



**«ҒЫЛЫМ ЖӘНЕ МЕДИЦИНА: ЖАСТАРДЫҢ ЗАМАНАУИ КӨЗҚАРАСЫ»  
АТТЫ СТУДЕНТТЕР МЕН ЖАС ҒАЛЫМДАРДЫҢ IV ХАЛЫҚАРАЛЫҚ  
ҒЫЛЫМИ-ТӘЖІРИБЕЛІК КОНФЕРЕНЦИЯСЫНЫҢ ЖИНАҒЫ  
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**СБОРНИК IV МЕЖДУНАРОДНОЙ НАУЧНО-ПРАКТИЧЕСКОЙ  
КОНФЕРЕНЦИИ СТУДЕНТОВ И МОЛОДЫХ УЧЕНЫХ «НАУКА И  
МЕДИЦИНА: СОВРЕМЕННЫЙ ВЗГЛЯД МОЛОДЕЖИ»,  
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**COLLECTION OF ABSTRACTS OF IV INTERNATIONAL  
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**ПРОГРАММА  
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## MULTIDISCIPLINARY APPROACH IN THE TREATMENT OF PATIENTS WITH MALOCCLUSION

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Planning of orthodontic treatment the orthodontist should be comprehensive, with a maximum prediction of treatment outcomes and use of a multidisciplinary approach. Surgical treatment should be planned jointly by the orthodontist and the surgeon, with a clear understanding that the primary goal of surgery is to facilitate orthodontic treatment [1,3].

The aim of our study was to plan the main types of surgical procedures at different dento-alveolar anomalies in patients of different age.

**Materials and methods.** Four groups of patients were distinguished according to the type of pathology and surgery, which should be carried out before the orthodontic treatment: patients with a short frenulum upper and lower lips and small mouth vestibule; patients with supplemental teeth and odontomas; patients with impacted permanent teeth; patients requiring installation microimplants for orthodontic treatment.

**Results.** We have determined the optimal time for conducting frenuloplasty, vestibuloplasty, removal of supplemental teeth and odontomas - 7-8 years, before the beginning of orthodontic treatment. Methods for opening crowns of impacted permanent teeth for orthodontic treatment have been developed and introduced [2]. Methods of using microimplants in the treatment of patients with dento-alveolar anomalies are being introduced.

**Conclusion:** Studies of patients with a variety of dento-alveolar anomalies showed that the most effective treatment is a multidisciplinary approach with coordinated simultaneous operation of the surgeon-dentist and orthodontist. This can significantly speed up the current treatment and achieve our results in a shorter time. Continued research in this area is promising.

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## OXIDATIVE STRESS MARKERS AND CHRONIC GINGIVITIS IN CHILDREN WITH ASTHMA, ALLERGIC RHINITIS, ATOPIC DERMATITIS

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Antioxidant defense system is very dynamic and responsive to any disturbance taking place in redox balance of body. Antioxidants can be up regulated and neutralize free radicals formation that could take place due to oxidative stress. Oxidative stress markers can be successfully used in dental

diagnosis and treatment [1].

The aim of this study was to investigate the status and dependence of prooxidant-antioxidant balance in children with chronic gingivitis and without clinical signs of gingivitis on a background of atopic diseases.

**Materials and methods.** A total of 100 patients were examined at the Regional Children's Hospital №1 and the University Dental Center of Kharkov National Medical University. For this study were selected: 30 patients without clinical signs of dystrophic-inflammatory and inflammatory periodontal diseases with atopic diseases (group 1); 40 patients with chronic gingivitis on a background of atopic disease (group 2); as conventional physiological norm clinical and laboratory parameters of 30 patients with intact periodontal tissues without comorbidity were chosen (Group 3).

**Results.** Analysis of the pro- and antioxidant homeostasis oral fluid of healthy patients of Group 3 and patients of group 1, showed that patients in the first group in the present study had growth of concentration of lipid peroxidation products. Thus, the concentration of MDA in oral fluid of healthy patients group without atopic diseases was lower by 1.6 times for this group of patients with clinically intact periodontal tissues, which diagnosed atopic diseases - (3,67±0,98) mmol/l (5,96±0,78) mmol/l, respectively. In patients of second group initial values of the concentration of free radical oxidation products were: MDA- (6,71±0,79) mmol/l.

**Conclusions.** The study demonstrates changes in the state of prooxidant-antioxidant balance in children with atopic diseases towards the activation of free radical oxidation, which creates favorable conditions for the development of pathological changes in periodontal tissues.

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#### ИЗУЧЕНИЕ ВЛИЯНИЯ КСИЛИТА НА РОСТ CANDIDA ALBICANS IN VITRO.

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**Актуальность.** Во время ортодонтического лечения создаются дополнительные условия для увеличения количества зубного налёта и это, как правило, сопровождается сдвигами в составе симбиотической микрофлоры. Кроме этого, нерациональное назначение средств гигиены с антибактериальными компонентами способствует развитию дисбактериоза полости рта различной степени тяжести [2]. В настоящее время известно применение ксилита в составе антикариозных профилактических средств. Редукция кариеса при применении 10% раствора ксилита достигает 85% [1], благодаря изменению pH среды и отсутствию способности у *Streptococcus mutans* перерабатывать это вещество [3]. Однако, действие этого вещества на другую флору, изучено недостаточно.

**Цель исследования:** изучить влияние ксилита на рост *Candida albicans* (CA) in vitro.

**Материал и методы исследования.** Раствор ксилита в концентрациях 10; 20; 40; 80 мг/мл добавляли в жидкую среду Сабуро при pH 5,5-5,7. Затем вносили свежеприготовленную суспензию музейного штамма (CA) в той же среде до конечной концентрации 105 КОЕ/мл. После 48 часов инкубации при 30°C оценивали рост культуры и проводили микроскопический анализ.

**Результаты.** При концентрации раствора ксилита 80 и 40 мг/мл рост культуры музейного штамма (CA) не наблюдался. Микроскопический анализ выявил наличие небольшого количе-