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**ABSTRACT  
BOOK**





aggravation of chronic apical periodontitis or the complicated periodontal disease. Women aged 20-48 years were predominated (66%) in the general structure of patients. And more often alveolitis developed after removal of teeth of the lower jaw (80,2%), in particular 3-d molars (53%). The age aspect of secondary adentia as a result of teeth extraction was noticed. So molars removing prevailed at the age of 18-35 (30,5% of women and 63,5% of men); premolars extracted more often at the age range 35-55 years old (36,2% women and 35,5% men); patients aged 55-75 years lost the incisors and canines more often (5,5% women and 4,7% men). Acute alveolitis developed in 44 patients (63,7%) by 2-4 days, chronic was in 25 patients (36,3%) by 3-4 weeks. Poor oral hygiene was the cause of alveolitis in 12,6% of cases, and the compliance of hygiene standards was in 4,6% (3 times less). This indicates the importance of following the doctor's recommendations for oral care and the socket of the removed tooth. Besides, the presence of concomitant somatic diseases increases the risk of alveolitis (M. P. Mitchenok, 2015). The role especially should be noted of harmful habits. So, the researchers have shown that smoking on the eve of surgery increases the risk of alveolitis 2 times, and smoking the day of surgery causes this complication 4 times more often, due to microvascular thrombosis of the alveolus bone wall under the action of nicotine (S. Preetha, 2014, James T. Murph Jr., 2015). We also revealed a significant dependence of the development of inflammatory complications depending on the profession and residence place of the patient. Thus, alveolitis was more common among rural residents and mainly physical labor workers (builder, loader, locksmith), whose professional activity is associated with overcooling, excessive load, harmful chemicals (54 patients).

**Conclusion.** Thus, the cause and frequency of alveolitis depends on gender, age, profession, diagnosis, technical features of the operation, oral hygiene status, harmful habits, somatic pathology. All these factors determine the degree of favorability of the surgical intervention. They have influence on the speed of socket healing and the risk of complications.

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## **DISASTERS CAUSED BY APICAL EXTRUSION OF SODIUM HYPOCHLORITE. DISCUSSION OF RESENT CLINICAL CASE**

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**Introduction.** Effective irrigation of the root canals while instrumental processing plays an important role for the future success of endodontic treatment. NaOCl irrigation allows to remove the biofilm and eliminates the majority of pathogenic microorganisms. However, high concentrations of NaOCl can lead to serious tissue damage. In the case of apical extrusion of the irrigant, the patient, as a rule, feels an attack of sudden and severe pain, after which swelling and bruising may occur. Extrusion into



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.

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## **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