

iSIC  
2018

Kharkiv  
Ukraine

ABSTRACT  
BOOK





## CONTENTS

BIOMEDICAL SCIENCES .....	10
Artsylenko K., Knyhin M. ....	11
Artsylenko K., Knyhin M. ....	12
Avilova O., Chris Mathew John.....	13
Bezega E., Kobylinska L., Zub K., Tretyakova K.....	14
Bezrodnaya A., Tamminidi H., Olipilli S. ....	15
Bezrodnaya A., Guzha P.....	16
Bezrodnaya A., Nicholas B., Gabriel A. ....	17
Bezrodnaya A., Mbonu F., Aladetoyinbo A. ....	18
Boiagina O. ....	19
Elakkumanan K., Polikarpova H. ....	20
Guzha P.....	21
Hloba N., Litvichenko A. ....	23
Khilchevsky B., Stabrovsky S.....	24
Konoval N. ....	25
Litvinova M.....	26
Nagornyi I., Bezkrivnyi B.....	27
Ngo Thi Tuyet Nga , Vlasenko O., Shylenko B.....	28
Perepelytsia D., Leshuk I.....	29
Rassokha I., Korotkikh A., Kolesnik M. ....	30
Semeniuk N., Bratcykova E.....	31
Shaposhnyk V., Adetunji O., Zavada O. ....	32
Singh R. ....	34
Sklyaruk D., Kharchenko E.....	36
Sklyaruk D., Kharchenko E.....	37
Tymbota M., Stytsenko M. ....	38
Tymokhina D.....	39
Yakovenko A., Rubka A. ....	40
Zhurba Y.....	41
Zinchenko M.A.....	42
DENTISTRY .....	44
Akinjise P., Riyaz Z., Nakale E. ....	45
Alayande M., Adjimani J., Ndipwashimwe R. ....	46
Demydova P., Kalinichenko M., Zaverukha Y ....	47
German S., Yarina I., Ben Hassan S.....	48



Kliuchka Ye.....	49
Komarov D., Komarov O. ....	49
Kuzin A. ....	51
Liakh A., Shevchuk D., Zaverukha Y .....	52
Mamedov A., Lysenko A. ....	53
Mikulina O., Miroshnichenko M., Maslova Y. ....	54
Movchan O., Andriyenko K., Yanishena Y.....	55
Nabotov M., Grechko N.....	56
Petiunina V., German S.....	57
Rezunenکو O., Rushubiza L. ....	58
Steblianko A.A. ....	59
Tishchenko O., Gaipnazarov M.....	60
Tomilina A., Petrini D.....	61
Yakovleva D.U.....	62
Yasser H .....	63
Zaverukha Y., Yelisieieva O.....	64
INFECTIOUS DISEASES .....	66
Askerov R.....	67
Chepeliuk O. ....	68
Dontsova O.....	69
Drozd Y. ....	70
Havrylenko N., Babaeva N., Tsygulova V.....	71
Iliukha S. ....	72
Ippolitov D. ....	73
Kaliuzhnyi Y., Muchak A.....	74
Makhmudov Y.....	75
Malakhova D.....	76
Malvika C. ....	77
Martynenko A.....	78
Mohamed E. ....	79
Nhuien Kh., Polikarova D., Lystopad Y., Bursak A. ....	80
Nikolaidi L. ....	81
Petakh P.....	82
Pogorelova O., Shvets O., Hvorostinko R. ....	83
Shcherbakov O., Zaikina A. ....	84
Skorohod V. ....	85
Sokhanevych K.....	86



Sultan M. ....	87
Syrchina V., Perina A., Lysenko A. ....	88
Turuta D., Sushetskaia D. ....	89
INTERNAL MEDICINE .....	91
Ali Aishath Suha, Edmondson Jamielle, Majd Haj Omar, Rushubiza Lilian Katunda .....	92
Amadhila PMN, Uutoni KM, Zlatkina V. ....	93
Borovyk K, Sultan N. ....	94
Borzova-Kosse S., Rozymuradova L., Mamedov K., Mohamad S. ....	95
Chirva A. ....	96
Feldman D. ....	97
Henry E.K. Davis, Yermak O., Borovyk K. ....	99
Hesham Ahmed .....	100
Hryhorova M., Sokol A. ,Yurkina I., Shelest B.A.....	101
Iliukha S. ....	101
Karamian A. ....	103
Khromei O.....	104
Knyhin M., Artsylenko K. ....	105
Kolganova N., Lesnay A. ....	106
Koliubaieva O.....	107
Kolotilov O., Tyrkin D., Sikalo Yu.....	108
Kovaleva A., Yatsina A. ....	109
Kovalyova K. ....	110
Kukhar I.....	111
Kuznetsova D., Agamiryan L. ....	112
Likha V., Dontsova E. ....	113
Lysak M.....	114
Manska E. ....	115
Markevych M., Kuriacha O. ....	116
Matvieiev S., Tiazhlova N., Yakovlieva K.....	117
Maysoon Dewedar .....	118
Minukhina D., Grydneva O. ....	119
Nagornyi I. ....	120
Ostapenko D., Halimov E. ....	121
Piatyhor A. ....	121
Pionova. O., Litvinova K., Ryzhova D. ....	123
Pischik A., Pasechnik S.....	125
Rybina A., Nagiyeva A.....	125



Rynchak P., Leschuk I., Mezhens'ka K. ....	126
Saara Imbili .....	127
Shaparenko O., Mayorova M. ....	128
Skoryi D.....	129
Sukhodolska O. ....	130
Sukhonos N., Diasamidze M. ....	131
Sypalo A., Kadykova O. ....	132
Tabachenko O., Sayenko M. ....	133
Tereshchenko N.....	135
Titova Y., Misyura K. ....	136
Viun T.....	137
Yakusheva A, Lola N., Zatoloka D. ....	138
Yermak O., Dunayeva I., Lamis Khalil .....	140
Yermak O., Ebenezer Aheto .....	141
Zaikina T., Shivaranjini Ramaswamy, Dey Indranil, Sirobhusanam Alekhya Jayakumar .....	142
Zhuravlova M., Vorontsova L., Kovalenko V.....	142
NEUROSCIENCES.....	144
Ali Fadel Al Mahafzah .....	145
Damilola Oluwatosin Abdul-Azeez, Joan Oluwadamilola Ajayi .....	145
Denisenko D., Savelyev V. ....	146
Dombrovskaya I.....	147
Drokin A., Kravchenko M.....	148
Elakkumanan Kavitha .....	149
Glushchenko S. ....	150
Gritsenko A. ....	151
Gorbatovskaya D.S. ....	153
Holovko A., Fokina D. ....	154
Knyhin M., Artsylenko K. ....	154
Korovina L., Kondratenko A.....	156
Leshchyna I. ....	157
Likha V. ....	158
Likha V. ....	159
Magapu Veera Venkata Akhil.....	160
Martin Medhat Mousa Istanese.....	161
Matowe C.C.V.....	162
Mynka N.A. ....	163
Nagornyi I. ....	164



Olkhova A., Pavlichuk E. ....	165
Pyndykivska S., ....	166
Rudenko S., Usyk O. ....	167
Shishkina S. ....	168
Shchebetenko V. ....	169
Silina M. ....	170
Sinan Cobanoglu ....	171
Symkina V. ....	172
Velikiy O., Karmazin M. ....	173
Zelenska K., Kraskovska T. ....	174
<b>OBSTETRICS AND GYNAECOLOGY</b> .....	<b>176</b>
AbdelRahim Fawzia .....	177
Aniebiet – abasi Akpan .....	178
Anmalugsi Pius .....	179
Aralova V. ....	180
Brakova Y. ....	181
Chekhunova A. ....	182
Cheremskaya D., Suchkova N. ....	183
Chijioke-Opara Nene Lamira .....	184
Daramola Gbolahan.....	184
Drokin A., Kravchenko M. ....	185
Ekedigwe Sandra Onyinye .....	186
Ellazova A. ....	187
Gradil O.G.Filipov O.A.,.....	188
Halashko K., Holubieva A. ....	189
Khalil Arwa .....	190
Kuka A. ....	191
Yakusheva A., Lola N., Zatoloka D. ....	191
Matowe C.C.V., Ngwenya S. ....	192
Melnyk K., Blagoveshchenskiy R. ....	193
Mielikhova T. ....	194
Nahiiieva Ainur .....	195
Nesteruk H., Verba Y. ....	196
Ogbole Eseohé.....	197
Olabintan O. ....	198
Onabolu A. ....	199
Onaolapo Oluwaseun Oluwatayo.....	200



Onwujekwe Udodi E. ....	201
Ogunyemi Opeyemi.....	202
Pylypenko N.....	203
Sesay-Tlahyoni Abdulai.....	204
Shakirova O. Bobrytska V., .....	205
Stroga I.....	206
Timofieiev D.....	207
Udoidiok, Imo Ekanem .....	208
Vadamalai Sangeetha .....	209
Wesley Noeline Jeronika, Plakhotnaya.I. ....	210
Zhylin O., Zhylina M., .Rakyatinsky I., Gulyayeva M., Luneva M. ....	211
<b>PEDIATRICS AND MEDICAL GENETICS .....</b>	<b>213</b>
Ashcheulov O.M., Slonetskyi Y.V. ....	214
Dehtiar K. O. ....	215
Drobova N. M. ....	216
Fedorkovych A.M.....	217
Hryhorova M.V. ....	218
Khmil O.B., Eliseev V.M. ....	219
Koval V. ....	220
Kozhyna O. S.....	221
Kuznetsova D., Orlova N., Tishko O. ....	222
Lola N.V., Zatuloka D.V, Yakusheva A.Yu.....	223
Morozova O.O. ....	224
Nguyen Thi Lien, Khaustov D.S. ....	225
Orlova N.V., Prykhodko M.I. ....	226
Polikov H.O. ....	227
Prykhodko M.I. ....	228
Saakian T.E., Cherevko V.V. ....	230
Shubina M. V., Panich R. V. ....	231
Silina M.P. ....	232
Sultan Mohamad .....	233
Tymbota M. Stytsenko M., Belichenko P.....	234
Yeliseyev V.M., Khmil O.B.....	236
<b>PREVENTIVE MEDICINE .....</b>	<b>237</b>
Addae-Kum M., Asiedu J., Ahuokpeme A. ....	238
Aleksandrova K., Zhuravliova P. ....	239
Artemenko M., Sidora A. ....	240



Artemenko M., Sidora A. ....	241
Asante G.O., Polyvianna Y. ....	242
Bilera N., Dehtiar K. ....	243
Chornous N., Sheyko A. ....	244
Gorbunova I., Araslanova T. ....	245
Koshyl' M., Rapota A. ....	247
Kurchanova S., Ivanteeva Y., Matveeva S.....	248
Litovchenko O., Zub K., Bezega E.....	249
Owoeye S.....	250
Owolabi A., Damoah L.O. ....	251
Rusanov O., Sushetskaia D. ....	252
Shcherbakov O., Zaikina A. ....	253
Skoryi D.....	254
Sokhanevych K.M. ....	255
Trush O. ....	255
Tymbota M., Stytsenko M. ....	257
Veera Venkata Akhil M. ....	258
<b>SURGERY.....</b>	<b>260</b>
Agamiryan L., Gadirova T., Kuznetsova D.....	261
Anpilov A., Velikiy A.....	262
Artemenko M., Sidora A. ....	263
Askerova K. ....	264
Bezverbnii V. ....	265
Cheremskaya D.....	266
Fraira Shibli N., Rana J. ....	267
Hammad E., Sultan F. ....	269
Holnik Y., Rassolova A.....	270
Hroma Y. ....	271
Kalinichenko D., Brek O. ....	272
Kholosheva D., Ievtushenko D., Ievtushenko O., Belousova M.....	273
Klymenko V.....	274
Kruglyak V. ....	275
Lesnay A.....	276
Lesnay A.....	277
Lisova Y. ....	278
Lunina A., Yermola A. ....	279
Nahiiieva A.....	280





Nazarov D. ....	281
Oluronbi O. ....	282
Ostapenko D., Khalimov E. ....	283
Polikov H. ....	284
Radionova D., Veremey D., Moroz A. ....	285
Rusanov O., Kryuchkova I. ....	286
Saburova A., Ovsyannikova O., Zamoreva D. ....	287
Stoyan A. ....	288
Suchkova N. ....	289
Sukhodolskaya E., Aralova V., Dyakova M. ....	290
Sydorova A. ....	291
Trunova I., Makarenko N. ....	292
Yuntsova K., Yurkina I. ....	293
Zharikov M. ....	294



the maxillary sinus cavity can be suspected when the patient complains of the liquid flow from the nasal passage, the taste of chlorine, and also the irritation of the throat. Necrosis of the maxillary sinus mucosa and long-term inflammatory reactions, paresthesias are also possible complications. Prevention of complications: an accurate determination of the working length is crucial to prevent undesirable consequences. For this, advantage of the radiography both at the work stages and at the diagnostic stages should be taken. The use of apex locators contributes to the accuracy of determining the working length.

**Materials and methods.** Recent clinical case.

**Results.** Successful conservative treatment.

**Conclusion.** Cautious use of sodium hypochlorite.

*Zaverukha Y., Yelisieieva O.*

## **RUBBER DAM USAGE AMONG DENTAL PRACTITIONERS AND POSTGRADUATE STUDENTS IN KHARKIV NATIONAL MEDICAL UNIVERSITY**

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**Introduction.** Rubber dam was invented two centuries ago. Despite the advantages of this isolation system, wide popularity in the dental community it acquired only about 20 years ago. At the moment, none courses and master classes couldn't be without mention of the mandatory use of the rubber dam in most therapeutic (and not only) manipulation. However, the statistics do not correspond to the recommendations of dental associations: according to recent studies (2015-2018), the percentage of doctors using rubber dam varies from 70-80% (England, Germany, Sweden) to 10-30% (Czech Republic, Romania, Pakistan). The need for objective information of the number of dentists using the rubber dam, as well as the identification of the main reasons for the doctors' refusal of this isolation system, makes the study relevant. The purpose of this study was to determine the prevalence of the use of rubber dam among dentists of the therapeutic profile and interns of the dentistry faculty of the Kharkiv National Medical University.

**Materials and methods.** We developed an anonymous survey questionnaire, which was given for the study of 40 dentists and 60 interns (1-st and 2-nd years of study). The questionnaire included 5 sections: 1). general questions; 2) questions about the use of rubber dam; 3) questions about the difficulties that the doctor faced when using the rubber dam; 4) questions about the reasons for not using the rubber dam; 5) questions about the need for additional knowledge about the rubber dam.

**Results.** The results of the research showed that 15% of interns do not know what rubber dam is, 68% of respondents learned about rubber dam at extra-university courses. 20% of doctors use the rubber



dam in restorative and endodontic treatment, 15% in endodontic treatment, 7.5% in teeth whitening. Under the control of a medical specialist on the basis of internship, 21.7% interns used the rubber dam system for restorative and endodontic treatment, 8.3% for endodontic treatment. The main problems encountered by respondents using cofferdams were: the difficulty of fixing the clamps with a strong tooth decay / not fully erupted tooth; simultaneous isolation of a large number of teeth; dullness of the teeth, the presence of the bracket system, the sensitivity of the teeth after fixing the clamps on them. The main reasons for refusing to use rubber dam by the majority of respondents (68%) were the following: considerable time spent on installing the rubber dam; the complexity of installing the rubber dam; high price; lack of comfort for the patient. Of the total number of respondents, 89% of respondents would like to receive additional information on the use of rubber dam.

**Conclusion.** The results of the research indicate the need to increase the level of knowledge of physicians and users about the system of rubber dam, the creation of educational practical programs aimed at popularizing and teaching the proper use of rubber dam in the clinical practice of a dentist.