maxillofacial region and practical recommendations for its prevention.

Results of research: Over the past 2016 in the maxillofacial department of Kharkiv State Hospital, 210 patients with impacted third molars (wisdom teeth) on the lower jaw were operated. Established, that the most informative investigation method at the stage of preoperative planning is cone tomography. This method allows an optimal planning of surgical approach in order to avoid possible traumatization. Gentle tissue dissection and careful planning of the operation allows to avoid damage to the inferior alveolar nerve. During follow-up visits, a month after the surgery, 50 patients complained on numbness of respective half portion of the lower lip and chin skin. If postoperative phenomenon of paresthesia was detected, implementation of the