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ABSTRACT
BOOK





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DETERMINATION OF PREDICTORS OF SEVERITY OF INFLAMMATORY PARODONTAL DISEASES COURSE IN ADOLESCENT GIRLS WITH MENSTRUAL DYSFUNCTION

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Introduction. Inflammatory parodontal diseases (IPD) in adolescence occupy an important place in modern dentistry. One of the most topical areas of this branch is the development and differentiation of methods for the prevention of IPD, which is impossible without determining the predictors of severity of IPD course for the purpose of individualizing preventive measures and increasing their effectiveness. Aim. To determine the predictors of severity of IPD course in adolescent girls with menstrual dysfunction.

Materials and methods. Two groups of patients were examined: a) patients with chronic catarrhal gingivitis of mild severity (n = 24), b) patients with chronic catarrhal gingivitis of moderate severity, hypertrophic gingivitis and chronic parodontitis (n = 26). Predictors of severity of IPD were determined using a non-uniform successive Wald-Genkin procedure. In total, 110 clinical-paraclinical indices were analyzed, the values.

Results. The conducted researches showed that all types of examination of patients showed prognostic value. As a result, a generalized prognostic algorithm was compiled, into which indicators with high and moderate prognostic informativeness were included. The highest prognostic information about the prognosis of severity of IPD in adolescent girls with menstrual dysfunction revealed data on the degree of comorbidity in adolescents, foremothers and forefathers, the presence of combined anomalies in the development of the dento-jaw system, the density of bone parts of parodontium, the degree of oral dysbiosis and intensity of caries.

Conclusion. The obtained results will allow to optimize, differentiate and individualize the system of prophylaxis of parodontal inflammatory diseases in adolescent girls with menstrual dysfunction, depending on the revealed predictors of the IPD severity.

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ORTHODONTIC TECHNIQUE FOR FRACTURES OF THE TOOTH ROOT

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Introduction. At a fracture of the tooth at the level 'crown-root' restoration is reduced to removal of the mobile fragment of the crown, gingivectomy, osteoectomy followed by restoration by the



insert and crown in cases when the fracture line is located under the gum and ends palatally. If, after the removal of the mobile fragment and information from the additional examination, the tooth is not recoverable (vertical fracture, no possibility of exposing the apical edge of the fracture line for subsequent prosthetic treatment), then the tooth should be removed, followed by the implant or bridge.

Materials and methods. Patient A., 20 years old, complained about the absence of a tooth crown in the frontal part of the upper jaw to the left because of a trauma two days ago. In the CT scan of the frontal part of the maxilla, the periodontal cleft was detected within the physiological norm; displacement, transverse and longitudinal fractures, root cracks are not revealed. The length of the root fragment is 22.6 mm. The fracture line of the tooth relative to the vestibular wall of the alveolus is 0.5 mm below the margin, and 1.5 mm relative to the palatine wall. The length of the clinical crown of the 1.1 tooth is 10.9 mm. Diagnosis: a complete traumatic fracture of the crown 2.1 at the level 'crown-root' with the exposure of the pulp. Based on the clinical and radiological examination, it was proposed to extrude the root 2.1 with orthodontic technique followed by the manufacturing and fixation of the root insert and artificial crown. A constant endodontic treatment of the tooth was performed, fixation of the bracket system on 1.3,1.2,1.1, 2.2,2.3, a button was fixed to the root 2.1, an elastic pull to the arc was established (CuNiTi 018). After 3 weeks the bracket system was installed, a repeated CT scan of frontal part of the upper jaw. On the CT scan, the fracture line of the tooth on the vestibular wall of the alveolus protrudes by 1.8 mm, with the palatine side 1.2 mm. Debonding of the bracket system was carried out. The cult insert is made and fixed. Restoration of the 2.1 tooth with an artificial crown.

Results. As a result of the conducted orthodontic treatment— extruded movement of the root of 2.1 tooth was obtained on average 2.3 mm, confirmed clinically and radiologically, which allowed prosthetic treatment.

Conclusion. This method can be used as an alternative to the surgical method of lengthening the tooth crown.